

cause of pain or pressure symptoms, one because of rapid growth of a multilocular ovarian cyst which had been mistakenly diagnosed as a soft fibroid and a fourth because of later development of a malignant tumor primary in the omentum, although she had been well and had had amenorrhea for a year following her 4 treatments. This patient died 10 days after her operation, all others with the exception of three which could not be traced; were in good health at time of writing.

MARGARET SCHULTZE.

**Nogier: Radium Treatment of Uterine Fibroids.** *Journal de Radiologie et d'Electrologie*, 1920, iv, 537.

Radium rapidly checks menorrhagias and metrorrhagias even in young women. In the majority of cases, there is a marked diminution in the size of the fibroids; often even a complete disappearance. These results are obtained in the minimum of time and without any risk to the patient. Radium is the only kind of treatment available in exsanguinated patients and those afflicted with serious lesions of the heart or kidneys. Radium is superior to x-rays because it can be applied in the diseased organ itself, usually "in the geometric center of the organ." The skin is least endangered, whereas in x-ray therapy the skin receives most of the rays. Neighboring organs receive but a very attenuated dose of the radium rays and thus are not subjected to unnecessary irritation. If there happens to be an unrecognized carcinoma present, the radium directed against the fibroid will, at the same time, destroy the cancer cells. Finally, radium acts quickly and usually a single exposure is required. At most, the treatment will last only one week, and there are no untoward by-effects as after x-ray treatment.

Submucous fibroids, very large tumors with marked pressure symptoms, calcified or necrotic fibroids, cervical fibroids, the coexistence of adnexal tumefactions or of carcinoma call for surgical intervention. In all other cases, radium is preferable to surgery because it is simple, free from danger and devoid of shock or any of the surgical complications, and because it accomplishes a complete result without keeping the patient in the hospital longer than one week.

GEORGE GELFHORN.

**Vineberg: Myomectomy vs. Radium and X-ray in the Treatment of Fibroid Tumors in Women Under Forty Years of Age.** *Medical Record* 1920, xcix, 91.

The author states that myomectomy is by far the more conservative procedure in women who still have some years to the menopause than is either radium or the x-ray. In the first one there is conservation of the menstrual function; in the other two (if they are successful) menstruation in most instances permanently ceases and all the distressing phenomena of the artificial menopause appear. In a series of 120 myomectomies there was not a single death. Of the 31 private cases in the series, 9, or 27.7 per cent conceived afterwards. In none has there been a recurrence of the fibroid growth or of menorrhagia, although many of the patients were operated upon more than 5 years ago. In cases of hemorrhage, the uterine cavity should be opened and endometrium curetted under control of the eye, as advocated by W. J. Mayo.

C. O. MALAND.