

the internal secretion of the corpus luteum. 8. From clinical experiences I am inclined to believe that the corpus luteum possesses different properties due to different chemicals. One of these substances causes hyperemia of the pelvic organs, another relieves nervous symptoms of a toxic character, as at the menopause. It would seem that this product acts as a neutralizer, ince even large doses of the luteum cause no disturbance of a toxic nature. On the other hand, the toxic results of intravenous injections of the luteum extracts, as well as the nervous phenomena of menstruation, show that there must also be some toxic material present which is not absorbed from the stomach or intestines. All of thee various substances may in the future be separated."

THE ROENTGEN RAY TREATMENT OF MYOMA.

Miller states in the *Berliner Klinische Wochenschrift*, as a result of his experience with the X-ray in the treatment of myoma of the uterus he has arrived at the following conclusions: 1. Myomata, which do not cause great flowing and weakness, require no treatment and should not receive the X-ray. They need, however, constant observation as to their growth. 2. Rapid growth of the myoma is a contraindication for the use of the X-ray. Such myomata need, unless there is a demonstrable heart lesion, operation. 3. Sub-mucous myomata are not suited for X-ray treatment. 4. In young women such myomata, which cause considerable flowing, should be operated on, and only in the exceptional case be treated with the X-ray. The aim of the X-ray treatment is to bring about a premature climacteric, and operation permits the preservation of the ovaries. 5. Myomata with a disease of the adnexa should receive the X-ray treatment only with the greatest caution. When severe inflammation is present it is contra-indicated. 6. Favorable indications for the X-ray treatment are the interstitial myomata in women over fifty, where there is no strong indication for operative intervention.

TREATMENT OF PROLAPSUS UTERI.

M. Potocki (*Ann. de Gyn. et d'Obst.*, January, 1912) gives, as the chief cause of prolapsus uteri, child-bearing. Cases in virgins are not regarded as of much importance. There are several factors connected with pregnancy, labor, and the puerperium that cause prolapsus uteri, aside from perineal tears. The relaxation and softening of the tissues tends to allow them to be dragged down during the early months of