

Even the promised statue of Miss Nightingale, which should indeed shine forth among England's heroes, cannot be a source of unmixed satisfaction to nurses, because of the frugal expenditure allowed for it.

No, the only vital, the only fitting memorial to Miss Nightingale is one that shall embody her spirit, shall perpetuate her energy, shall disseminate her principles, shall raise up women to follow in her footsteps. Her spirit was an indomitable, a militant spirit, not a meek tractable one. Her energy was destructive of man's meddling in things he did not understand, and constructive on lines of woman's public duties. Her principles are: Knowledge, Training, Authority for the woman in the work which is hers. Women will be prepared to follow where she led, only by knowledge, culture, fearlessness, self-reliance.

The true memorial to Miss Nightingale will be an educational memorial, and to such a foundation not only nurses, but all truth-loving and humanity-loving women and men should gladly contribute according to their ability.

L. L. Dock, R.N.

MEDICAL MATTERS.

THE X-RAY TREATMENT OF UTERINE FIBROIDS.

Dr. G. Fedor Harnisch, of Hamburg, presented, in the Section of Electro-Therapeutics and Radiology, at the recent meeting of the British Medical Association, an interesting paper on the X-ray treatment of uterine fibroids, which is published in full in the *British Medical Journal*. He said, in part:—

"In undertaking this treatment it is necessary to have a complete mastery of the Röntgen technique, not only generally, but also in its application to deeper situations. Just as important is the correct selection of suitable cases. This has now been generally agreed upon as a result of the work done by many investigators during the last few years. In every case it is absolutely necessary that a gynaecologist should have made a thorough examination, in order to eliminate a mistake in diagnosis, which would, of course, entail unnecessary treatment. In certain cases it is advisable microscopically to examine the tissue removed by the curette or to dilate and investigate the uterine cavity. In other words, the radiologist should have the diagnosis and later condition confirmed by a

gynaecologist. On the other hand, should the gynaecologist undertake the treatment, then it is his duty to thoroughly acquaint himself with the general physical and biological properties of the X rays, and also the necessary special technique. . . .

"The indications for the Röntgen therapy are as follows: (1) Fibroids occurring before or during the climacteric, with or without pressure complications, such as those affecting the heart, bladder, or rectum; (2) in hæmorrhage due to fibroids; (3) for climacteric hæmorrhage; (4) for metritic bleeding before or after the climacteric; (5) to relieve dysmenorrhœa and other climacteric troubles.

"The age of the patient is a particularly important factor. The older they are—that is, the nearer they approach 50 years of age or more—the more favourable is the result; it is attained more quickly and is more lasting. The younger the patient is below 45, proportionally longer is the treatment and the greater the uncertainty of the result. One is also more likely to meet with a recurrence. In my opinion women under 40 should not be rayed for the treatment of these conditions.

"Further considerations are the size of the tumour, the position, and the rate of growth. The smaller the fibroid, the more favourable is the influence, although, as my own cases show, even a tumour reaching as far as the ribs is by no means a contraindication for the treatment, providing it is not of too long duration. It is hardly possible to cause the disappearance of a large hard tumour which has existed for ten to twenty years, although this may occasionally diminish and the complications may be relieved. Generally speaking, however, the large, old myomata do not lend themselves to favourable treatment. The length of raying for the skin is also a serious consideration. As regards the situation of the myoma, the interstitial and the intramural are the most easily influenced. Most authorities agree that the treating of submucous and pedunculated fibroids is absolutely contraindicated. I saw excessive bleeding follow in one of these cases after transient improvement had been attained. An immediate operation was necessary. . . .

"Special stress must be laid on the rapid improvement of the general health. In some cases I saw rapid disappearance of nervous symptoms, mental depression, misery, and discontent. The constipation which frequently accompanies the large tumours improves with extraordinary rapidity. The heart strain is relieved, incidental vomiting, nausea, and feeling of heaviness disappear. The hæmoglobin percentage of the blood increases."

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