

tumor has decreased, so that the circumference of the neck is only 13 inches and the pressure symptoms have quite disappeared. The improvement in this short period of treatment has been so marked that a further decrease in the size of the thyroid can confidently be expected.

POST-OPERATIVE PROPHYLAXIS.

Dr. Wickham, in his latest papers insists strongly on the association of radium with surgery. He claims that in many cases the radium rays will turn an inoperable case into an operable one, and further, that after operation for malignancy, when, no matter how extensive the dissection, one can never be sure of having removed all the cancerous tissues, radium should be used over the scar and area of operation, as a prophylactic measure to destroy any stray neoplastic cells.

In three cases we have so applied the treatment, two being sarcomas and one a carcinoma. In the latter case, which affected the breast, the radical operation was performed, and some enlarged glands were present in the axilla, which on microscopic examination were shown to be simply inflammatory. Dr. Adam H. Wright referred her for radium applications over the line of suture, ten days after operation. This treatment was repeated in one month. Whether the treatment has had any effect we will probably never be able to tell, either one way or the other, as of course surgical treatment alone is very often effectual in these cases.

The other two cases were sarcomata. One was in a male infant, in which a round-celled sarcoma had developed at the side of the anus. It was removed by Dr. Wallace Scott, of Toronto, but reappeared in two weeks. Dr. Scott operated again, and before the sutures were out, referred him for radium treatment.

Very thorough radiation was carried out and has been repeated at intervals since, with the result that there has been no recurrence during four months, although all who saw the case regarded it as one in which recurrence would probably occur, and gave a very grave prognosis.