

half years later. Amputation of the thigh. Recurrence in the gluteal region again treated with toxins; patient now well, six years after.

*Case 6. Inoperable epithelioma of the chin, lower jaw and floor of the mouth.*—Mixed toxins for three months. Growth disappeared. The patient was well when last heard from five years later. This patient was pronounced inoperable by Dr. George R. Fowler of Brooklyn, and the microscopical diagnosis made by Dr. Belcher, the pathologist of the Methodist-Episcopal Hospital.

*Case 24. Very large recurrent inoperable sarcoma of gluteal region treated 1894.*—Tumor slowly decreased in size and 5 years later there remained only a mass of pure fibrous tissue. Removed and examined microscopically. Patient in good condition 6 years later.

As to the risk attending the treatment, I believe that with the observance of proper precautions, it is nil or exceedingly slight. Including the early experiments in cases of carcinoma I have used the toxins in upward of 200 cases with but two deaths; both of which occurred more than four years ago. In estimating the percentage of cures it is well to remember that the treatment is advised only in cases of sarcoma in which there is no hope of cure from operation. In other words, in entirely hopeless cases. Of my series of cases, in a very large number treatment was begun after the disease had reached such an advanced stage that there was practically no hope of more than temporary improvement. To have saved even one case of inoperable cancer would seem quite sufficient to offset the disappointment of a hundred failures. If instead of one per cent there is a probability of being able to save upwards of 10 p. c. of these otherwise hopeless cases we certainly have sufficient encouragement to continue the method. I believe that the most promising field lies in the use of the toxins in small and safe doses directly after the primary operation, instead of waiting for a recurrence to appear. If the toxins can in a considerable number of cases destroy and permanently cure large inoperable sarcoma, it is reasonable to suppose that their administration after operation will destroy the invisible portions left behind, and thus in a much larger number of cases prevent subsequent recurrence.—*St. Paul Medical Journal*, June, 1900.