

Suppose we have to deal with an epithelioma, occupying macroscopically as large an area as that enclosed within the circle *a*. Outside this area and extending to *b*, we will assume there are pathological epithelia, and circulatory disturbance, whilst outside *b* and extending to *c*, one or more cancer epithelia are present without circulatory disturbance. We will suppose that outside of *c* the tissue is normal. If such a tumor were operated upon with a knife, it would be necessary to remove all the tissue within *c*, or the disease would return, and in many parts of the face, for instance, that would mean much mutilation. If one of the weak caustics be employed, only a portion of the tumor can be destroyed at the time of treatment. This leaves the remainder but slightly injured, and is soon in a condition of reaction after the injury, with the consequences already described from such reactive process. The use of mild caustics, therefore, leaves the patient in a worse condition than if the disease had not been interfered with. I have seen many cases of cancer of the lip and other parts much injured by this meddlesome and useless method of treatment. What holds true of nitrate of silver, holds true of all other mild caustics, they do not destroy with sufficient rapidity and consequently indirectly favor the process of proliferation and invasion.

Caustic potash quickly liquefies tissue, and with this agent one can, at a single sitting, destroy a large amount of tissue and produce the following changes in the surrounding part. Suppose the cancer occupied the area already described in connection with Fig. 1. With caustic potash all of the area within the circle *a* can be destroyed in a few minutes, and should be, but not beyond that line. The action of the caustic extends further than the part completely necrosed, and its use is followed by marked inflammatory changes in the surrounding part, and the intense inflammatory process may lead to destruction of all the tissue lying within *b*. The tissue within *c* will also be much inflamed, and should be sufficiently intense as to destroy any cancer epithelia there, without destroying the normal structures, an attainable object, as pathological is more vulnerable than normal tissue. The operator must produce the requisite intensity of inflammatory action if a recurrence is to be avoided. Suppose the result of the caustic has been that all the tissues within *b* have been destroyed, and the inflammatory process destroys all pathological epithelia beyond that line, a result is obtained equal to that from an incision made at *c* at the same time the open wound produced extends only to *b*. This gives the advantage of such a caustic over a cutting operation. Some of the good effects following the use of caustic potash probably comes from the action of a tox-albumin generated, which is destructive to the