

nation. It was entirely inoperable. Its situation, originally, I took to be in the iliac bone. It went on implicating the gluteal muscles from below upwards towards the skin. The gluteus maximus really formed a capsule, but the small gluteal muscles were extensively implicated." He then operated and removed as much of the growth as possible. When seen by me there was a large sinus leading down to the joint and about one inch in diameter. The patient was running a septic temperature with chills, sweats, etc.

On January 25th of this year I inserted radium into the sinus and left it there continuously for twelve days. The usual changes which follow radiation of a sarcoma occurred, the surrounding tissues becoming hard and fibrous. Scrapings were made on March 10th from the sinus wall, and examination by Dr. Mann revealed no evidence of sarcoma tissue. The sinus has since been allowed to close up very gradually. The patient is up and around and enjoying the best of health. The sinus at present (June, 1914) is not quite closed.

The main point is that there is no appearance of a recurrence of the growth, although there was every indication that such would take place.

One other case I would like to report, for it was a very striking one, although the ultimate result was not favorable.

A farmer, *et.* 53, was referred to me by Dr. Cockburn and Dr. Arrell, of Hamilton, in October of last year. He had a large sarcoma of the parotid region, which had recurred twice after operation. When I first saw him there was a large fungating mass five inches in diameter, and projecting from $1\frac{1}{2}$ to 2 inches above the normal level of the skin. Mr. J. H. Cameron saw him in consultation. It was decided to curette the fungating mass and apply radium. This was accordingly done. He was given massive doses of radium, and the result was the reduction of the tumor mass and a transformation into hard, fibrous tissue. We thought for a time we had succeeded in arresting the process, and as regards the original site of the growth this apparently was correct. Unfortunately metastatic developments occurred in the other cheek and over the occiput, and the patient succumbed six months later. Locally, however, the change produced was remarkable, and proved of great interest to a number of colleagues who saw the case from time to time.

I am fully convinced that radium does exert a decidedly curative influence on sarcomata. It is, however, essential that heavy doses should be employed, as otherwise the treatment offers no prospect of success. I should also like to repeat here