

connective tissue with the marked blood pigmentation indicates degenerative change and subsequent regeneration."

Following the removal of this mass the part was given further heavy radiation, since which time there has been absolutely no sign of recurrence. This is nearly three years ago.

Case III. A gentleman from Ottawa, who had a sarcoma develop at the angle of the jaw on the right side. He had twice been operated on in Ottawa, and in August, 1910, following a recurrence, was operated upon in London, England. Within a week after this operation he went to Paris, where at Dr. Wickham's hands he received a heavy radium treatment. He was advised to have radium applied from time to time after his return home, and I have used it in a prophylactic way since then. There has been no sign of recurrence, although recurrence was immediate following the previous operations.

Case IV. A farmer, *et.* 51, who was referred to me by Dr. H. Howitt, of Guelph, and who had developed a mass on the right thigh following traumatism. This was excised several times during the following year, as it recurred almost immediately. Finally the wound did not heal, and when first seen by me there was a large ulcer, the base and edges of which were firm and fibrous. A portion removed for examination showed that it was a fibro-sarcoma. He was treated by hypodermic injections of soluble radium salts, and by the external application of a radium plaque. The malignant process was arrested, the ulcerated area filled in and the patient has been free from recurrence.

Case V. A gentleman, referred by Dr. Jas. Caven and Dr. Geoffrey Boyd, of Toronto. A growth developed in the deep tissues at the naso-orbital angle. The mass was excised and proved to be a small round-celled sarcoma. Recurrence was almost immediate. A second excision was done, the orbital margin being chiseled away. Following this I applied radium externally, also internally by means of tubes inserted into the upper part of the nasal fossa. The dosage was enormous, and a very severe reaction resulted. The parts have healed, however, and there has been no sign of recurrence for over a year.

Case VI. A young man, 22 years of age, referred by Dr. Garrow, of Montreal, to me. There had been a sarcoma involving the left sacro-iliac joint. Dr. Garrow wrote me that "examination showed that the disease was situated entirely above the joint, and that it, in fact, involved the sacro-iliac synchondrosis. That it was of the nature of a sarcoma was suspected, and on exploration this proved to be the case from microscopical exami-