

advisable to remove this with the curette, and to subsequently apply the rays.

*Papillomata.*—The common wart and other papillomatous growths which so frequently, either through irritation or advancing years, take on a malignant growth, respond most readily and conveniently to short exposures of radium rays. When so much stress is being laid, as it is at present, on the proper treatment of many pre-malignant conditions, one can see what a field radium-therapy has in this connection.

*Keloids and Cicatrices.*—It is necessary to make a distinction in this connection between the cicatrices which are associated with keloids and those due to other causes, in view of the fact that Wickham and Degrais are of opinion that keloid tissue reacts in a selective manner to the radium rays, whilst the normal cell does not do so. Keloid cicatrices may be dealt with either by the destructive or the non-destructive method, the former consisting of treatment by unscreened plaques, with the object of producing a severe superficial reaction. If the non-destructive method is selected, screened plaques are used, with exposures of longer duration, the result being a gradual absorption and disappearance of the cicatrix without any visible signs of reaction. Wickham's so-called "cross-fire" method is often useful in dealing with large keloids, and it is advisable that the peripheral portions of the affected area should be thoroughly irradiated, in order to influence possible extensions of the growth beyond its apparent superficial limits.

Although radium may be regarded almost as a specific in regard to keloid tissue, it does not appear to have a similar affinity for non-keloid cicatrices, such as those following cervical adenitis, and therefore, although these may yield to a certain extent when treated by doses sufficiently large to cause a very destructive action, such favorable results cannot be anticipated as those which regularly occur in the case of keloid tissue.

*Keloid.*—In this connection we would report a case which was referred by Dr. Chas. Noecker, of Waterloo, with the following history, as furnished by Dr. Noecker:

"Miss M. R., *aet.* 26 years, had had the ovaries, which were enlarged and cystic, removed by Dr. Edmund E. King, Toronto, Ont., on June 25th, 1908, and the recovery was uninterrupted. About a year after the operation, the cicatrix became sensitive and developed into a characteristic cicatricial keloid. On several occasions subsequently small vesicles developed, which, however, healed readily. About July, 1911, a small inflamed area became infected and caused a great amount of suffering, to relieve which