

bleed. I therefore stopped the use of the toxines, and on February 8th, as a palliative measure, removed the growth, which was about the size of a walnut, and was attached to the cord. The cord was amputated as close to the internal ring as possible. The tumor was sent to Dr. H. B. Anderson, who pronounced it carcino-sarcoma.

A month later a small recurrence could again be distinguished, and I resumed the toxine treatment on March 19th, continuing until the 31st, sometimes getting a good reaction and sometimes none at all, but the tumor continued to increase in size until April 12th, when it had assumed an elongated shape about an inch in its transverse diameter, extending from a little above the external abdominal ring to the lowest part of the scrotum and infiltrating the cicatrix nearly as far as the spine of the ilium. Several small blood cysts had formed just beneath the skin, and two of these having given way the tumor was beginning to fungate.

I therefore again removed the whole mass, cutting as wide of diseased tissue as possible, excising the infiltrated cicatrix and again cutting the end of the cord. A small portion of this wound filled in by granulation.

No treatment whatever followed this operation until May 20th, when two small nodules were removed from just beneath the pubic arch, the perineal muscles being laid bare in the operation. At this time that part of the cicatrix about the external abdominal ring was much thickened, but was not removed.

Early in June, 1897, I learned through one of the medical journals that Dr. J. McFadden Gaston, of Atlanta, Ga., had read a paper before the American Surgical Association at Washington, advocating electrolysis and cataphoresis in cases of inoperable sarcoma. As I could not get a report of his case so early I wrote him for information, and he very kindly sent me the written copy of his paper. This paper was afterwards published in the *Annals of Surgery*, for August, 1897, and in it Dr. Betton Massey's independent work along the same line was duly acknowledged.

The case which he then reported was that of a boy, aged 12, who had suffered from a growth in the hypogastric region. An exploratory incision had been made by Dr. J. B. S. Holmes, when sarcoma was found with such adhesions as to preclude removal by the knife, and the incision was closed.

Dr. Hunter McGuire, of Richmond, Va., afterwards examined the case, reopened the incision, had the tumor subjected to microscopic examination, and declined operation. Dr. M. D. Hedge, jun., of Richmond, upon microscopic examination, pronounced the tumor a small, round-celled sarcoma.