

growths are deep-seated, and while both Roentgen rays and radium are being used with some success in the treatment of superficial malignant disease, it is very doubtful if they are of the slightest use in those affecting the deeper structures, although cases have been recorded where they were beneficial. For example, M. Kretschner⁷ collected ninety cases of sarcoma treated by the application of the Roentgen rays. Of these tumors, some were in the ovary and one large round-celled sarcoma of the ovary entirely disappeared after six months' treatment. The tumors which are most susceptible to this method are those of the quickly growing round-celled variety, which are rich in blood vessels.

Serums, such as Coley's, are unreliable but may be tried in inoperable cases, as some practitioners claim to have obtained good results from their use.

Prognosis.

If the growth is not interfered with, the patient dies from rapid spread of the disease or else of some complication induced by it, such as obstruction of the bowels. It attacks neighboring structures before those which are more remote, the peritoneum, omentum, stomach, pleura, lungs, uterus liver, diaphragm and kidneys being the order of frequency with which they are affected.

Even after removal of the apparent seat of disease, one is not safe as we can only expect to have from 25% to 50% of the patients remain free from recurrence. This is a terribly high rate of mortality and shows that we cannot be too careful to make a clean sweep of the uterus and both sets of appendages intact, together with as much of the broad ligaments as possible in cases where we have the slightest cause to consider the tumor to be of a sarcomatous nature. I am sorry to say that my own cases have a high rate of mortality from early recurrence. One of the cases was inoperable when first admitted to my ward, the whole of the contents of the pelvis being matted together into one compact mass of sarcoma. In another case, the tumor was cystic and of the spindle-celled variety. It ruptured during extraction, allowing a quantity of brain-like substance to escape into the peritoneal cavity. The patient made a good recovery and left hospital apparently well and free from disease, but died within two months from the date of the operation, the whole pelvis and lower abdomen being filled with sarcomatous tissue. In a third case, the tumor which was cystic and of the small round-celled variety, was densely adherent to the pelvic walls. It ruptured during the separation of the adhesions, allowing of the escape of material similar to that seen in the last case. Local recurrence occurred at once, followed by death from obstruction of the bowels caused by infiltration and pressure just