

In the treatment of these chronic lesions characterized by localized hyperkeratosis, it is a common mistake to attempt to cure them by soothing ointments such as cold cream. The lesion is deeply seated and if an ointment be used, a preparation with a keratolytic action should be selected. According to my experience ointments alone are of little value. An excellent method of treatment is to apply for about a half to one minute the solution of acid nitrate of mercury, and follow this by the application of an anodyne ointment of cocaine or orthoform of sufficient strength to prevent local distress. Physicians who have an X-ray outfit, or radium, may use with advantage these remedial agents. The writer generally uses radium at the present. X-rays are also valuable but are not so easily made use of as radium.

I should like to draw the attention of surgeons to the importance of recognizing this type of precancerous lesions in their operations on the lip. If cancer develops on one of these scaly patches it only does so at one point, and in the treatment the surgeon should recognize the precancerous as well as the cancerous lesion.

Leukoplakia.—This is a disease of the tongue and mucous membrane of the mouth and lips. It is characterized by whitish plaques which are, as a rule, very persistent. A luetic history is a predisposing cause, but the exciting agent is generally some form of irritation such as that produced by smoking. When the lesions first form they are, as a rule, smooth, almost imperceptible to the sense of touch. Later they may become thickened, which sign, in my opinion, may indicate that the lesion is becoming cancerous.

In the treatment one should first remove all sources of irritation. The local treatment, when used, should be directed to destroy the lesion. Mild applications are absolutely useless. I have successfully treated many cases by irradiation with radium preceded by the application of acid nitrate of mercury.

Fissure.—This is generally of benign significance. Occasionally one obtains a history of fissure or sees the lesion in the early stage of cancer. It is a question, however, in these cases whether the fissure does not complicate cancer rather than be a precancerous lesion. In some this is undoubtedly the case for the fissure is in the centre of slightly elevated patches with signs of epithelioma.

In the treatment of fissure it is essential, if there is any suspicion of the beginning of cancer, the treatment should be thorough.