

When the lesions are upon other portions of the nose, and especially upon the alæ, situations where, as in the case of the eyelids, it is necessary to save as much normal tissue as possible, the X-rays give the best results as regards subsequent scar tissue formation, especially if the lesion is not a very superficial one. All these lesions, however, are curable by caustics, and the scar following the use of the proper caustic will differ but little from that following the use of the rays, except in advanced lesions situated on the alæ.

If the nodule, say, of the size of a pea or bean, exists in connection with an area of a warty or eczematous form of the disease, the nodule should be destroyed by a caustic, and the rays used upon the remainder of the lesion. Such lesions are not infrequent upon the nose, and especially in persons with a seborrheic condition of the skin.

If the disease has invaded the bony structures, the rays may give better results than any other method; at least the results in cases I have seen treated by knife or caustic have been very unfavorable. According to Startin, the outlook for X-ray treatment in these cases is not flattering, but some other writers report favorable results.

The comparative value of the rays, the knife, and caustics, in cases of epithelioma of the penis, must be decided by future observation on a sufficient number of cases for forming a judgment.

When the disease has existed some time, and, remaining superficial, has covered an area of some extent, say, from half an inch to two or more inches in diameter, with a raw surface over the greater part, the rays are a valuable agent, and probably effective in the greater majority of cases. The most favorable cases, the ones most quickly curable, are the very superficial ones having an erosive or ulcerative surface and only a narrow hard rolled-up edge. I treated one situated in the temporal region, a lesion circular in shape and one and a half inches in diameter with a very slight elevated margin, that appeared to be removed after seven exposures in a period within three weeks. Such cases, however, can be as satisfactorily cured by an arsenious acid paste, the actual treatment, the application of the paste requiring from six to eight or ten hours. Therefore, in all cases of lesions not larger than from one to one and a half inches in diameter, when situated on parts of the body favorable for treatment by caustics, if time is an important item, the rays are of less value than a suitable caustic.

If the lesion be upon the scrotum, the knife is the quickest and probably the best form of treatment, as few scroti are not improved by excision of a part; at least excision is not usually a cause of deformity.

If these superficial lesions—I am still confining my remarks to the superficial serpiginous form of epithelioma—occupy the eyelids or external or inner canthus and neighboring integument,