

and at this period the case was placed in my care. I amputated the end of the cord December 17th, but there was again a recurrence in January, 1897. I now adopted Coley's method of treatment, but the tumor gradually increased in size and soon began to fungate and bleed. In order to delay the period of fungating, and not from any hope of permanent benefit, I removed the growth on February 8th, and the wound again healed nicely; but a month later another small tumor was detected. Toxine treatment was resumed, but by April 12th the size of the growth having increased until it extended from a little above the external ring to the lowest part of the scrotum, I again removed the whole mass. On May 20th, two small nodules were removed from just beneath the pubic arch. In June, 1897, I began the internal administration of arsenic, together with electrolysis and cataphoresis, according to the method of Dr. J. McFaddon Gaston, of Atlanta, Ga., who had succeeded by this method in saving the life of a boy who had been pronounced incurable by some of the best surgeons of the South. This boy remains well at the present time, and several other cases have since been reported by Dr. Gaston, Jr.

At the time of commencing this line of treatment, the malignant growth had been five times removed by the knife; there was a small rounded tumor at the side of the scrotum, while infiltrated tissue extended for eight inches in length and more than an inch and a half in breadth, and the glands in Scarpa's triangle were slightly enlarged. In less than a month there was a noticeable lessening of the infiltration and diminution in the size of the glands, though the tumor showed no sign of improvement. I varied the applications of electrolysis somewhat, but still the mass continued slowly to enlarge, and it was therefore removed with the knife on August 30th. A week later treatment by cataphoresis was resumed, and on September 21st another small tumor was removed by the knife. Again, on December 31st, 1897, a soft mass, the size of a walnut, together with some infiltrated cicatricial tissue, was removed. This time no ligatures were required, the wound healing by primary union, but there was a good deal of thickening in the line of the cicatrix, which lasted for some weeks, and from previous experience we expected a recurrence, but the thickening gradually lessened, the tissues assumed a normal appearance, and since that time there has been no recurrence. Electrolysis and cataphoresis were continued uninterruptedly until the patient had passed the three year limit, and he was also kept under the medicinal treatment the greater part of that time.