

gins had become involved, and shortly before we saw her nodules had appeared on the left cheek. The nose, when first seen, presented a most distressing appearance, the margins of the nostrils being covered with large unhealthy granulations. (Fig. 1.) There was a free foul discharge from the nostrils. Very heavy destructive doses of radium were employed, and as a result the diseased tissue has been removed and the nostrils now present a healed margin. The disease present inside the nasal cavity was treated by radium tubes, which were inserted into the nostrils. On the cheek the nodules present have cicatrized. This patient's general health is not very good, and close watch has to be kept over the condition for fear of a recurrence of the disease. The present local appearance is regarded as very satisfactory. (Fig. 2.)

*Angiomata and Nevi.*—Until within the last few years radium therapy has not been regarded as a routine procedure in the treatment of these conditions. Electrolysis was sometimes successful in removing small port wine marks, but this procedure was painful, and repeated seances were required. Good results were obtained from radium by Danlos, Rehns, Hartigan and others, and in 1907 Wickham and Degrais published a communication, in which they stated that they had treated successfully a very large number of cases of this nature, namely, port wine marks and angiomatous tumors. The duration of the applications and the strength of the dose should be regulated in accordance with the nature of the lesion, and in the case of superficial port wine stains the object aimed at should be to produce gradual obliteration of the stain by repeated applications, each individual case being judged on its own merits in regard to the length of time during which radiation can be tolerated and the frequency with which it is advisable to repeat the seances. The doses should be regulated so as to produce practically no perceptible reaction, and the best results are obtained with plaques or toiles of 50,000 to 100,000 radio-activity, screened with lead, the latter being covered with 8 or 10 sheets of black paper, in order to cut off the secondary rays of Sagnac. All writers on the subject are agreed in emphasizing the importance of avoiding, if possible, inflammatory reaction, and of protecting the normal skin surrounding the lesion. In the majority of cases slight superficial desquamation will occur in the course of four or five weeks after three sittings of one hour each. In estimating the dosage in repeated applications, it should be borne in mind that after radiation the tissues become more susceptible to the action of the rays, and the length of the sittings should therefore be reduced.