

can pour X-rays into an ulcerating surface almost unstintingly without fear of burning. I suppose it acts on the pathological tissue and does the normal tissue no harm. If this is true, and my experience points to its being so, it is a matter of great importance. It enables one to act quickly, vigorously, and with heavy dosage, then to stop and allow healing to take its course. This eliminates long continued X-raying, which, like any other long continued irritation, may even cause a cancer. It is because of the liability of causing a cancer, or exciting to greater growth one present, that I have advised against any further use of the X-ray treatment in cases where the X-ray has been used for a considerable time before consulting me.



Fig. 2.—Epithelioma, seborrhea and senile patches before treatment.

I believe it is still an undetermined question how long a time should elapse before resuming an X-ray treatment in such cases. When one considers the long-continued effects the X-rays are known to have on the tissues, it is possible that this intervening time should be at least several weeks. Of course this would preclude the resumption of X-ray treatment at all in many cases, because, in the meantime, the cancer would have made considerable or fatal progress.

It may be that sometimes the influence of the X-rays on the tissues lasts a very long time indeed. This was brought concretely before me in a case treated in association with Dr.