

avoiding it by associating and combining the two processes named.

In conclusion, the result of our observations—about six hundred in number—is that it would be useful if radium should be considered as an auxiliary to surgery in the same way as are X-rays and fulguration. Acquainted with the expedients which radium therapy offers (whether it be a matter of injection of salts of radium or of application of radium apparatus), surgery can conceive of new operating technique adapted to these resources, and can thus reach parts which used to appear outside the region of therapeutics. It can seek to lessen the malignity of the operating field, whether before or after the operation. It can complete insufficient operations, and in some cases perhaps adopt with advantage conservative measures.

In the case of one of our patients, for example, it was possible to avoid amputation of the leg for an osteo-sarcoma of the tibia, for when the radium apparatus was surgically introduced, to great depth and with accuracy to the necessary parts, the neoplasm disappeared satisfactorily.

It is most certainly from the combination of surgery and radium, of the methods of radium-therapy surgery, as we term them, that, without exaggeration or scepticism, we may make best use of the new resources introduced by radium in the treatment of a certain number of cancerous neoplasms.—(Extract from *La Clinique*.)

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