

ment consists in securing the proper degree of alkalinity of the system, the avoidance of a meat diet, and the administration of either arsenic or thyroid extract, or of both.

When the disease is present in the form of a papule or tubercle, with an unbroken surface, the lesion can be destroyed by the rays alone. The treatment, however, would require several weeks, perhaps more than two months' time, with exposures two or three times weekly. With exceptions to be noted directly, I believe that in these cases a caustic is much to be preferred, as the destruction can be completed in a few minutes if caustic potash or the Paquelin cautery be used, and in a few hours, by the use of an arsenious acid paste. Failures to cure are rare, and the resulting scar deformity very slight, or perhaps not recognizable except upon close inspection. Freezing the part with ethyl chloride, and removal of the lesion by excision, is also preferable to the rays in these cases. Cocaine injection can be used instead of freezing the part.

If the lesion is on the eyelids, and the invasion into the sub-epithelial tissues is considerable, the rays should be used, as with them the disease can be removed with less destruction of normal tissue than by any other method. I have not seen any ill results to the eyeball from the rays, although I would advise that it be protected from penetration by them.

When the papule or tubercle is on that part of the nose near the inner canthus, and covered with apparently normal epidermis, the use of caustic potash or acid nitrate of mercury is the better treatment, as it is effective, the deformity resulting is too slight to be considered, and the lesion is quickly removed. The rays do not act so favorably or so promptly when the lesion is covered with normal epidermis as it does when an erosive or ulcerative condition is present. In the former case, if the operator desires to rely principally upon the X-rays, it is advisable to first remove the healthy epidermis by curettage, or by a caustic, before employing the rays. As the majority of these cases are of the rodent ulcer type, this injuring action on the epidermis is not followed by secondary lymph gland infection; but in the other forms of epithelioma such partial removal and mutilation might have serious consequences.

In some cases a combination of treatments is advisable in these cases of rodent ulcer; first a caustic to remove the macroscopical part, and afterwards the rays for the microscopical portion, to prevent if possible a reappearance of the disease. I have, however, treated so many cases of epithelioma of this form in this location so successfully, both as regards removal of the lesion and scar formation, that in my opinion the cases are rare in which the operator should subject the patient to a method that requires so much time, and if he be an out-of-town patient, to so much expense also.