qualities, teach that for the superficial forms of cancer a low vacuum tube giving much Roentgen light and slight penetration should be employed, while for the deeper seated forms of the disease there is wanted a medium or high vacuum tube giving less light but more penetration; the use of the one or of the other depending upon the depth of the cancerous infiltration and form of cancer.

I do not intend to describe the technique of the treatment by X-rays, but simply to consider what can be accomplished by them in any given case of the disease when used in the proper manner, according to our present limited knowledge as to the kind of tube to be employed, the duration of application at the different times of treatment, and the distance from the target, etc., etc., and thus endeavor to estimate correctly the absolute and comparative value of the rays in the disease.

Let us suppose the mode of treatment in all cases is correct according to our present ideas, what results then can be obtained by the Roentgen rays? It is probable that the majority, perhaps a large majority, of the cases of superficial epithelioma of the skin can be removed by X-ray treatment when seen early and before they have invaded the deeper tissue. In eighty cases of rodent ulcer treated by Dr. Sequira, of London, thirty-four were cured. The majority of the remaining ones were still under treatment at the time of the report, and probably a considerable number of those were also cured in due time.

The most superficial form of epithelioma, sometimes, although incorrectly, called the eczematous form, as it commences objectively as a superficial dermatitis condition, and later shows epithelial proliferation, a form that is so often multiple and frequently occupying areas of considerable extent, has, in cases which I have treated yielded your a tiphertorily to the rest treatment.

treated, yielded very satisfactorily to the ray treatment.

If the disease is not multiple and the lesion a small one, not larger than a twenty-five cent piece, other agents, such as pyrogallic acid, and acid nitrate of mercury, or arsenious acid, are, I believe, preferable, as the removal by those agents is positive, quickly performed, and leaves a very satisfactory scar. The saving in time and expense is an item of much importance to many patients, and should be duly considered in every case. Some patients from the country, and city also, cannot afford the expense incidental to the long treatment usually required when X-rays are employed.

If the lesions are multiple, showing a predisposition on the part of the tissues to the disease, the X-rays should be used, not merely for the purpose of removing the existing lesions, as that can be done by other means, but with the object of influencing the nutrition of the skin in such a manner as to prevent a recurrence of the disease.

A combination of treatment by caustics, X-rays and internal medication gives the best result in these cases. The internal treat-