

most marked; heart displacement only 3-4 of an inch at apex; pulse, 88; respiration, 20; no dyspnea; cough entirely disappeared. Chest examination: Right side normal; left side, dullness not so marked, but still general. No enlarged glands, save in the left axilla, this part being protected from the ray on account of the burn, which is still troublesome.

Dec. 23rd.—Patient says he feels perfectly normal, except for the inconvenience of the X-ray burn. General condition good; weight, 135 pounds.

Jan. 1st, 1904.—Still improving; right side, normal; left side, respiratory sounds more distinct, especially in axillary line and behind; dullness not so marked save towards apex. Heart: Percussion not satisfactory on account of general dullness, but heart appears to be in normal position; pulse, 80; respiration, 20; no disagreeable symptoms whatever; patient says he feels quite normal.

Feb. 4th.—Stopped X-ray to-day for a week.

Feb. 9th.—No change. Ray burn seems to be healing; resumed treatment.

Feb. 18th.—Patient says he has "caught a cold." Has been sneezing; nasal discharge; had a chill last evening; complains of feeling chilly; frontal headache; limbs and backache, etc.

Feb. 18th.—Visited patient to-night; has all the symptoms of gripe; temperature, 102; pulse, 120. Examination of chest: Breathing a little harsh on the right side.

Feb. 19th to March 18th.—Patient rapidly developed a pericarditis with effusion; edema becoming general, especially over the back and abdomen and scrotum; very little in the lower extremities; no enlargement in cervical, axillary or the inguinal glands; heart weakness very marked; dyspnea very distressing. This persisted until March 18th, when the patient died.

It will readily be observed that in the case of this patient that Coley's toxin had no effect whatever on the disease, other than a possible softening of the original mass, and which was only temporary. It will also be observed that the X-ray as at first used had no effect, except on the superficial glands, and that it was impossible to keep pace with the rapid progress of the disease. Also we see the great danger of ray burn to the patient, especially when it is necessary to expose several parts during one treatment. One ray burn may be a very serious matter, and cause a delay possibly of weeks in the treatment, which is a very serious matter when we consider that success, if it is possible, depends upon the continuous treatment. With the aid of quinine fluorescence the great danger of ray burn is very slight