

time he is in excellent health, cicatrices are all perfectly normal, and there is not the least sign of a recurrence though almost eighteen months have elapsed.

In a letter which I received from Dr. Gaston in April last, he informed me that the treatment of his patient had three months previously been suspended, and the boy was entirely free from any sign of disease; also, that since his report of this case he has had under observation some half-dozen others in which similar treatment was adopted, with, in some instances at least, most gratifying results.

Dr. G. Betton Massey, of Philadelphia, in a paper read before the American Medical Association, and afterwards published in the *Medical Record* of July 31st, 1897, gave the results of his experience in a series of eight cases of malignant disease tested by him up to that time by cataphoresis. Of these, six were carcinomatous and two sarcomatous. His summary of results was: two cured, two apparently cured, two benefited, of which one was hopeful, and two failures.

While, of course, it is too soon to speak of a cure having been effected in my case, the patient not having passed the three-year limit, yet I think it must be conceded that, taking into consideration the very malignant nature of the disease, as evidenced by the rapid recurrences and quick growth of the tumor, his condition to-day is in marked contrast with that when this method of treatment was adopted. I cannot, however, give all the credit to the adoption of cataphoresis and the administration of arsenic as I am convinced that we should have failed but for the use of the knife. On the other hand, I feel quite sure that the knife alone would not have given us the result we have attained, and this leads me to advocate as strongly as I can the combination of all the means at our command in combating this deadly form of disease.

Dr. Massey has in some cases destroyed the new growth by mercuric cataphoresis at a single application, leaving an open wound to fill in by granulation, but this could not have been done in my case without destroying the urethra, and it seems to me more rational to remove with the knife, getting rapid union, and reducing the process of granulation to a minimum, then to follow the operation by cataphoresis, as I have done, though I believe this is the first case reported in which such a course has been pursued.

In conclusion, I wish to say that my experience in this case would lead me to make the following suggestions:

(1) Electrolysis and cataphoresis, together with the internal administration of arsenic, are worthy of further trial.

(2) Not being incompatible with operative or any other plan of treatment, cataphoresis may be judiciously combined with