

and there was some infiltration of the tissues between the ribs. Such a case could, and should, be regarded as inoperable either by caustics or knife. After three months' treatment scar tissue occupied the part where the ulcerating area was, and no evidence of the existence of a cancerous affection could be detected. I have since that time given three months more of treatment at intervals of two weeks, as a precautionary measure, although no signs of the disease existed. Such a result is very encouraging for future treatment of the hitherto hopeless cases. I might state also that seven years ago I successfully amputated the breast for carcinoma in a niece of this patient; I say successfully, as there has been no reappearance of the disease. Microscopical examination verified the diagnosis.

A fourth case showed a pea-sized nodule in the skin at the scar line three weeks after amputation of the breast. This disappeared under treatment. I have continued exposing the whole of the anterior surface of the chest area of the affected side for six weeks and no new nodules have made their appearance as far as my observation can judge.

From the foregoing results in conjunction with the result in cases reported by others, I believe with those who maintain that every person who has been operated upon by the knife for mammary cancer should be treated by the X-rays for a few months after the operation; such treatment commencing two or three weeks after the operation, with the object of destroying any pathological epithelia that may have been left in the tissue. Also, if the cases are inoperable when first seen, the patient should be given the benefit of the possibility that the rays may effect a cure. Considering the very unfavorable result, the few cases permanently cured by excision, I believe with Morton that every case of mammary cancer except those seen in a very early stage should be first treated by the rays, and their action on the disease studied before resorting to amputation. The cases published justify the above opinion.

In cancer of the lip, according to Williams, all cases when seen early do well, but I prefer other methods to precede the use of the rays, at least until more cases with favorable results have been noted. The superficial forms are too easily cured by caustic potash, and for the deeper lesions the Paquelin cautery or the knife may be used, but unfortunately reappearances are very frequent. These cases of pure epithelioma with prickle cell structure and tendency to lymphatic gland infection seem not to be influenced by the rays like the rodent ulcer forms of cancer or gland carcinomata. I saw a case of epithelioma of the upper lip that had been treated several times a week, for two months, by a physician accustomed to using the X-rays without any improvement