

4. Arsenious acid of properly mitigated strength is such an agent, and its application causes an inflammation of the required intensity.

5. It therefore exercises a sedative influence upon the tissues to which it is applied, and causes the death of the cancer cells in localities outside the apparent limits of the new growth, where there is as yet no evidence of disease.

6. It is superior, in suitable cases, to any method, knife or cautery, which requires the exercise of the surgeon's judgment as to the extent to which it is to be carried. That that judgment is often wrong, and necessarily so, is shown by the frequency of recurrence under these methods even in the best hands.

7. It is applicable to all cutaneous carcinomata in which the deeper structures are not involved, and which do not extend far on to the mucous membranes.

8. It is easy of application; it is safe; it is only moderately painful; and its results compare favorably with those obtained by other methods.—*Author's Abstract.*

GUMMA OF THE TONGUE WITHOUT OTHER SPECIFIC SYMPTOMS.

DR. WILLIAM S. GOTTHEIL (*International Medical Magazine*, December, 1898) records the case of Mary H., American, twenty-four years old, who came to his clinic on April 15th, 1898, complaining of a sore tongue. Examination showed the presence of a large elongated tumor occupying the central area of the anterior part of the organ, and measuring an inch and a half in length by three-quarters of an inch in breadth. The edges and base of the tumor were moderately hard and infiltrated, but there was no characteristic sclerosis. The central part of the tumor was occupied by a ragged, deep, longitudinal ulceration, covered apparently with florid granulations. The submaxillary glands were moderately swollen and quite hard. The tumor had commenced as a small lump deep in the tongue eight weeks before, and was steadily getting larger. The exact time at which ulceration had begun could not be determined; in fact, the patient attached very little importance to that feature of the affection; there was no history of a sudden rupture, as of an abscess. There was absolutely no pain connected with the affection, and the patient complained only of the discomfort and inconvenience caused by the presence of the tumor in her mouth.

No evidences of past or present syphilis were found anywhere, and this with the age of the patient, her robust health, and the fact that she was a modest girl, had been recently married to an apparently healthy husband, and was pregnant, seemed to exclude tertiary syphilis. No stress was laid upon the history, more espe-