

tion is reached. I have seen many such cases, and it is "up" to the profession to recognize their moral responsibility towards these patients. An X-ray apparatus is not at all necessary for these cases when seen early; a proper caustic, or excision will be effective if properly used.

In cancer of the breast only a few cases, as yet, have been reported as probably cured, and those reported have been reappearance after amputation. It is impossible at the present time to account for the great differences in the results of treatment as reported by different writers. It is to be feared that the brilliant results announced by some operators will be things hoped for but not always realized. In seven inoperable cases following operation, reported by Johnson and Merrill, no improvement was produced by the rays. Williams thinks the rays would probably be of benefit in some cases. He also finds that the more slowly growing tumors, the so-called schirrhous, offers greater resistance to the action of the rays than do the more rapidly growing cancers. Some writers report almost all their cases as improved or apparently cured by the rays. As stated above, the number so far reported is too limited to permit the forming of an absolute conclusion as to what can be accomplished in any given case by the rays in mammary cancer when used alone, or for reappearances after operation. For post-operative cases, it is evidently better than the knife or other agent, but that is not saying much. It does, however, seem that some of these cases can be cured, and that is an advance over past methods.

I have at present four cases under treatment. In one of these we will call the diagnosis doubtful, although the case was sent to me by a gynecologist of experience as a case of mammary cancer, and a similar diagnosis was made by another physician before I saw the patient. The woman is forty-six years of age, married, but had no children. The symptoms were those of the early stage of carcinoma,—a hard, irregular mass connected with the gland and involving the connective tissue sufficiently to interfere with elevation of the skin by the fingers and cause some retraction of the nipple. After six weeks' treatment the improvement is so marked that no one would now make a diagnosis of cancer. It is too soon, however, to give a positive prognosis as to the final result.

The second case was one of well marked carcinoma the size of a hen egg, with an ulcerated fungating surface. After four months' treatment the ulcerated surface is replaced by a smooth scar surface and the disease is apparently removed.

The third case is one of advanced schirrhous cancer in a woman of sixty-seven years of age. The entire mammary gland of the right side, including the nipple, was destroyed; there was an ulcerating surface about three inches in length and half an inch in diameter, situated near the ribs as the patient was thin of person,