

operate unless the whole eye was unucleated at the same time, which the patient objected strongly to being done. The actual cautery was objectionable because of the keloidal scars that sometimes follow its use, and because of the fear of secondary hemorrhage, which, in such a situation might be difficult to control. After a careful consideration of all the above methods of treatment it was determined to use X-rays, and they were poured down into this corner with an admirable result.

In summing up: The X-ray may be used when pain is particularly to be avoided, as in old, feeble people, or when a good cosmetic effect is particularly desirable. It may be used when the patient is so situated that he can afford a long course of treatment, and when the course of the disease is so slow as to allow one to almost neglect the element of time. It will cure over fifty per cent. of epitheliomas of the face, and will diminish the size of the lesion in a very much greater number. Supposing it to act only in diminishing the size of the lesion, it is still very valuable, as a subsequent slight curetting and cauterization has, in my experience, often finished the cure, leaving a much smaller scar than if the X-ray had not first been employed to initiate the treatment. It probably should be used after every operation for cancer, because no operator can be sure he has carried his line of operation out beyond the diseased area, whereas this remedial agent can be easily administered to a far wider area than any operation can be made to include, thereby acting on diseased foci that would have otherwise entirely escaped.