a most extensive thrombus, which was not removed, the recovery was rapid, the neck wound healed by first intention and following the operation there were no symptoms suggestive of pyemia.

The main thing is that we have learned to diagnose this condition when present and what to do to save our patients' lives.

LYMPHOSARCOMA OF THE TONSIL.*

BY J. L. GOODALE, M.D., BOSTON.

THE patient, a woman thirty-five years of age, was seen in April in consultation with Dr. Sawyer, of West Roxbury. She gave a history of having had, several weeks previous, pain in the left tonsil and adenitis. The condition at that time suggested a severe type of diphtheria of one tonsil, with swelling and exudate.

When I saw her, on the fifteenth of April, the left tonsil was transformed into a firm, reddened mass about the size of a hickory nut, with deep extensive ulceration. The glands on that side, below the angle of the jaw, were enlarged, firm and slightly tender. Examination of the blood was negative.

The clinical diagnosis was sarcoma; we excluded diphtheria and other acute infectious diseases, together with tuberculosis and syphilis.

A portion of the growth was removed and examined by Dr. J. H. Wright, who reported lymphosarcoma of a rapidly proliferating type.

The patient was sent to the Faulkner Hospital, on April 22, where she was attended by Dr. Sawyer and Dr. F. G. Balch. On May 4 the growth had rapidly increased in size and the glands were very much enlarged. The patient was breathing with difficulty. The question arose whether it would not be wise to excise the tonsil and the glands. I therefore examined her under ether with the object of taking out what I could of the growth. Dr. F. G. Balch planned to take out subsequently the glands in the neck. It was found, however, at this time that the growth had extended to the soft palate, infiltrating it, together with the base of the tongue, so that we simply allowed her to come out of the ether, expecting that there would be nothing to do except a later tracheotomy.

I will digress a moment to say why I followed the treatment that was now adopted. A young man had been under my observation for two years with Hodgkins' disease and had been getting slowly worse, losing about forty pounds. He developed, in February of 1907, a series of boils about the groin and came to me in April, after recovery from the boils, with very marked improvement in his general condition and in the lymph nodes all over the body. It seemed possible that there was some connection between the staphylococcus infection and the improvement in his Hodgkins' disease.

Recognizing the very close relationship between the Hodgkins' disease and lymphosarcoma, it seemed to me we might utilize this idea in the treatment of the case under consideration. Turpentine was therefore injected by Dr. Sawyer into the legs with the object of making abscesses. Two minims were injected on May 25 and 27, without result except that the sites of injection became rather red and painful. At the same time injections of staphylococcus aureus vaccine were given every three days. The turpentine was increased every two days up to twelve minims at each injection. About the first of June the patient began to show improvement. The swallowing was easier and the whole condition was better, so that on the first of June she could take beefsteak, potato, etc., and every day after

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that solid food was taken. On June 8 she was out of doors. On June 10 she was talking easily, while the growth in the throat steadily diminished in size. About the middle of June it had nearly disappeared. The turpentine injections, which up to that time had been borne without great discomfort, became very painful, and on the 14th she began to have for the first time localized necrosis of the skin from the turpentine injections.

On the 29th of June she was taken home. I saw her on the 10th of July, when she had on the site of the tonsil a large stellate cicatrix and absolutely no sign of new growth. The infiltration at the base of the tongue and soft palate had disappeared. The lymph nodes on the outside of the neck had become so small that only one about the size of a hickory nut was at all palpable.

In September I saw her again and found no change, while the cervical nodes had entirely disappeared. At Christmas time I heard that she was as well as she had ever been in her life.

In making deductions from the results of treatment in this case, we must discriminate between the turpentine and the vaccine. On theoretical grounds, I am inclined to attribute the result to the vaccine. This is chiefly for the reason that the boils and abscesses which we expected to excite by the turpentine did not appear until after the growth had nearly disappeared.

We have also an analogous effect observed in the treatment of other types of sarcoma by the vaccines of streptococcus and bacillus prodigiosus. The case is presented for your consideration without attempt to theorize, but with the hope that you will be led to give it a trial in this ordinarily fatal disease.

TWO PALATAL ANOMALIES.

BY CARLETON R. METCALF, M.D., STATE HOSPITAL, TEWKSBURY, MASS.

THE two anomalies in question are, first, a double uvula, and second, an unusual cleft of the hard palate.

McKenzie, in his article on double uvula, says that this condition is "one of the rarest of embryological curiosities." Such a declaration is perhaps too forcible, for patients thus afflicted occasionally appear at hospitals. Yet reports of cases of double uvula have been very infrequent.

Of the reported cases, the least common are those in which there are two distinct uvulae, hanging side by side in the median line. McKenzie has collated 5 cases of this sort. Recent literature yields no others. More frequently one finds a rudimentary and a normal uvula in the median line; or two distinct uvulae, widely separated. The incidence of these latter varieties has been noted by Shufeldt, Foster, Somers, Coues, Ohmann-Dumesnil, Gould, McKenzie and others.

The following case exemplifies the rare form of double uvula:

G. H., male, age forty-one. Entered State Hospital April 1, 1908. History of cystitis. Had had no throat symptoms nor had he ever noticed anything unusual in his voice.

Physically the patient was sound. No evidence of cystitis existed. His voice was normal. His tonsils