and complained that the "needle in her arm" was bothering her, causing the arm to ache and feel numb.

Examination.—Examination showed no signs of inflammation at the site of the "needle," though the mass was plainly palpable. Examination under the x-ray disclosed what was apparently a genuine needle at the point under inspection, about 9 cm. ($3\frac{1}{2}$ in.) below the inner condyle. At a point 6 cm. ($2\frac{1}{2}$ in.) distal to this was a second object of a similar appearance. The presence of this had never been noticed by the patient.

Treatment.—Under cocain anesthesia, incisions were made over the two sites. Just beneath the skin in each case a dark object was plainly visible. Each seemed to be imbedded in a cord-like process. The lower end of the "needle" nearer the elbow was quite clearly defined, though the "cord" continued beyond the end of the incision. The upper end merged into metallic granular material—still in the cord—the latter continuing definitely beyond the extent of the contents. Cutting of the "cord" at each end of the "needle" with its granular accompaniment was followed by no fresh bleeding. When, however, the "cord" was cut at the distal end of the lower fragment, a vigorous and steady gush of blood, characteristic of a severed vein, surprised me. This occurred after I had freed the upper end of this fragment of "needle" and had dissected up the "cord" to an extent sufficient to give me at least 1 cm. ($\frac{3}{8}$ in.) of the free end of the spouting vein.

I am convinced that the distal fragment lay in and occluded the vein. From the similarity of its situation in a cord-like process it is probable the proximal fragment also lay in the obliterated vein.

The patient is ordinarily intelligent and not hysterical. She had no recollection of any local injury from a pin or needle. She stated that as a girl she frequently carried pins and needles in her mouth and even carried them so to bed. She remembers nothing of having swallowed any at any time. The upper fragment was noticed first about four years ago. The lower fragment measured about 1.5 cm. ($\frac{1}{2}$ in.), the upper 2.5 cm. (1 in.) in length. Both were much corroded. The granular fragments referred to are unquestionably products of the corrosion. One end of the lower fragment has a very small head, indicating that originally the object might have been a small-headed pin about 4 cm. ($1\frac{1}{2}$ in.) in length. The "small head," however, was of questionable identity—so small that it might have been the large end of a needle, corroded.

Is it probable that the pin could have migrated for some distance within the vein? I believe the object did migrate in the vein—against the blood current. Later questioning of the patient revealed the fact that during the week preceding the removal of the "pin" her hand swelled very badly—so much so that her rings became painfully tight and were removed with difficulty.

A PROBABLE CUTANEOUS ANTITOXIN REACTION.

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The following peculiar phenomenon was observed in a case of diphtheria in which an immunizing dose of antitoxin had been given twenty months before the attack:

History.—J. T., male, aged 15, was exposed to diphtheria Nov. 6, 1906, and received a prophylactic dose of antitoxin. He escaped the disease at this time, but his brother died of it. Aug. 26, 1908, he contracted pharyngeal diphtheria and one day later I was called.

Examination.—On exposing the back to administer antitoxin there was noticed between the scapulae, an urticarial spot

about 5 cm. long and 3 cm. wide (2 in. by $1\frac{1}{4}$ in.), narrower at the lower border. The skin over this area had a blanched appearance. The margins were irregular and well outlined, but not elevated, and the surrounding skin appeared perfectly normal. This gave rise to no itching or hyperesthesia; in fact, the patient knew nothing of its existence, but it was not there three days before. There were no other lesions of the skin to be found. On inquiry I learned that it was at this spot the prophylactic dose of antitoxin had been injected twenty months previously. The spot disappeared about four hours after treatment was instituted. The disease yielded in a remarkable manner to serum therapy.

Whether this is a specific reaction of the skin and subcutaneous tissue which have been supersaturated with antitoxin, to a diphtheritic infection following some time later, I am not prepared to say. The remarkable coincidence in site, the outline corresponding so closely with that produced by an injection, together with the rapid disappearance of the spot after administration of antitoxin, have caused me to be of a *post hoc propter hoc* mind in this case.

It will be interesting to know if such a phenomenon has been observed in similar cases.

TWO ADDITIONAL CASES OF MALIGNANT ENDOCARDITIS TREATED WITH COLLOIDAL SILVER; DEATH RESULTING.

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Since publishing my record of six cases of malignant endocarditis treated with colloidal silver, with two recoveries, I have had the opportunity of treating two additional cases of this disease with persistent and sufficient doses of the same drug, but in both instances death has occurred.

I have felt it my duty to put on record this experience—which reduces my percentage of recoveries under this method from 33 to 25. However, as the use of colloidal silver "does no harm" in any instance, and has apparently done good in some instances, and as we have as yet no specific—even among biologic products—against an unidentified infection, I find it in accordance with the Hippocratic principle to continue to use the drug—in conjunction with other indicated measures—until something more promising is offered, or until I become convinced of its uselessness.

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Italian Olive Oil.—According to Consul James E. Dunning, the action of the Italian government in making inspections and analyses of the olive oil offered for export is having the effect of securing a high standard for olive oil. The partial failures in the olive crop in certain years have induced the importation into Italy from the United States of large amounts of cotton-seed oil to supply the deficiency. The Italian government is trying to obviate this by taking means to improve the olive crop. The report continues: The attitude of the Italian government toward the whole matter probably means that eventually there will be a considerable falling off in the amount of American cotton-seed oil imported into Italy to make up for short crops here, while it appears to the consulate to sustain absolutely the contention of this office that adulteration is practically unknown in Italian export oil. Most of the adulteration which is under official consideration takes place in Italy, it is believed, by mixing cotton and other oils with the native oil. It is safe to say, however, that the Italian olive oil shipped to the United States is pure. At all events, it is now the intention to fix that purity by means of an official standard.