"In my opinion the neoplasm in this case should be classed as a sarcoma. If one accepts the widely spread belief that lymphosarcoma and similar neoplasms are caused by parasites, he will regard the new growth in the present case as also caused by a parasite. I do not hold this view, however.

"Microscopic examination of sections of the liver, lung, spleen and kidney shows nothing worthy of mention."

URETERAL INJECTION OF OIL FOLLOWED BY THE SPONTANEOUS PASSING OF A URETERAL STONE.

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CHICAGO.

Mrs. P., age 35 years, married 10 years. Family and previous history gives no information. Present sickness commenced in June, 1897, with a sudden colicky pain in the right iliac region and lancinating pains down the inner surface of the right thigh. This attack lasted 20 hours, and during this period Dr. Etheridge found a copious quantity of blood in the urine, and was obliged to give morphin hypodermatically to alleviate the pain. Since then the patient has had repeated typical attacks of renal colic; however, the pain was more or less localized in the right iliac region, and the attacks were never as severe as the first. A skiagraph taken in December, 1902, showed the outlines of a ureteral stone. The dull ache and tenderness always corresponded to this point.

Drs. Harvey and Paddock referred the case to me Jan. 5, 1904. I catheterized the right ureter and several centimeters

from the ureteral orifice a slight obstruction was felt, but the catheter glided over it readily. To collect a sufficient quantity of urine to establish the sufficiency of the kidney in case of needed surgical interference, the catheter was left in place for two hours. At the end of this time 12 c.c. of sterilized alboline were injected into the pelvis of the right kidney, 8 c.c. were injected along the ureter as the ureteral catheter was gradually withdrawn. There immediately followed a dull ache in the right lumbar region and down the right iliac region. Although this was not as severe as any of her attacks, yet it was of such character as to necessitate her resting for some minutes before leaving the office.

The pains and the dull ache of which she had complained since the beginning of her present sickness became more severe than they had been for the past years. Finally, during the morning of January 12, the pains in the right iliac region became very severe. She became uneasy, and in order to distract her attention she sat down to the sewing machine. In a few minutes the patient, as she described it, "felt something give way." She was then obliged to urinate, and passed the stone which is here shown. Since then a skiagraph has been taken and the plate shows the absence of the stone, in contradistinction to the skiagraph taken in December, 1902. Since the passing of the stone the patient feels considerably better, especially mentally, as she knows the stone no longer exists in her ureter.

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A CASE OF EXFOLIATION OF THE ANTERIOR ARCH OF THE ATLAS.

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J. P., aged 30, a Bohemian, was employed in a carriage factory. He was extremely pale and emaciated, and the principal symptom that at once attracted attention was the fact that he carried his head and shoulders as rigidly immovable as though clamped in a vise. In expectorating, he would bend from the waist, shielding his neck in every movement. He complained of very severe pain in his throat and in the muscles of his neck.

Examination.—An angry ulcer was found, oval in outline, and about a centimeter in its longest diameter, on the posterior wall of the pharynx, a little above the level of the soft palate. There was a profuse purulent discharge and great inflammation of the parts around. Further examination showed marked enlargement of the glands over the entire body, with a mottled

Fig. 1.—The exfoliated portion of the atlas, anterior view.

eruption, mucous patches in the mouth, and a low-grade fever. There was no difficulty in diagnosing the case as syphilitic.

History.—The history in brief was as follows: The first sore came in October, 1896. The sore throat showed in December, and the eruption on the body and the ulcer in the pharynx came the next month. Some time during February, or only four months after the initial lesion, he began to have pain in the muscles of the neck and increasing stiffness. Immediately on the appearance of the chancre he began treatment, but it had little or no effect. He was in a pitiable condition when I first saw him, July 17, 1897. For six weeks he slept in a chair, as the pain on turning, or rising to expectorate, was intense. It was necessary to give him morphin frequently to

Fig. 2.—Same, posterior view.

ease his suffering. He came to the office daily for treatment of the ulcer. Improvement began to be noticeable in about ten days, and continued, gradually but slowly, until full recovery.

Treatment.—He was put on daily inunctions of mercurial ointment and increasing doses of protiodid, beginning with $\frac{1}{4}$ grain, after each meal, and reaching finally as high as $2\frac{1}{2}$ grains at a dose. With this was given a bitter tonic, with essence of pepsin. The food consisted principally of milk, egg-nog and soft-boiled eggs. Locally, the ulcer was washed out daily with an alkaline spray and peroxid, and filled with a mixture of papain and iodoform.

The extreme pain lessened and then disappeared, but the limitation of motion continued. Except for a rocking motion of the head on the condyles, all turning seemed to be from the waist. The ulcer did not entirely heal, and it was apparent that there was dead bone at the bottom. This was allowed to separate of itself, which it did early in October, and very much