the third day the conditions were about the same but the patient was so weak that I thought it unreasonable to disturb her with a post-nasal examination. As I was about to leave the room her husband stated that his wife had expectorated something that day and he had saved it to show me. It proved to be a section of the pharyngeal tonsil five-eighths of an inch long by one-fourth of an inch wide and it presented the appearance of having been cut off with a very sharp curette, the separated surface being perfectly smooth. It was not red but was the color of grape pulp or polyp. I immediately took the tissue to Dr. J. J. Terrill, who made a microscopic examination with a dark ground slide and found numerous living spirochetæ pallida. I notified the family physician and he made a physical examination and found a typical secondary rash beginning to make its appearance on the body. Salvarsan was administered the next day and the headache disappeared. Mercurial inunctions were then used and in a few days she was feeling quite well.

At no time was there glandular enlargement, there were no mucous patches nor any other symptoms of syphilis until the secondary rash appeared. The rash did not develop until the headache had existed for three weeks and it is to be presumed and quite possible that the inflammation of the pharyngeal tonsil existed for a week or more previously. So with the exclusion of any other demonstrable lesion I think that one is justified in thinking that the primary lesion was in this tonsil. Both the husband and wife denied ever having had syphilis.

203 Trust Bldg.

SARCOMA OF THE SOFT PALATE.

DR. B. G. VOORHEES, Elmira, N. Y.

Patient, F. P., a girl 10 years of age.

Family history. Father, mother and one brother living and well. Grandmother on the father's side and three aunts on the mother's side died of cancer.

Personal history. Diseases of childhood.

Present condition. The patient was operated on by the family physician on March 29, 1916, for adenoids. She was brought to me on June 12, 1916. I later communicated with the family physician

in regard to the case and he reported that at the time he operated there was a small growth on the soft palate. About May 1, the mother noticed that the mass in the throat was growing rapidly.

Symptoms. Dysphagia, anorexia, anosmia, dyspnea, mouth-breathing, marked anemia, asthenia, marked loss of weight, slight rise in temperature; no pain, no chills.

Examination showed an enlarged gland on the outside of the sterno-mastoid muscle freely movable along the course of the sterno-mastoid as well as antero-posteriorly. The growth was about the size of an English walnut, hard and somewhat irregular in shape and had first appeared about May 1. Along the sterno-mastoid muscle as well as in the posterior triangle of the neck there were groups of enlarged glands.

Nose. The postnasal space was entirely shut off, no air being able to pass through. The nasal fossa were filled with a thick, stringy mucous which had to be removed with a cotton applicator.

Mouth and throat. There was a mass about the size of a hen's egg, which had its origin in the soft palate, extending so far down into the throat that it was difficult that the lower part of the soft palate could be seen even when the tongue was depressed. This mass was tender to touch.

Chest. Very much emaciated; no enlarged glands in the upper part of the chest or axilla.

Liver. Extended two fingers' breadth below the costal margin and was regular. Spleen not palpable.

X-ray report was that the mass was an abscess. Upon this report it was opened by a nose and throat specialist about ten days before I saw the patient. On June 12, I made an exploratory incision and introduced a curved hemostat upward, laterally and then downward, but no pus was obtained. Bleeding was free. There was a soft consistency when the hemostat was introduced. It had the feeling of entering a honey-comb.

The diagnosis at operation was sarcoma and I gave a poor prognosis.

The patient died on July 18, 1916. I saw her about one week before her death and all the symptoms and signs were considerably aggravated.

A specimen taken from the throat on the day of her death was reported by the laboratory as a spindle cell sarcoma.

408 N. Main Street.