

pulp chamber and the hypertrophy itself. These calcareous masses or pulp stones are in part round or oval with distinct stratifications and partly irregularly dentated, and show cell inclusions similar to those which are found in the formation of secondary dentin inside the pulp chamber.

How can these things be explained? I believe the pulp hypertrophy only occurs in teeth the pulp elements of which possess great vital energy and capacity for regeneration and in which they can oppose special resistance against incoming bacteria and other morbid influences. If in such teeth from caries the pulp loses its defense (its secondary dentin cover) it is still able to defend itself by forming on its surface granulation tissue in thicker and thicker layers which will have to be called pulp hypertrophy. Even after fracture of the tooth by unfortunate attempts at extraction such pulp hypertrophies can develop, although in such case the pulp is certainly laid bare to a larger extent.

The formation of secondary dentin partly attached to the walls and partly free is to be considered an attempt at defense from external injury. The quicker the pulp is compelled to form secondary dentin the more irregular will be its formation, so the calcification does not follow regular rules and the dentin is not laid down in regular layers, but the pulp cells are included in rapidly-formed irregular dentin structure. Such pulp cells, so over-energetic in dentin formation, may here and there extend with the granulation tissue beyond the pulp chamber itself, and thus far away from their original site form on the crown of the hypertrophy such pulp stones as are shown in some of my specimens.

Some things shown appear at first rather difficult to explain. Thus in one case the surface is covered with regular stratified pavement epithelium instead of the usual round cells and pus corpuscles, also with the high papillae which are typical of the gum tissue. How does this epithelium develop on the pulp? Usually the excised fragment of a pulp hypertrophy is readily distinguished from a corresponding fragment of an alveolar growth by the absence of epithelium. I explain the process as follows: Hypertrophied pulps are frequently ingrafted with alveolar growths, that is, when a pulp hypertrophy extends outside a pulp chamber over the corroded wall of the crown in contact with the gum tissue. Both are easily injured in chewing so that spontaneous autotransplantation from the gum tissue to the pulp hypertrophy occurs. Six months after preparing the one specimen I found another which demonstrated conclusively the truth of this conjecture. I have seen gum tissue grown over the completely destroyed crown of the tooth of which one was united with the broad surface of the pulp hypertrophy in the pulp chamber. The whole surface of this hypertrophy was already covered with epithelium of the same composition and height of papillae as that possessed by the alveolar tissue. Later I had the opportunity to separate the gum overgrowth from the pulp and there remained then only the pulp hypertrophy covered with epithelium.

In conclusion, a few words on the therapy of pulp hypertrophies: In cases where the pulp has one of these growths (they are vascular and at the same time poorly innervated) they may be either simply amputated with a pair of fine scissors or pointed knife in the depth of the pulp chamber and then arsenic paste applied to cause necrosis of the root pulp, or the arsenic paste can be applied direct to the crown of the hypertrophy in order to destroy by necrosis the entire tissue.

But there is no serious error, in my opinion, in avoiding the use of arsenic altogether, but simply cut off the top of the hypertrophy and cap the stump, or in very small hypertrophies after a thorough cleansing cap the hypertrophy as a whole and over this insert a filling or crown. The possibility of decomposition of the capped hypertrophy might be excluded since the tissue has already been shown to possess remarkable resistance.

THE CONTROL OF PROSTITUTION AND THE PREVENTION OF THE SPREAD OF VENEREAL DISEASES.*

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CINCINNATI.

This paper is presented under this double caption because venereal disease and prostitution are inseparable terms, and because the control of prostitution is engrossing the attention of most of the large and many of the smaller communities, solely for the avowed purpose of preventing the spread of venereal diseases. By far the more important of the two questions is that which refers to the prevention of the spread of venereal diseases; whatever preventative measures have thus far been instituted have been largely ineffective in character and have been directed against the chief source of infection, prostitution, with a view of either effecting its suppression or control. History is full of attempts of such manifold nature and character as to conclusively demonstrate that suppression is impossible and control impractical and at best of very doubtful value. I need only refer to a few well-known examples to convince the most skeptical that suppression of prostitution is not feasible. The stern and severe regulations of Maria Theresa, at Vienna, and the popes at Rome, were promptly followed by husbands prostituting their wives, parents their children, and by a rapid and alarming increase of venereal diseases. The history of the city of Bonn conclusively demonstrates that, however severe the measures for the suppression of prostitution may be in character, even to the degree of the infliction of the death penalty on the transgressors, they foster not only rapine, seduction, bastardy and infanticide, but an undue prevalence of venereal disease in its most aggravated form. Yet "prostitution must be regarded as the fountain-head from which venereal diseases originate, and forms the main source of the unbroken vitiated stream of poison, which inoculates the living and contaminates the unborn."¹

Hardly less unfavorable are the measures which, from time to time, have been and continue to be instituted, in most of the larger communities in this and many foreign countries, not for the suppression, but for the control of prostitution. Although measures for its control have been prepared with the greatest care and wisdom, and have been rigidly enforced with the most conscientious and painstaking effort, it is exceedingly questionable, even in the most favored instances, if the resulting good is ever commensurate with the effected harm.

The most efficient and most carefully exercised control, regulating the proper registration of all known prostitutes, their subjection to police surveillance, submission to careful periodic examination, and compulsory hospital treatment when diseased, even though it could

* Read before the Ohio State Medical Society, at Dayton, 1903.
1. Weiss: THE JOURNAL A. M. A., Jan. 24, 1903.

materially diminish the danger of contagion from this particular class, would remain practically ineffective, because it would utterly fail to cope with that larger and more dangerous element, the clandestine prostitutes, who readily escape the most careful system of medical registration and examination and spread venereal disease without license or restraint. Control conditions, therefore, by reason of their irksome and burdensome character (restriction of personal liberty, infringement of private and constitutional rights), invariably augment the more dangerous class of clandestines, and drive those under control from their accustomed haunts and thereby defeat salutary segregation. So evident are the shortcomings of most of the control measures that some of the leading authorities on venereal diseases, both at home and abroad—I need only mention Neisser of Breslau and Blaschko² of Berlin (who have pursued with keen interest, under favored conditions, the work accomplished in this direction)—are exerting their powerful influence to oppose these measures because, from a personal disinterested and unselfish standpoint, regarding them as harmful, pernicious and inefficient. Valentine,³ of New York, states that “the staunchest advocates of registration and periodic examination of prostitutes must admit that the dissemination of venereal diseases is thereby but feebly combated.” In Paris, which has had a century of unsuccessful experience, the controlled prostitutes number only 4,700, and are rapidly diminishing in number, while the clandestines number conservatively 10,000, and are rapidly increasing. The brothels show the same proportionate decrease, and now scarcely aggregate 60, where formerly they numbered hundreds.

During the past three years, Cincinnati has had another regime of prostitution control by the board of health, entailing regular registration, periodic examination, police surveillance, compulsory hospital treatment or a work-house sentence. Although these regulative measures have been carefully thought out and most rigidly enforced, I have personally failed, from an unselfish and disinterested standpoint, to note that our city has been materially benefited by these measures; on the contrary I can not but question whether they have not on occasions been conducive to direct pernicious harm. If they have been formulated for the purpose of preventing the spread of venereal diseases, as recently affirmed by those directly interested, my personal experience, both as regards private and hospital practice leads me to sincerely believe that, even in this direction, it has proved to be a signal failure. Unfortunately, owing to some recent changes, my clinical records do not permit me to quote statistics, but I am secure in my belief that venereal disease among this class of patients is of as frequent occurrence and exists in as aggravated form as was the case prior to these preventative innovations. Moreover, by far the larger number of clinical venereal cases, and I dare say almost exclusively, trace their origin to the non-controlled clandestine prostitutes. As regards private practice, my records show that out of 606 dermatologic and venereal cases, which came under my personal observation in 1900, 84, or 12.2 per cent. were gonorrheal, and 51, or 8.4 per cent. were syphilitic infections. In 1901, out of a total of 833 cases, 105, or 12.6 per cent. were gonorrheal, and 82, or 9.8 per cent., were syphilitic. In 1902, out of a total of 1,133 cases, 165, or 14.6 per cent. were gonorrheal, and 75, or 6.6 per cent. were syphilitic. For the first five months of 1903 (from January 1 to

May 20, inclusive), out of a total of 768 cases, 125, or 16.1 per cent. were gonorrheal, and 67, or 8.7 per cent., were syphilitic infections; or the same ratio estimated for the entire year, would make out of a total of 1,843 cases, 300 cases of gonorrhea and 161 cases of syphilis.

Dermatology and Venereal Diseases, Total Cases.	Cases of Gonorrhea.	Cases of Syphilis.
1900	606 84, or 12.2 per ct..	51, or 8.4 per ct.
1901	833 105, or 12.6 per ct..	82, or 9.8 per ct.
1902	1133 165, or 14.6 per ct..	75, or 6.6 per ct.
1903*	1843 300, or 16.1 per ct..	161, or 8.7 per ct.

*Estimated for the year, from the records of the first five months, Jan. 1 to May 20, 1903.

From the foregoing table it can be readily seen that for the past four years, during which time a system of prostitution control has been inaugurated and carefully and systematically conducted in all of its details, the cases of gonorrhea in my private practice have steadily increased from 84 to 300 per year in number, or from 12.2 per cent. to 16.1 per cent. of the entire number of dermatologic cases, and the cases of syphilis, with slight variations, from 51 to 161 per year, and from 8.4 per cent. to 8.7 per cent. of all cases. The control, therefore, as at present exercised, is neither able to prevent a material increase in the total number of venereal cases, nor, what is more significant, to prevent proportionate increase in the per cent. over other forms of dermatologic disease.

I am frank to acknowledge that these figures, derived as they are from a strictly private practice, bear to themselves a sort of personal equation. They have been collated from records, gathered without reference to this particular phase of the question, in collaboration with Dr. Clarence A. Ihle. The number is sufficiently large to carry some weight and I am of the opinion that they represent a fair average of the prevalence of venereal diseases in private practice, under existing circumstances, in special reference to their increase or decrease. I am strengthened in this opinion by the impressions of some of my confrères, men who enjoy considerable venereal practice, who have personally stated to me that the results of a survey of their records do not materially differ from mine. The increase in number and percentage of venereal cases in my own practice is significant, when we take into account that, during the past four years, four cases out of five are dermatologic, that dermatology is my specialty, and that venereal diseases have been treated as a side specialty, for the most part as an integral and almost inseparable part of dermatology. In order to determine with greater accuracy and precision to what degree the spread of venereal diseases was prevented by the present system of control, the source of infection has been carefully traced in each individual case, as accurately as possible, for the past six or seven months, and recorded. If the control is as effective as its most ardent supporters would have us believe, relatively few cases could be traced to the individuals who are under the ban of medical registration and examination. My results showed that not relatively few, but on the contrary, a surprisingly large number could be traced to control prostitutes, 30 for the months of November and December, 1902, against 38 contracted from Cincinnati and its neighboring clandestines, and 7 from foreign sources. My records from Jan. 1 to May 20, 1903, are equally significant and, according to the following table, show 57 infections from control prostitutes against 69 of clandestine nature.

2. Blaschko: Hygiene of Prostitution u. Venerischen, K., 1900.
3. Valentine: N. Y. Med Record, Nov. 8, 1902.

Table, Jan. 1 to May 20, 1903.

Source of Infection.	Gonor- rhea.	Syph- ilis.	Ulcus Molle.	Condyloma Acuminata.	Total.
Cincinnati clandestines.	49	19	..	1	69
" exam. prostitutes	43	8	4	2	57
Foreign sources.	10	10	2	..	22
Innocent infections.	1	8	9
Record unobtainable.	22	22	44
Total	125	67	6	3	201

Total of all dermatologic and venereal cases, 768.

From the foregoing it can be readily inferred that the control, as at present exercised, is not a very effective one, that most of the cases are contracted, even in private practice, outside its pale, and that the regimen exercised over control prostitutes, however rigid or carefully carried out, does not render them non-infectious in character.

If the system was simply ineffectual and powerless to show positive results I, for one, would not endeavor to criticise it unfavorably or invoke its just condemnation. Sincere as is my belief, from a thoroughly disinterested and unselfish standpoint, that it is powerless and impotent to materially prevent the spread of venereal diseases, I am doubly assured that its influences in other directions are decidedly pernicious and that it effects material harm.

Control with periodic examination gives to the laity a false sense of security. There is no more powerful conservator of social purity, I believe, than the fear of impending danger to the transgressor, the fear of contracting a venereal disease; this fear is materially minimized by the assurance of the periodic examinations made for the purpose of determining the absence of infectious diseases. This assurance is increased in Cincinnati by the issuance of a diploma-like certificate, which "must be exhibited conspicuously in the room occupied by the person to whom it is issued." Though clearly evident that this practice is alluring and attractive to the inexperienced and uninitiated, it suffices to state that it is an experience common to many practitioners, to meet infected patients who, under the guise of this false security, have indulged in an intercourse from which they otherwise would have abstained, or in which they would have otherwise used measures to prevent infection. That the issuance of these certificates is pure deception and fraud, is evident from the innumerable infections which can be traced to the possessors, 87 cases occurring in my own practice in seven months' time.

It is generally conceded by most authorities, Blaschko,⁴ Jadassohn, Neisser and others, that one-half to one-third of the prostitutes, even in control cities, are constantly infected with gonorrhea, and that at least 80 per cent. of them are infected with syphilis during their first year in that life. Havas⁵ states that after the gonococcus has passed the cervix and reaches the adnexa, the disease is incurable and the prostitute becomes a source of constant infection. In the light of these facts, it is certainly farcical, I may dare say criminal, to grant this highly contagious class of individuals a certificate, with the injunction that it be prominently displayed, reading that "We have made careful examination of said — and find her free from any venereal or contagious disease."

If these certificates were issued only to prostitutes living in public houses or alone, and more or less clan-

destinely pursuing their calling, though seemingly uncalled for and unjustified by clinical experience, it would be more pardonable than the much graver offense of granting them to masseuses, manicure artists, etc., who, under the guise of an affected calling, are licensed to practice prostitution without fear or restraint, and under the cloak of this deception to advertise it in the daily press and thereby virtually place an additional premium on vice. A large quota of recent infections, in my practice, have been contracted in a certain massage and manicuring establishment, whose advertisement appears almost daily and whose inmates are regularly examined and are given their certificates, and this control, in Cincinnati, we are assured is practiced solely for the purpose of preventing the spread of venereal diseases.

But the sacrifice of the many unsuspecting and falsely assured innocents on the alluring altar of venereal disease is not the only harm that can be attributed to control. The power which it exercises over these unfortunates becomes almost absolute, and one from which there can be no appeal. It can and often does usurp constitutional rights, restrict liberty, infringe personal privileges, make hospital treatment compulsory, or even impose a work-house sentence. These conditions not only pave the way for an uncalled-for interference, and create opportunities for blackmail and personal gain, but, by rendering the position unduly hard, tend to materially diminish the number of controls and to increase the more numerous and more dangerous clandestines. The fear of the penalties which may be imposed, compulsory hospital treatment, etc., often impels these individuals to conceal from their examiner the various forms of venereal lesions (mucous plaques, condylomata lata, gonorrhea, etc.), to which, if his work is at all effective, his attention should be particularly directed. Formerly they took an interest in bringing these lesions to the attention of their private physician, but of late the fear that this knowledge may reach the ears of the examiner and incur his displeasure, removes them also from this attention.

There can be no question but that exercise of power occasionally has been very much abused in Cincinnati. An example was the suicide of a beautiful young girl of respected parentage who died within the past year at the City Hospital because she had been threatened with arrest and prosecution at the hands of an influential citizen whose displeasure she had unfortunately incurred. A striking example, illustrating to what excesses such an elastic system of blackmail can be carried, occurred in my presence in one of the control wards of the City Hospital. One of the unfortunates who had apparently served out her full quota of time and imagined that she was sufficiently free from her ailments to merit her just release, addressed the controlling staff officer by asking, "Say, you, when are you going to let me out?" I am sure that the unfortunate one never intended the remark to be uncivil or disrespectful, but the autocratic staff officer, who, incidentally, is one of the most active participants and ardent advocates of prostitution control, replied: "What, you say 'you' to me; I'll teach you better; you will stay four weeks for that." The Czar of Russia could not have exercised over his own subjects more absolute or arbitrary control, and her injured feelings, restricted liberty and infringed rights took vent in a flood of tears. Instances of this character could be multiplied almost indefinitely. Individuals belonging to this class are almost daily subjected to the indignities of arrest and persecution, on the illegal charge of loitering, and if not illegally confined in

4. Blaschko: Berlin klin. woch., 1892, 5.

5. Havas: Monatsh. f. Prak. Derm., xxxiii, p. 144.

a hospital or prison, suffer infringement of private rights and restrictions of personal liberty. It frequently happens that these individuals, when illegally confined, will buy their personal freedom and liberty at the price of a marriage compact, which is the equivalent of making a hollow mockery of one of the most solemn, holy and impressive ceremonies of our higher, enlightened civilization.

We will credit the officers who exercise the present prerogatives of control in Cincinnati with being honorable, conscientious and upright, although somewhat blind in their supreme faith in their personal efforts. The facilities for exercising an unfair interference and for secretly extorting blackmail in return for protection are so pronounced that, if per chance control were exercised by officers who were unscrupulous or dishonest, they could rapidly and successfully inaugurate a foul and degraded system of corruption. I am informed that these individuals, even under the present system, are in such moral dread of an unfair discrimination or an unjust interference, that they seek medical attention only from the regular examining physicians, and are timid in seeking attention elsewhere, however desirable in character, for fear that such information may reach the ears of the examiner and incur his displeasure. This influence is decidedly pernicious, because any measure which tends to discourage medical attention only tends to promote the spread of venereal diseases. This same moral fear of the examiner and the compulsory treatment he is able to impose also prompts these individuals to discourage every form of medical attention and to hide any knowledge which would lead to the discovery of any form of venereal infection, to lavage freely immediately prior to each examination and to conceal venereal lesions of every infectious form. As long as the prostitute looks on the examiner, not as a physician and benefactor, but as her persecutor and prosecutor, so long will any measure for the exercise of a successful control and prevention of the spread of venereal diseases defeat the very object it seeks to attain. Medical service to this class of patients should be freely given and should be the very best that can be given; it should not be imposed combined with compulsory hospital treatment at \$1 per day. In order that these unfortunates should be encouraged to freely seek proper attention it should be given with all the privacy and refined and delicate detail that is awarded to the treatment of these cases in careful private practice, not by officials wearing the badge of supreme authority, but by those having nothing else to recommend them except their painstaking, conscientious efforts and their personal attainments, as able, successful and efficient physicians.

The present Cincinnati health officer and official head of the prostitution control stated recently that the 500 regularly weekly examined prostitutes constituted three-fourths of the source of infection of venereal disease. I do not know the source of his information, but personal knowledge of the self-supporting industrial female life in Cincinnati, of the large number of dependent females employed in our numerous factories, of the unhealthful moral atmosphere in which they work and live, of the close association of the sexes in the work-room, of their love for luxury and personal extravagance, not commensurate with their usually moderate income, leads me to believe that the clandestines number at least 10,000 and, granting that the control prostitutes average five or even ten callers a day, that they by no means constitute the greater source of infection. The fact that sixty-nine

cases of venereal disease were contracted in five months from Cincinnati clandestines, against fifty-seven from control sources, in a private practice, speaks for itself, that the greater source of infection is from the clandestines, especially when we consider that these infections occurred for the most part among a well-to-do class who can easily afford the relative greater expense incurred in control indulgence. In the more numerous indigent, and for the most part laboring class of individuals, the proportion of the clandestine infections greatly predominate, and in clinical practice it is almost the exclusive form of infection.

We have now considered the inefficacy of the present control, its harmful and pernicious influences and the dangers which may attend its unscrupulous administration; we will now consider briefly a few additional measures, which, if properly conceived and consistently carried out would, I believe, inure to the prevention of the spread of venereal diseases. First and foremost is, I believe, a thorough education of our youth—which should become an integral part of their general schooling and training—as to the dangers that attend improper relations; that continence and abstinence are strictly compatible with the best of health and well-being; that in case they should feel unable to properly restrain their inordinate passions—and I state this with some reservation as applying particularly to those individuals and practitioners who believe that inordinate passions must be sexually gratified and whose watch-word rests in the unsuppressible and uncontrollable character of prostitution—indulgence should be sought only from proper sources, in which event they should be given the best form of instruction in regard to self-protection.

When we consider the numerous causes which predispose to prostitution, one of the most potent factors, not even second to the assurance of freedom from the danger of contracting venereal disease, is a sense of security against subsequent conception and parturition and the resulting publicity and social disgrace. This feature is so alarmingly prevalent in Cincinnati that a wholesome fear in this direction no longer exists, and a great incentive is thereby given countless individuals to take the initial step that invariably leads to remorse and despair and often to degradation, disease, abject misery and an early death. Abortion is practiced with such license and freedom that there are men who have gained, among the masses, special reputations in this field of work, so that their names, in this connection, are almost household words. Some of them occupy prominent offices in our high-class office buildings, and it is not an uncommon experience to find patients astray in the wrong office inquiring for "the doctor in the building who does that kind of work." I am sure that if the health department had exercised one-fourth the effort expended in controlling prostitution in correcting this flagrant and nefarious malfeasance, it would have rendered a ten times more grateful and actual service, and at the same time would have exercised a more genuine control, that would have in due course of time prevented in greater measure the spread of venereal diseases.

There are a number of more legitimate and far more productive fields for the exercise of measures for the prevention of the spread of venereal diseases than the exercise of a doubtful and oppressive control over prostitution. Aside from the proper education of our youth, the instruction in individual prophylaxis, and a control over licentious abortion, regulative measures should be adopted, inquiring into the self-supporting character of

female industrial life, the close association of the sexes in the work-room, the immoral atmosphere in which they work and live, remuneration commensurate to a degree with proper living and being, enactment of legislation for the salutary segregation of public and clandestine prostitutes, and its enforcement within bounds of propriety, justice and reason. It should abolish common drinking cups and utensils and promote education along the lines of prophylaxis in regard to the dangerously unclean dental, manicure, chiropodist and surgical instruments, and the prolonged infectious character of venereal diseases.

Time and space do not permit me to give to these and many other measures (for example, the establishment of homes for the tempted and fallen), the attention they justly deserve, inasmuch as they are somewhat foreign to the subject of the control of prostitution in reference to the spread of venereal diseases, they scarcely merit special consideration in this paper.

A few quotations, recently gleaned from some of our leading specialists, relative to the subject will not, I trust, be out of place at this juncture. Stelwagon⁶ of Philadelphia states: "We will never make headway in the control of venereal diseases by legalizing prostitution or recognizing it as a legitimate calling." Gottheil⁶ of New York says: "Municipal regulation, as practiced in many of the European cities, is neither successful or desirable." E. L. Cocks⁶ of New York says: "A streak of over-conscientiousness and trying to do something—and the result has been that prostitution, which was confined to the tenderloin, has been scattered all over the city. Under the new order of things, prostitutes are now our neighbors."

To briefly recapitulate, suppression of prostitution is impossible, and control is impractical; it is absolutely incapable of coping with the larger and more dangerous class of clandestines, and it is powerless and impotent to materially prevent the spread of venereal diseases, emanating from those directly under control. Its influences are decidedly pernicious and harmful, inasmuch as it defeats salutary segregation, increases the more dangerous class of clandestines, restricts liberty and infringes on personal and constitutional rights. It legalizes crime and fosters disease and immorality by imparting a false sense of security, and is virtually a deception and a snare. It creates opportunities for blackmail and personal gain, brooks an unjust and often unendurable interference, and discourages necessary and salutary medical attention. There are far more rational and legitimate measures for the prevention of the spread of venereal diseases, along the lines of the suppression of abortionists and the inculcation of general and individual education and prophylaxis.

Clinical Reports.

A CASE OF ANGINA AND DYSPHAGIA,

ILLUSTRATING THE VALUE OF ANTISYPHILITIC TREATMENT IN A CONDITION MISTAKEN FOR
EPITHELIOMA.*

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PHILADELPHIA.

History.—Mrs. X., a widow, about 35 years of age. Her husband died of pulmonary tuberculosis about 18 months before

6. THE JOURNAL A. M. A., Jan. 24, 1903.

* Read before the Section on Otology and Laryngology, College of Physicians, Philadelphia, 1903.

I saw her. She nursed him during his illness, and in consequence of much loss of rest, and of the great physical and mental strain, her health had been much impaired. In the year following, however, she had apparently regained her health and strength. She was a brunette, well nourished, and physically well developed, of a bilious temperament and of active habits. The account of her ailment, for which she sought the advice of the late Dr. Thomas G. Morton, was that for the last six months she had experienced great pain in swallowing, even on the attempt to drink a little milk or water. Otherwise her health had been good. She thought that she had lost a few pounds in weight, which she attributed to her inability to take nourishment. She located the pain principally on the right side of the throat, in the pharynx. There had been no change sufficiently marked for her to notice it for several months, except that the pain had become more severe. She had been under medical treatment for the preceding six months, without relief, and her physician had referred her to Dr. Morton for surgical treatment, stating that she had epithelioma of the throat. She was willing to submit to an operation if necessary.

Examination.—At Dr. Morton's request, I examined the patient at his office and saw her there several times subsequently. On inspection, I found an area of passive hyperemia involving the right tonsillar region, the anterior and posterior pillars of the pharynx, and extending a little on to the soft palate; the tissues were slightly swollen, but the surface was clean and not ulcerated. The appearance was that of an ordinary crescent inflammation, except that the color was a deeper red, and the tonsil itself was not enlarged. On digital examination I did not detect abnormal hardness. The touch of my finger caused a paroxysm of agonizing pain, lasting several minutes. There was some tenderness externally, under the angle of the jaw, but no glandular involvement could be detected. The postcervical and epitrochlear glands and those on the mastoid eminences showed no marked evidence of disease; although a few could be felt and moved under the examining finger, they were not hard, tender, nor much increased in size.

Diagnosis.—Three possibilities suggested themselves, viz.: epithelioma, tuberculosis, and syphilis. From the absence of glandular involvement, we might also include sarcoma, but it did not seem possible that in six months' time such a tumor could have made so little progress and the general health have suffered so little impairment. The diagnosis of epithelioma, which she had brought with her, demanded more deliberate consideration. It had been made by a physician who had studied the case for months. The long duration and comparatively slight development of the lesion would exclude epithelioma, were it not for the fact that the malignancy might have been a comparatively recent development, possibly as the result of too vigorous treatment with caustics or irritants. Opposed to the view of cancer was the appearance of the lesion, the absence of infiltration, and particularly the apparently normal condition of the submaxillary lymphatic glands. Moreover, there was no appearance of cachexia whatever.

In favor of tuberculosis of the throat were: 1, The history of nursing a husband who had died of phthisis; 2, the chronic nature of the lesion, which had refused to heal under medical treatment; 3, the age of the patient and her bereaved condition. Opposed to this diagnosis were the facts that: 1. The lesion was not ulcerated; 2, the lungs were normal, and, 3, there was no evidence of constitutional symptoms, although the disease had existed for so long a time.

We were driven to the hypothesis of syphilis, although the evidence in its favor was of the most intangible character. To the usual queries as to history of eruption on the skin, bone pains, loss of hair, sores in the mouth or elsewhere, negative replies were given. The circumstances did not admit of a close examination for the stigmata of syphilis—apart from the condition of the lymphatics of the neck and arms, which was not at all conclusive. Taking into consideration her appearance of general good health, her social condition, and the clinical maxim that "no condition in life absolutely