

much more advanced than this, some twelve years ago, the condition involving the whole of the hard and soft palate to a very great extent; a sketch was made of the throat at the time, but it did not show at all accurately the involvement present. Nothing was done at the time and the patient was not seen again. The present case has been under treatment by X-rays for a short time, and you will see from the sketch made by Dr. Philimore, and from the patient at the present time, that there is already slight improvement. It would be very interesting to find the explanation of the occurrence of these melanotic sarcomata in these regions. In this case it is undoubtedly a primary lesion, as careful search was made all over the body for evidence of disease elsewhere. Only last month, before the Laryngological Society of London, Ball presented a similar case.

DR. ADAMI, with Dr. Birkett was greatly impressed by the long continued, slowly malignant course of the case—a course so at variance with that of the ordinary melanema. But he had to confess that microscopically the specimen was an undoubted spindle-celled melanotic sarcoma with little or no evidence of alveolar arrangement—and yet the history shows that without doubt the growth had been present for nine years. Without doubt also, with such a history it had to be concluded that the growth was primary in the epithelium of the palate, where presumably it originated in or just below the Malpighian layer. He knew no evidence that in the palate this region normally contained pigment cells.

We were, of course, familiar with the pigmented moles of the skin; a large proportion of those present probably possessed one or more examples of the same, and we know that for long years, or indeed throughout life, these may remain harmless. Had we here to deal with a primary pigmented mole of the palate with slow powers of extension? Dr. Adami agreed with a previous speaker regarding pigmented moles. Cases of apparent primary growth of melanotic sarcoma had been more than once explained as not truly primary but secondary to pigmented moles of the skin. Nay more, it was recognized that a sarcoma of the skin might itself be non-pigmented, its secondary growth pigmented—and some authorities, instead of speaking of melanotic sarcoma, prefer on this account to term the group chromatophoromata—tumours formed of cells *capable of carrying pigment*.

DR. SHEPHERD: Five or six years ago a man consulted me for a very similar condition, and it would seem that this had been present for a very long time. He was to come back and have a microscopical examination made, but he never turned up and was not seen again. It was an almost identical condition with that shown in this patient. The pigmented mole is very common, and it has always been my practice