

lutely negative, and all that could be found in a general way was a slight enlargement of the glands beneath the lower jaw. The temperature was normal.

Three problems arose as to the condition; (1) inherited specific disease, (2) tuberculosis; (3) malignancy. The first was negatived by the absence of any other corroborative symptoms; eyes showed no keratitis, and the teeth no specific appearance. As to malignancy, the rarity left it to a great extent doubtful. The patient was placed under ether, and the large mass removed and submitted for microscopical examination. The local appearances of the throat were against malignancy, the granulation being of a rather indolent type, and no infiltration of the surrounding tissue. Examination under the microscope proved the existence of typical giant-cells, and the bacteriological examination revealed the presence of a few tubercle bacilli. This removed mass was also injected into guinea pigs with aseptic precautions; one died from a septic peritonitis, the other lived for about two months, getting fat and well, then suddenly died from some unknown cause. Tuberculin was used and the chart showed the typical reaction, locally as well as general, the granulations becoming intensely hyperæmic as also the surrounding mucous membrane. The question of treatment naturally came up. The infiltrated masses were excised; after curetting and rubbing in a strong solution of lactic acid but little progress was made. The x-rays were then tried, consisting of an ordinary coil and lamp applied directly through the mouth, having the face protected by means of a screen, with a central perforation; this was covered with some eleven coats of white lead; before this there was some definite dermatitis. He had 33 sittings, each lasting for a period of ten minutes, the tube placed at a distance of about 10 in., and a current of 110 volts and 2 to 3 amperes used. The infiltration had practically disappeared, leaving the posterior lateral walls of the pharynx quite smooth. The enlarged glands probably would be removed on his return in a couple of months.

DR. KEENAN, in reply to Dr. Fry, said that an autopsy had been made and no lesions found; cultures of the heart blood were sterile. He had noted very often in the treatment of lupus as well as tuberculosis with the x-ray that a secondary involvement of the neighbouring glands seemed to take place, and those already involved to have increased.

DR. WHITE showed for Dr. Hutchison a case of congenital nævi.

A Series of Stones.

DR. ARMSTRONG reported a case of stone in the kidney (illustrated by skiagraph) with the following account: Young man, æt. 24, with a history of pain in right kidney in boyhood, always in one place, half way between umbilicus and anterior superior spine of ilium on right side; attacks lasting from a few minutes to several days, with feeling of