

and it was the general opinion that they were malignant in character. Both seemingly arose from the left ventricular band, which is probably the most frequent situation for the initial deposit of malignant neoplasms, and passed upwards along the lateral walls of the pharynx to the posterior surface of the epiglottis into the left glosso-epiglottic fossa. After the administration of the first course of potassium iodide, a microscopic examination of a portion removed from the older man's throat proved the growth to be an epithelioma. No microscopic examination was made in the other case. The notes of patient No. 3 are of further interest as showing that a later administration of exceptionally large doses of potassium iodide and mercury proved the neoplasm to be a syphilitic growth of a somewhat unusual character. The possible method of acquirement is also of interest in this case, as there is every reason to believe that the patient was truthful in denying any knowledge of syphilis. The complaints of a prolonged tonsillar disease, with the history of subsequent sore throat, is suggestive as to the possible point of infection. Tertiary syphilitic deposits of the larynx require more than a moderate dose of potassium iodide before its full benefit is obtained. An ounce or more of this salt in divided doses during the twenty-four hours may be needed. This, of course, necessitates great care, rest in bed, stimulants, hypodermic injections of strychnia, and occasionally hot packs. The resolution of a syphilitic neoplasm and infiltrations may be hastened by the application of a solution containing

Iodine,	
Carbolic acid,	ãã grs. 120.
Potass. iodid.	grs. 10.
Spt. rect.	ʒii.

Case 3. T. M. C., aged 37, worker in tobacco, came to the hospital October 10, 1894, complaining of difficult nasal respiration and a slight hoarseness and burning sensations in the throat. His father died at the age of 39 from pulmonary tuberculosis; his brother at the age of 30 from tuberculosis of the throat, lungs and intestines. The personal history of Mr. C. was excellent. With the exception of an occasional sore throat he had been well until May, 1892, when he began to suffer from pain and soreness in the left tonsil, accompanied by swelling of the anterior cervical glands. The tonsil increased in size until it became so large that it interfered with his breathing and taking nourishment, and had to be removed. About a month after his recovery Mr. C. began to have a dry and burning sensation with some tickling on the left side of his throat near the root of the tongue, especially noticeable during deglutition. These sensations continued