

be heard for some seconds dropping into the stomach. He continued able to swallow liquids until his death, October 7th, 1898.

*Autopsy.*—Great emaciation. Omentum thickened at lower border with numerous small whitish nodules throughout it. Right lung adherent. Both lungs showed emphysema and collapse of lower lobes. Heart; eight ounces, valves normal, coronaries dilated and tortuous, some small thickened patches in visceral pericardium, even thickening of the endocardium. brown atrophy of the heart muscle. Spleen; enlarged, pulp increased and dark in color. Kidneys, both normal. Ureters and bladder, normal. Œsophagus; apparently normal in upper 2½ inches, from this down, small papillomatous growths are seen on the mucosa, larger posteriorly. These extend in a scattered way down to the cardiac extremity, varying from one-eighth to one inch, and are approximately oval in shape. The fræe surface is distinctly shaggy. At the cardiac extremity large masses of growth nearly surround the lumen and project inwards, almost closing the passage. The wall of the Œsophagus is thickened and densely fibrous in the lower inch and a half of its extent. These growths are hard, firm and solid throughout. Stomach inflamed; veins large and tortuous, walls thickened, capacity diminished. Lesser curvature and anterior surface of stomach adherent to under surface of liver. A large gangrenous ulcer on anterior wall extending to lesser curvature. This ulcer corresponds to the adherent part of the stomach. Adhesions between stomach and liver torn during manipulations, and two large openings made in stomach wall. Although cardia shows no gross signs of disease, microscopic examination demonstrates infiltration with the growth from the Œsophagus. Duodenum—mucous membrane and peritoneal covering normal. Nodule one-fourth inch in diameter in duodenal mesentery. Mesenteric glands enlarged and very hard, many of them infiltrated with lime salts. Numerous small nodules on the under surface of the diaphragm. Pancreas firm, suprarenals normal. Cœcum, colon and appendix—glands hard and enlarged; appendices epiploicæ enlarged; a hard nodule in wall of cœcum close to ileo-cæcal valve; hard solid enlargement of the tip of the appendix. Liver enlarged, surface nodular, mostly small nodules, largest being about three-fourths of an inch in diameter, many nodules umbilicated; section of liver—congested, solid, studded with white masses of various sizes up to three-fourths of an inch in diameter. The masses seem to be distributed along the course of the portal vessels. Gall-bladder contains bile, duct patent, small growths in wall of gall-bladder and also along the duct. Microscopic examination of the growth at the lower end of the Œsophagus showed it to be a glandular carci-