till death ensued on the 6th May, 1906, about 5 months after the initial symptoms. About the middle of March the largest mass became soft and fluctuating, ruptured and discharged a small quantity of debris.

The autopsy, kindly performed in my absence from the city by the house surgeon, revealed a number of enlarged lymphatic glands on the right side of the neck extending downwards from the original growth, which was capsulated and only slightly attached to the surrounding tissues. The interior of the tumor was filled with necrotic material. Although the esophagus and air passages were carefully examined, no other neoplasm was discovered.

Microscopical Examination.—Sections from the primary growth showed a large number of squamous epithelial cells in alveoli, with a good deal of necrosis and fatty change. The lymphatic glands contained also squamous epithelial cells closely packed together.

Etiology.—Early in the development of the embryo, the visceral clefts become closed, and so far as can be seen from the surface, completely disappear. The 1st, 2nd and 3rd clefts are, apparently, completely obliterated in the adult, but it is supposed that, during the process, in some cases at least, part of the surface epithelium is folded in, and from this, at a later period of life, the neoplasm begins, occupying the situation generally conceded to be that of the 2nd branchiogenic cleft.

Occurrence.—All the cases I can find reported were in men of middle age. This patient was a woman. The right side seems to be more frequently involved.

Course.—The tumor develops slowly and insidiously at first, the patient's attention being attracted to it only when it is large enough to cause pain. After this the growth of the tumor is rapid and the patient dies in a few months. I can find only one record of cure by surgical intervention.

Diagnosis.—The condition must be distinguished from a secondary cancer where the primary focus is concealed. Barnard (Polyclinic, 1904) reported a case of malignant glands due to an epithelioma of the pharynx so small as to escape detection during life. There is always the possibility of a primary neoplasm in the nose, larynx or esophagus. Tuberculosis also must be taken into consideration. Even when the tumor is removed, the cheesy debris of the interior is hard to distinguish from a caseating gland.

The prognosis is hopeless, probably because the condition is recognized too late.