

however, to attach any portion of the pharyngeal mucous membrane. I therefore brought out the stump of the œsophagus just alongside the trachea but in a separate opening. She has had a very smooth convalescence and has suffered much less than the previous patient. She can feed herself quite satisfactorily through a tube introduced through the opening in the neck. There is of course no communication between the mouth cavity and the stomach. She is quite well and comfortable and I think has a reasonable prospect of immunity from recurrence.

*Case III.*—Mrs. J. P., aged 32, had a tumor of the lower jaw and a very remarkable history. She had small-pox at ten years of age, which was followed by a skin eruption which lasted six or seven months and some thickening of the jaw which has persisted ever since. In May, 1906, definite swelling first appeared in the submental region. In September, 1907, she had a considerable tumour beneath the chin which was opened and drained for some time and never disappeared. During the last few months, the tumour has grown rapidly and on the 30th of November, I removed the whole of the lower jaw from the angles forward together with the floor of the mouth and most of the skin down to the hyoid bone. I put a temporary support in the form of a piece of vulcanite into the space from which the bone had been removed and sutured the mucous membrane within the mouth. I was obliged to close the wound externally by dissecting up the skin and making lateral incisions. She has made an excellent recovery but I have no hope for an immunity as the disease was so far advanced. Dr. Keenan pronounces the growth to be a round celled sarcoma of very malignant type, probably engrafted upon myo-sarcoma—thus explaining, to some extent at least, the very extraordinary history.

Since February, 1898, I have removed the larynx in eleven cases. Seven of these operations were for intrinsic laryngeal cancer.

In four, the primary disease was in the pharynx and invaded the larynx secondarily.

Out of the eleven cases seven recovered: one of the seven however died on the 58th day from recurrence or rather extension along the carotid glands in the mediastinum.

Of the four deaths, three were from pneumonia, four, seven and fifteen days after operation respectively.

In one unfortunate case, in which the patient was suffering from complete obstruction in the œsophagus, I was unable to get below the disease and all I could do was to fix a tube into the œsophagus after operation. This woman died within a few days.

In the first four cases I did a preliminary tracheotomy and removed