Body.—Small, lightly built, emaciated; low tracheotomy wound with little or no reaction around it, edges sodden and limp; gastrostomy wound.

Organs of Neck.—In the œsphagus is an ulcerated, irregular mass of new growth, of which the greater part affects the anterior wall; it begins 1 cm. below upper edge of œsophagus and extends 7 cm. down, at one place being annular and extending around the whole circumference of the tube. A stenosis, almost complete, existed 2.5 cm. from the upper edge of the œsophagus. The growth is nowhere greatly heaped up, but is generally in small, whitish nodules. A vertical slit indicating perforation into the larynx begins 3.5 cm. from the upper border of the tube, is 2.5 cm. long and 3 mm. wide at its widest point, with the parts unstretched. At the lower end of the growth the nodules are no longer in contact, but constitute scattered masses. The rest of the œsophagus shows no change. No secondary growths are anywhere seen. The thyroid gland is healthy. On opening the larynx, the perforation extends downwards from the third ring for 2.75 cm., and has everted, pouting upturned edges of a dirty reddish colour, the rim of the perforation appearing to be made up of cancerous tissue. The opening in the trachea is gaping and has a maximum width of 1.5 cm. Evidently the perforation has been preceded by a considerable degree of cancerous infiltration of the tracheal wall, which is, in addition, dark red with dirty greenish material adhering to it.

Thorax.—Bronchitis exists; the lower lobes of both lungs are dark-greenish, heavy, consolidated, with many irregular necrotic cavities, and some abscesses, the largest, 2 cm. in diameter; these latter contain dark greenish purulent material; and the bronchi exude material similar to that seen adhering to the tracheal wall. The heart showed no change, but some fatty change of the aortic intima is present.

Abdomen.—Cloudy swelling is noted in the liver and kidneys, and there are several fibroids of the uterus.

Microscopically, the growth is seen to be a typical epithelioma.

In discussing the case from its clinical aspect, the cause of the dyspnœa, for the relief of which tracheotomy was done, is not at all clear; the size of the growth is relatively inconsiderable, and there is scarcely enough new growth to explain a tracheal stenosis; it may have been that there was in or near the new growth a breaking down with the formation of an abscess, which subsequently burst with the expulsion of pus, which was referred to as occurring shortly after tracheotomy. It must be stated against this, that post mortem, no abscess cavity