

through the nasal cavities. During September and October, he led the life of a chronic invalid, giving up business, but taking drives or walks in fine weather. The inhalations, as he said, "gave him something to do," tr. benzoin co. being mainly used. The nightly application of the cocaine spray, 4%, with glycerine and boric acid, cleansed and anaesthetized the parts, as also bland gargles of rose-water and pot. chlor. The tumefaction, especially towards the left lateral cervical region, now increased, and was easily felt by digitation. The constriction of a collar caused distress, so with a view, if possible, of modifying or retarding the swelling, ungt. plumbi iodi was applied nightly, with apparent relief. As November advanced, the patient was confined to the house; the breathing became distressed, the sputa darker in color and more offensive in odor. The heart's action became intermittent, vertigo was frequent, *anxietas* was apparent—*dyscrasia* had set its seal upon him. It was patent to all that the end was near. Being hurriedly summoned upon the night of November 30th, with thoughts of various complications having ensued, I hurriedly obeyed, and found that about 8 p.m. the hydra-headed la grippe had embraced him, as evidenced by intense rigors, violent pains over the region of the kidneys, a rapid pulse, intense dyspnoea, with heavy accumulation of mucus throughout the bronchial tubes. At 11 p.m., the lungs drowned in their own secretions,

"He died, exactly as a child would die,  
With scarce a groan or a convulsive breath;  
Closing, without a pang, each quiet eye,  
Gliding composedly from sleep to death."

Conscious to the last, death being by apnoea.

Securing permission to make an autopsy, I next morning extirpated from the root of the tongue, the pharynx and oesophagus to the middle third, with the larynx and upper third of the trachea. Upon opening the specimen, in mass posteriorly, I found the whole interior bathed in thick, ashen-gray, foetid pus—having a roughened, villous surface—a truly cancerous mass. The epiglottis was indurated at its base, and closed imperfectly. Had the case lasted longer, the tumefaction, before spoken of, would eventually have ulcerated into the region of the left internal carotid, or some of its branches, with the obvious result of sudden and uncontrollable hæmorrhage. The liver was normal in size and appearance, a

state of things not expected. The heart, slightly fatty. The gall-bladder was enlarged. The kidneys abnormally large, infiltrated with blood, denoting a sudden *suppressio urinae*, which would account for the great pain in the lumbar region the night before.

I am indebted to Mr. G. H. Field, a fourth-year student, and to Dr. Anderson, pathologist at Trinity, for the very beautifully stained and mounted specimens, which demonstrate an epithelioma. The cells are squamous, arrayed in nests with a large amount of intervening connective tissue. The gross specimen can be seen in the museum of Trinity Medical College. Before closing, I would like to make a few points of personal observation, differentiating between syphilis and cancer of the throat in general; though of course these are fully treated of by McKenzie, Sajous, and, more recently, by Morrow. Let me crave space, as I still proceed. In the syphilitic case I found early and intense fetor of the breath—not that due to mercurialism, but an odor which may be termed necrotic and peculiar to itself. Also plaques, invading the intra-oral mucous membrane; early softening and rapid ulceration in the oro-nasal space; enlargement of the cervical glands, and, in the case referred to (tertiary), nodes in the long bones, and exostosis of the ramus of the jaw; involvement of the cerebrum, as verified by the facial paralysis of Bell; ptosis, apathy and mental hebetude.

In the cancer case: Fetor of breath, not well marked at first, but white frothy mucus, early seen (confirmed by McKenzie). Later on, rusty-colored, frothy sputa; marked voice-change, at times ægophonic; increased fetor; gradual onset of cachexia; general progressive emaciation; no marked hebetude; faculties remaining clear to the last. This would indicate that cancer does not, in the same manner, invade the nervous system, as the virus of syphilis is so prone to do; it being conceded that cancer is a malignant proliferation or overgrowth of perverted cell-tissue, in any part of the body; its origin unknown, but manifesting itself locally, and leading in time to vitiation of the blood-current (*dyscrasia*), rapidly going on to a destructively fatal issue in that part or organ of the body on which, from some cause, it first encroached and manifested predilection, especially when heredity is a factor.