

of blood was noted on the tip of the tube after its withdrawal. Soon after this time the expectorated fluids contained almost continuously considerable traces of blood. No glandular enlargement could be made out at any time, and at no time during her illness was food regurgitated. On auscultation of the esophagus below the obstruction there was very noticeable delay in the deglutition murmurs. About the end of January she became hoarse, and shortly afterwards Dr. Goldsmith reported swelling and fixation of the right vocal cord. Shortly afterwards the thyroid gland became swollen and tender, and this structure and the larynx had a firm, brawny feeling and moved very slightly on swallowing. Towards the end of January swallowing became much easier, and a remarkable fact was that she gained seven pounds in weight in two weeks. Towards the end of February the hoarseness became more marked, and breathing was increasingly difficult, being accompanied by marked recession of the intercostal spaces and soft tissues at the lower part of the thorax. There was very slight recession of the episternal region, so much as to suggest that the main respiratory obstruction was not in the larynx.

Fixation of the left cord was now noted. The breathing had become so distressing and urgent that, in the absence of Dr. Goldsmith, I called in Dr. Wishart, who intubated the larynx, but without relief, the patient dying February 27th. Autopsy revealed a flat ulcerated area involving the mucous membrane and other coats of the esophagus and lower portion of the pharynx behind the thyroid and cricoid cartilages and base of the epiglottis, ulcerating through so as to involve by direct extension and edema the vocal cords and right half of the thyroid gland. There was no constriction of the esophagus found at autopsy and no dilatation above the tumor. The rapid ulceration had removed the mechanical obstruction to the tube. The tumor is of the ordinary squamous-celled type of carcinoma. No secondary deposits in the glands or other organs were found.

The marked pharyngeal spasm, profuse expectoration, periods of improvement, and a rapid gain in weight shortly before death were interesting features of the case. The absence of mechanical obstruction noted at autopsy, notwithstanding the great difficulty in swallowing, shows what an important part spasm may play in the symptomatology of the stricture associated with carcinoma in this situation.

*A Case of Myocarditis with Chronic Fibrous and Acute Interstitial Changes.*—F. P., aged 50 years, manufacturer, a large, fat man, died suddenly after a few days' illness, during which he suffered from acute pain referred to the upper abdominal region towards the right side, and accompanied by gastric flatulence. Some six years previous he had a severe illness, resembling typhoid