

the thyroid cartilage was absent, and internally the disease had reached the true vocal cord. The right half of the epiglottis was removed by ulceration, and the tongue immediately in front was infiltrated throughout its whole width, while the right side towards the tip was deeply ulcerated. The glands affected were beneath the jaws and the anterior cervical chains on both sides.

The course taken by the disease, as far as can be made out by the clinical observations, was as follows: First, the right side of the soft palate and the cervical glands on the right; the pillars of the fauces, the tonsil and the side of the pharynx on the right. Then the back of the pharynx, the remainder of the soft palate, the left tonsil, fauces and anterior chain of glands. Towards the end the right side of tongue and glands below the jaw, and the interior of the larynx.

Sections from the tongue and left anterior pillar of the fauces were removed for microscopical examination. Dr. Adami kindly made the examination, and with his consent I will quote what was written at the time concerning the two sections:

"Sections from the tongue and palate are atypical epithelioma, that is, the masses of cells passing down from the epithelium into the deeper tissues are small and devoid of cell nests, so that at a very little distance from the surface the growth might easily be mistaken for a true carcinoma."

If I may impose on the time of the Society for a few minutes more, I should like to draw attention to a few characteristics of this disease accurately borne out in this case.

Epithelioma of the tongue runs a rapid course; the lymphatic glands are soon infected, and death follows in a short time.

Again, in malignant growths of rapid course, there is more than the usual tendency to be atypical.

Epithelioma of the tongue is seen to be influenced by irritation as a cause almost more than any other growth. In this case the tongue was affected within three months of the end. The microscopical examination has proved the growth to be atypical. The onset of the disease with the irritation of a root of a tooth against an acutely swollen tongue is significant.

I have gone thus fully into the case, for the following reasons:—

Firstly, this is a case where the cancer clearly began in the soft palate and fauces—not at all a common occurrence.

And, secondly, since the variety of the growth is the same in both, the interesting question arises, viz.: May the recent involvement of the tongue not be due to direct infection, the tongue being constantly in contact with the diseased palate and fauces? An avenue for infection was widely opened by the irritation of the tooth described.

Lastly, it is worth noticing the effect of "Influenza" in this case. Several times during the earlier part of the winter the patient came complaining of rapid onset of pain and swelling of the throat and neck, making it next to impossible to swallow or even open the mouth. The skin over the glands would then be red and tender. The attack of glossitis accompanied one of these attacks, and most likely depended chiefly upon the epidemic.

Dr. ADAMI:—Dr. Hamilton's cases interested me a great deal. It is so rare to have two forms of carcinoma occurring in the same patient at the same time, that although this conclusion that the two forms were present was forced upon me as the result of first sections, I was unwilling to believe it, and have spent two days cutting and preparing more than half a dozen portions of the tissues, with the result that I am glad to retract my previous report. First of all, taking the facts as they come, in examining the tongue one is no doubt dealing with an epithelioma, though unfortunately this inflammatory condition, coupled with a foul sanious discharge, and the time that elapsed before the post-mortem was made rendering the whole surface more or less disintegrated, made it difficult to be certain. I find a proliferation of the epithelium; that proliferation is not the same as in the typical epitheliomatous proliferation. In some regions one sees a proliferation affecting the ducts of the glands passing down the lower portion of the tongue, and again one sees these glands undergoing malignant change. In all sections examined there is this curious absence of well marked "cell nests;" there are cell nests, but they are poorly developed. In the lower portion of the tongue the appearance is very similar to what one gets in scirrhus cancer, long thin lines of cancerous cells separated from each other by marked fibrous stroma. Then one sees the infiltration between the masses of the cells.

Going, then, to the fauces, there is here complete absence of anything like true epithelioma; in its place there is a carcinomatous appearance. However, in sections made to-day, in some regions nearer the tongue than those first made for Dr. Hamilton, one sees similar appearances to that found in the tongue, so now I say that throughout we are dealing with an atypical epithelioma. The epithelioma seems to spring from the lower portion of the epithelium, loses its appearance very rapidly, and soon grows to resemble ordinary gland cancer. When I came to examine the right vocal cord, there I found purely inflammation and no carcinomatous appearance whatever.

*Neurasthenia of the Stomach.*—Dr. GUNN read his paper on this subject.

THE PRESIDENT took exception to one of Dr. Gunn's statements, viz., that "anorexia nervosa" never occurs in the male sex. Most of the