somewhat, until December, 1905, when she developed a pain and soreness in the throat which has always been in the evening and at night. Her swallowing was not much impaired until about four months before admission, when she began to have some difficulty and, at times, she coughed and expectorated a little blood. The pain and soreness grew worse, and the difficulty in swallowing increased, until about two weeks before admission, when she was no longer able to swallow solid food. A few days later,—about five days before admission,—she began to have difficulty in breathing. This increased steadily until the 24th of May,—six days after admission,—when the difficulty in breathing had become so great that she was referred to me by Dr. Jamieson for immediate tracheotomy. A low tracheotomy was done, which gave immediate and complete relief. On the 28th of May,—four days later,—it was observed that when she attempted to drink milk a small quantity found its way into the larynx and trickled down the trachea. This increased rapidly, so that it was impossible to feed her by the mouth and, in my absence a gastrostomy was done by Dr. Garrow on the 30th of May; and, although the stomach feeding by this method was quite satisfactory, her condition grew worse instead of better. On the 31st of May there was considerable discharge of pus and mucus through the tracheal tube. On the 3rd of June the discharge was very free, and she was troubled a good deal with cough. On the 18th of June she had an attack of severe dyspnœa and cyanosis with much pus from the trachea. The Senior House Surgeon, Dr. McKenty, was hurriedly called to see her. He promptly dragged her head and shoulders over the side of the bed letting her head down nearly to the floor, when about a pint of stinking pus flowed out from the trachea and the mouth. This gave complete relief, and while so relieved,—during the next three days,—the same condition recurred and was similarly treated two or three times each day. There was definite dulness on percussion on the back of the chest, on both sides, but not anywhere else, and the dulness did not vary with change of position of the patient. A needle inserted deeply in the 6th space midway between the spine and the scapula border drew off a little pus. The patient's nutrition was very bad, as shown by the lowered vitality of the tissues over the prominences of the back and limbs. She was clearly dying and no attempt was made to evacuate the pus. She died on the 21st June, just four weeks after the tracheotomy operation.

Pathological Report.

Autopsy showed that the patient had died of bilateral aspiration pneumonia, with abscesses and gangrene of the lungs.