

H. D. HAMILTON, after stating that he had to thank Dr. George W. Major for the permission to utilize material from his clinic, read the report of the case, as follows:—

R. H., female aged 45; unmarried; a domestic servant; lived in Montreal.

First applied for relief at Nose and Throat Department of the Montreal General Hospital in November, 1891, complaining of soreness of the throat and painful swelling of the glands of the neck, both on the right side.

*Present Illness*—Began in the summer of 1891 as a small sore on the soft palate to the right of the middle line. This was described as a "pimple, about the size of a split-pea, painful and red like a burn." When this had been noticed one month, a doctor was consulted, who used a paint, which, the patient says, cured the spot.

A few weeks later a similar sore appeared nearer the right, on the soft palate. This was treated as before, with no effect; the spot increased in size and the glands of the right side of the neck became swollen and painful, and when this had been going on for three months the patient applied at the hospital in November, 1891.

Through the winter of '91-92, patient applied at irregular intervals at the hospital, and her condition seems to have remained about the same, with the exception of marked increase of pain in throat and neck when she was exposed to a cold. (She was able to keep on with her work.) When I first had the opportunity of seeing patient, June, 1892, she complained of difficulty in swallowing solids. The ulceration had then attacked the right posterior pillar of the fauces and the pharyngeal wall immediately behind.

Her case was followed up through the summer and winter of '92, during which time this discomfort varied in degree, but flesh was lost steadily, and the ulceration gradually spread towards the left, both by way of the post-pharyngeal wall and the soft palate, so that at the New Year, the left cervical glands had also become involved, and the patient was obliged to give up work and come to live with a married sister in the city.

The tongue was attacked first in January, 1893. The patient was suffering from "la grippe," when an acute glossitis occurred. The swelling subsided in a few days, leaving a deep ulceration in the right side of the tongue opposite a decayed lower tooth. The tooth was drawn, and soon the tongue returned to its normal size, leaving a painful ulcerated spot marking the position of the tooth.

At this time the patient had been six months without solid food; pains shooting from the angles of the jaw towards the ears and vertex were almost constant. (Hearing was not impaired.) Nutrient enemata had to be com-

menced on the 19th of February last. The throat became so painful during an acute inflammation that the patient could swallow nothing. Feeding by soft rubber catheter was tried, but produced too much pain and retching. After a few days, liquid food could again be taken in small quantities, but enemata were constantly used from that time. The ulceration of the tongue had now been present one month, and had become surrounded by a hard mass the size of a marble. The voice was now noticed hoarse for the first time.

One week later, February 26, 1893, the floor of the mouth became rapidly swollen and very painful, the discharge from the mouth became blood-stained and foetid, and the patient coughed frequently. Lungs on examination found clear.

Patient was admitted into the General Hospital on 9th of March, where she remained for one week, having the artificial feeding regularly attended to, both by stomach tube and enemata. On returning home she kept her bed; took nothing by the mouth; her mind wandered frequently; the blood-stained foetid discharge from the mouth was very offensive.

March 27th the patient died suddenly after a large quantity of blood escaped by the mouth and nose. When seen earlier in the day, the wasting and weakness were very marked. The mind was weak. Pulse 124, small and thready; respirations 20; temperature (under the tongue) 97 2-5° F. No pain complained of.

*Personal History*—Negative, patient's habits being regular and her health always good before this disease began.

*Family History*—Father died of cancer at age of 55 years. (His tongue had been removed for this disease by Dr. Shepherd.)

General condition has been sufficiently described, except that the heart gave a faint systolic "bruit" over the mitral area early in the course of the illness.

Post-mortem examination could only be partial (by the wish of the family), so I endeavored to get as much of the diseased pharynx and larynx away as possible. The stomach and liver were roughly examined, but only a small infarction on the surface of the liver was found.

When the floor of the mouth, tongue, larynx and commencement of œsophagus were removed, the naso-pharynx could be felt a crumbling mass of superficial ulceration. The whole of the soft palate was absent; no bare bone could be felt. The parts removed showed bone attacked, viz., the greater ala of the hyoid bone on the right side. To enumerate the parts affected, we have the walls of the pharynx and naso-pharynx, the soft palate, fauces and tonsils, the larynx externally and internally on the right side. Externally the superior ala of