mastoid. The cervical fascia having been divided, and the omo-hyoid separated from the sterno-hyoid and sterno-thyroid, the left lobe of the thyroid gland, which was considerably enlarged, was drawn upwards and inwards with a retractor. The sterno mastoid and carotid sheath were then drawn outwards, and the œsophagus was exposed at the bottom of the wound; the foreign body, which could be felt with the finger just below the cricoid cartilage, after the superficial structures were divided, forming a good guide to it. A small vertical opening having been made into the œsophagus, the foreign body was seized with a pair of forceps and extracted without much trouble. The superficial wound was closed with silver sutures except at its lower part, in which a drainage tube was inserted sufficiently long to reach down to the opening in the œsophagus, no attempt being made to close the latter. The plate, which was composed of vulcanite, measured 1½ in. by 1 in.; attached to it were three teeth and a metallic hook ⅜ in. in length. For the first fortnight after the operation the patient was fed entirely by nutrient enemata, which were all retained. Nothing was given by the mouth except a little ice to suck and a boracic acid mixture (ten grains to the ounce) in ounce doses every four hours. By these means the thirst was relieved and the wound, from which there was a free and constant discharge of frothy muco-purulent fluid, was kept sweet and clean, for all the boracic mixture escaped through it, washing it out from the bottom. The wound itself was dressed and syringed out with boracic lotion every four or six hours, according to the amount of the discharge, which after the first week became less day by day and at the end of a fortnight was very slight. The enemata were then discontinued, and the patient was henceforth fed through a soft tube introduced into the stomach through the mouth. The passage of the tube was so easy and painless that, after the second day, the patient was able to introduce it herself, and afterwards did so every four hours. On the twenty-fifth day, as the deep wound was almost closed, only a few drops of fluid escaping when the boracic mixture was taken, the tube was discontinued and she was allowed to swallow milk. On the thirty-sixth day no fluid whatever escaped, showing that the œsophageal opening was quite closed. On the thirty-eighth day she left the hospital, being able to swallow fluids and jelly without pain or difficulty. The external wound was quite healed except at its lower part, where there was a small superficial patch of granulation tissue. A fortnight later, when she came as an out-patient, the wound was soundly healed, and she stated that for some days she had been taking solid food, deglutition being perfect and quite painless.

CASE 2.—John M——, aged twenty-three years, was admitted on the morning of June 13th, 1889, having accidentally swallowed a tooth-plate four days previously. Attempts to extract it through the mouth before coming to the hospital, and also in the accident room by Mr. Milner, resident surgical officer, having proved unsuccessful, he was advised to come into the infirmary for the purpose of having it removed by operation. Shortly after admission he was anæsthetised, and before proceeding to œsophagotomy a final attempt was made to extract the plate through the mouth. On passing a bougie the foreign body, which was beyond the reach of the longest œsophageal forceps, could be felt at a distance of about twelve inches from the teeth. It could be readily caught hold of with a "coin-catcher," but all attempts to withdraw it failed. Œsophagotomy was, therefore, at once performed in the same way as in the last case. The exposure of the gullet was, however, much more difficult, for the foreign body, being situated much lower down, could not be felt with the finger at the bottom of the wound, and therefore did not serve as a guide. An attempt was made to push the œsophagus forwards into the wound by means of long curved forceps, and also with a sound introduced through the mouth, but both these plans failed on account of the thickness of the patient's neck. A full-sized bougie was then passed, and by cutting upon this (which could easily be felt with the finger) the gullet was opened as low down as possible—viz., just above the upper border