

than she could fluids, and never had any injury to her throat by the accidental swallowing of any foreign body, acids or alkalies.

Her physical condition, when first seen by me, on March 16, 1902: she was pale and emaciated; weight, 98 lbs. A peculiar voice, similar to that when the recurrent laryngeal nerve is pressed upon. Temperature normal. No evidence of aneurism or any tumor in the cervical region; both pulses equal and normal; unable to swallow the slightest particle of nourishment for the last 2 weeks; a sound cannot be passed.

Laryngoscopic examination of throat—vocal cords normal, a small ulcer size of a split pea at the right hand base of the epiglottis within the larynx, covered with a grayish substance, a wiping from this and some of the expectoration was submitted to Dr. Amyot for bacteriological examination and no tubercle bacilli could be found. On March 24th, 1902, a gastrostomy was performed in the usual way and a retrograde dilatation up to a No. 10 gum elastic bougie—an examination through the wound could not detect any tumor of the cardia. The leakage from the fistulæ is neutral, no HCl., the No. 10 bougie is now passed once a week without any difficulty and she is able to swallow all kinds of food the same as her husband. She has had no bleeding through the fistulæ since the 20th of April, her voice has much improved and the ulcer has healed in the larynx. She has gained  $10\frac{1}{2}$  pounds since April 20th and drives herself to my office once a week from her home, seven miles in the country. The leakage from the fistulæ is now strongly acid, as tested with litmus. I have no doubt in my own mind but that this is a case of carcinomatous stricture and all the symptoms indicate it, but how is the return of HCl. to the stomach to be accounted for?

This specimen formerly belonged to a Mr. Thos. Brandow, aged 71, whom I saw in consultation with Dr. Hossack and to whom I am indebted for this specimen, the history of which is: twenty-five years before his death—which took place two years ago—he was eating some bread and butter and plum jam when he was seized with a severe coughing fit which gradually subsided; he frequently had these coughing fits but not severe, when a year before his death he had all the symptoms of esophageal stricture. When I saw him he was unable to swallow anything, a gastrostomy was proposed to him but he declined the pleasure and gradually died of starvation. I have not had the specimen microscopically examined, but it looks very much like an epithelial cancer as the result of the irritation or trauma caused by the lodged plumpit.