

The prognosis varies much. In spasmodic cases, the nervous conditions can usually be overcome. In non-malignant cases the prospect is often hopeful if dilatation be commenced early and carried on faithfully, especially on any indication of a return. In malignant stricture the outlook is hopeless.

The treatment varies with the cause. In the case of impaction by food or a small round body, it may be forced into the stomach. In the case of an irregular object the use of the probang may be contraindicated. Vomiting by means of apomorphia may expel it, but this treatment must be resorted to with care. Any attempt to remove an irregular body by means of forceps should be conducted with the utmost care, as much injury may be inflicted. When a foreign body cannot be removed an operation is necessary, and an opening should be made in the left side if the neck in front of the sterno-mastoid muscle. If the body be impacted at the lower end of the gullet it is necessary to reach it through an opening into the stomach.

An abscess in the neck should be opened, and, in the mediastinum, may be reached by trephining the sternum. When the oesophagus is seriously pressed by a tumor or aneurism, it may be well to place in it a Symonds' tube, which is made of gum-elastic, funnel-shaped at the upper end to fit the pharynx, and with a central opening below. It is introduced by means of a guide, and retained in position by two strings attached to the upper end, which are fastened to the outside.

If a patient has swallowed a corrosive the condition of the gullet should be watched and a tube passed to prevent a stricture forming. If there be an organic stricture an effort should be made to dilate it. When the contraction is extreme a small tube may be left in for a time. Filiform bougies may be necessary. Attempts should be continued until the oesophagus is dilated to its normal size. In some case an opening must be made into the stomach for the introduction of food. Sometimes this favors improvement in the stricture to such an extent that the opening in the stomach be allowed to close up. When the stomach is opened a strong string may be passed upwards into the mouth, by which a sawing motion is conducted and the stricture cut through.

The treatment of malignant stricture is very hopeless. A Symonds' tube may be borne for a time. Attempts have been made to remove the malignant disease, but the results are not encouraging. Gastrostomy may be required. No attempt should be made to dilate the stricture.

A CASE OF HODGKIN'S DISEASE.

Dr. Butler reports very fully an interesting case of lymphadenoma or Hodgkin's disease. The progress of the case and the differential