

had become dislodged and swallowed while in the act of drinking a cup of tea. Dr. Peters also showed a somewhat larger plate, which had been removed from the esophagus by the late Dr. MacFarlane, the two cases being the only two instances of the kind in the Toronto Hospitals. In the present case the foreign body had lodged just below the level of the cricoid cartilage, and gave the patient great pain at the time and afterwards. Attempts to extract the plate through the mouth failed, so it was decided to employ the X-ray to locate it. With this the plate could be seen, but not the tooth, as the porcelain was permeable to the rays. Operation was then undertaken, assisted by Drs. Baines and Wishart. An incision about three inches long was made on the left side of the middle line corresponding to the anterior margin of the sterno-mastoid muscle. When the finger was passed into the esophagus and in an upward direction the foreign body was found imbedded in the esophageal wall. The wound healed kindly.

DILATATION OF THE ESOPHAGUS.

Dr. Peters then reported this case, and showed the specimen. It occurred in a young farmer thirty-five years of age. He had been a healthy, hardy man until thirty years of age. At that time he noticed regurgitation of food and liquids after meals. There had been no difficulty in swallowing before that time. He noticed that the food came back sweet and not sour. During the last year and a half he had lost fifty to sixty pounds. He was placed under the care of Dr. Howitt, of Guelph, who did a gastrostomy. After this he improved for a time, to the extent of gaining fifty-three pounds. He began to go down hill again, and he then came under the care of Dr. Peters. Dr. Peters operated and made an incision on the left side parallel to the margins of the costal cartilages. With his fingers in the wound, and a tube passed down the esophagus he could not feel the tube at all. The stomach was opened, and after putting finger in and searching a great deal, he found the esophageal opening. It was to the right of the middle line. The man died very promptly after the operation.

Dr. Peters then gave his method of cutting calculi by means of a horseshoe and plaster-of-Paris, and exhibited a calculus removed by the suprapubic operation, weighing six ounces.

A CASE OF PERIPHERAL NEURITIS SIMULATING TABES DORSALIS.

This was reported by Dr. D. Campbell Meyers, who believed that cases of this nature are often diagnosed as cases of tabes dorsalis. The patient's previous history showed that he had always been healthy, and had never had any venereal disease.