

the esophagus than downwards to the stomach. In considering the nature of a stricture in the cardia the simple cicatricial one may be excluded in the absence of the patient's never having swallowed any corrosive substance, or having inflicted no injury to the tube by a foreign body.

The history of the case will readily exclude the spasmodic variety. A diverticulum is usually situated in the upper third, so that by a process of exclusion a cancerous stricture may be diagnosed even in the absence of a tumor, pain, or emaciation. The emaciation is more rapid in carcinoma than in cicatricial stricture, owing both to the malnutrition and carcinomatous intoxication.

Carcinomatous strictures seldom occur before the age of 30.

The treatment of a simple cicatricial stenosis is by the careful passing of graduated gum elastic sounds or by any kind of sound most preferred, and this may have to be persisted in for years. But if it is impossible to introduce a sound, then a gastrostomy must be done, and the stricture dilated from below, or by persistent efforts from above.

The treatment for a carcinomatous stenosis will necessarily be the same. There is more danger of perforation in this case.

I would strongly advocate the much earlier performance of gastrostomy than is usually done, as you then have your patient in a much better condition physically, and the wound will heal more kindly and be in a more comfortable shape for feeding when the stricture becomes finally closed.

I will recite the following case, which has some interesting yet conflicting points in the usual symptoms of carcinomatous stricture of the esophagus:

Mrs. J. M., aged 49 years; height, 5 feet 7 in.; weight when in good health, 135 lbs. Seven years ago she first noticed a small hard lump in the right breast about the size of a marble, which gradually increased with a great deal of pain for 2 years, when it was removed in the Hamilton Hospital, evidently by the wide method. During the next $3\frac{1}{2}$ years she had good health, with no apparent recurrence; her right arm from the shoulder down to the finger tips is very much swollen and edematous, but gives her no pain and is useful to her. About $1\frac{1}{2}$ years ago she had a very sore throat and bad cough, which persisted for nearly six months, and then she first noticed a slight difficulty in swallowing, which has gradually increased, with occasional regurgitation of food and mucus, and which is generally preceded by a fit of coughing. Examination of the regurgitated matter shows the absence of peptones, acid or bile. There is considerable dyspnea and a peculiar change or softening of the voice. She has never had any pain nor spat up any blood. She has been able to take semi-solid food much longer