

impossible to cause the food by any method to reach the stomach. He was sometimes troubled very considerably with hiccough, and the whole history of the case would appear to point to a spasmodic element in the disability in regard to swallowing. Recognizing this element, Dr. Rutherford exhibited the bromides in full doses, and on the further advice of the late Dr. J. E. Graham, who suspected that there might be pressure of enlarged mediastinal glands on the oesophagus, he also had a full course of the iodides. The bromides, when given in full doses, gave more relief than any other drug, thus serving to substantiate the view that there was a spasmodic element in the causation. The patient noticed that while taking the bromides, his hiccough was less marked than under the iodide treatment.

During the last year and a half he gradually lost flesh to the total amount of some 50 or 60 lbs and had, of course, become correspondingly weak. Latterly his weakness had been such that he had found it necessary to give up work altogether, and when in that weak condition in September, 1900, he was prostrated by an attack of typhoid fever. This still further reduced his condition and swallowing became impossible, so that had rectal feeding not been resorted to, he would undoubtedly have died at that time. On the subsidence of the fever he was fed for a time by the stomach through a tube which his physician was able, after some manipulation, to pass. Dr. Rutherford at that time recognized a dilated oesophagus, capable of containing nearly a pint of fluid.

As soon as the fever abated, he was placed in the hospital, under the care of Dr. Howitt, of Guelph, who preformed a gastrostomy, making an opening near the pyloric end of the stomach, but making no attempt in the then weak condition of the patient, to ascertain the state of the oesophagus. The gastrostomy was followed by most gratifying success. He could take food by the fistulous opening and retain it well in the stomach. It seemed to digest perfectly, and in the course of some three or four months he increased in flesh up to his original weight.

After being fed through the gastrostomy opening for some six months, he began again to go down hill, and became nervous and extremely anxious to have something done to allow him to partake of food in the natural way. With this purpose in view, he, on Dr. Howitt's suggestion, placed himself under my care in the Toronto General Hospital.

On passing an oesophageal bougie no obstruction was found until the bulb had passed some 16 inches from the front teeth. Here the passage was abruptly interrupted, though the bulb was not grasped to any extent whatever. Occasionally, however, the bulb could be made to pass onwards to a distance of nineteen inches, apparently entering the stomach.