of congestive apoplexy, but never followed by paralysis until June last, when, following an attack, he suffered from paralysis of the tongue and soft palate, great difficulty in swallowing and disturbance of speech; these symptoms have all since disappeared, with exception of difficulty in swallowing, which still exists to a slight extent.

Dr. Major read a paper on a case of *Cancer of the Œsophagus.*

The patient, a female, æt. 47, was first seen by him on the 1st July last. She had suffered from difficulty in deglutition from childhood, not being able to swallow anything larger than a *barley-corn* without great difficulty; this continued with more or less varying exacerbations up to the age of forty (seven years ago), when it became so distressing that she consulted a physician, but no apparent cause was made out. When seen by Dr. Major, in July last, she was considerably emaciated, and appeared to be the subject of some wasting disease. On making a *laryngoscopic examination* the disease was found confined chiefly to the right side, the tissues between the right arytenoid and œsophagus being especially involved; and on this side a very red swelling appeared, about the size of a *pigeon's egg*, its surface studded with four or five yellow points, from which some discharge escaped. The *posterior arytenoid space* was pressed upon to such an extent that the *right arytenoid* was rendered invisible. A guarded opinion at this time was given, the possibility of its being a *chondritis with formation of abscess* being considered. Iodide of potassium with a bitter principle was prescribed, and a weak spray of carbolic acid with bicarbonate of soda used to correct a slight offensiveness of the breath and to aid in the removal of accumulated mucus. This was followed by some temporary improvement, the patient became a little stronger, liquid nourishment was taken more freely, and her breathing was more easy. She was again seen and examined on the 2nd of September; her condition at that time was not so favorable, the difficulty in swallowing was increased, and her breathing was more embarrassed, the *bright red swelling* had developed into a dirty greyish mass, about the size of an acorn, and shewed a more clearly-defined œsophageal origin. The general debility advanced very rapidly, and each subsequent examination revealed local changes taking place. Softening occurred first on the left side and caused increased difficulty in the breathing by prolapse of a mass of broken-down tissue on to the larynx, and at this time a marked alteration in the voice was first noticed. Death occurred November 25th. At the autopsy the upper two and a half inches of the œsophagus was found involved in a cancerous mass, which almost completely obliterated the lumen of the tube. On microscopic examination it was found to be *epithelial in character.* All the other organs appeared normal.

Dr. Major remarked that the interesting features in this case were the great length of time that had elapsed between the first symptoms and the well recognised cancerous condition suggesting the existence of an originally fibrous stricture which had subsequently become malignant, and the absence of *indurated glands* and of *pain* to within a few hours of death. In reply to Dr. Ross, Dr. Major said that for seven years she had taken nothing but liquid diet, not on account of *pain* but from tendency to regurgitation.

Dr. Proudfoot spoke of a case in his memory where ordinary fibrous stricture was diagnosed, and the patient subsequently died of malignant disease.

Dr. Ross said the case was a remarkable one, from the prolonged difficulty in swallowing, and he thought Dr. Major's explanation of *mechanical obstruction from simple fibroid stricture* was very reasonable. The next question to solve would be the probable cause of such a stricture, possibly from injury during childhood. The disease also being so high up, where strictures are almost never found, without traumatic origin.

In reply to Dr. Roddick, in regard to œsophagotomy, Dr. Major said there was no means of making out or limiting the extent of the disease.

Progress of Medical Science.

CODEIA IN TREATMENT OF DIABETES.

R. Shingleton Smith, M.D., B.Sc. Lond., M.R.C.P., Physician to the Bristol Royal Infirmary, gives in the *British Med. Journal* of June 24th an analysis of three cases of diabetes mellitus, in which the beneficial effects of codeia in the treatment of this disease are well shown. The patients all exhibited marked improvement while taking the codeia, which improvement ceased when the drug was withheld, being renewed on its repetition. Morphia had a good effect in two of the cases, but the improvement was less marked with it than with the other alkaloid. We quote from his preliminary remarks such paragraphs as refer directly to opium and its alkaloids in the treatment of diabetes: