

resulted in failure. The third size was immediately introduced slowly through the stricture and then withdrawn with the same deliberation. After this some water was swallowed without difficulty and in a few minutes a light meal taken. There has been no return of the spasm.

The unusual features are—(1) the sudden onset without apparent cause; (2), the complete stenosis for the period, and (3) the total relief from dilatation.

Peristalsis of the oesophagus is controlled by the ganglionic plexuses which are connected with the medulla by fibres of the vagus. The function of the ganglionic nerves is motor, and the vagus is inhibitory. This is proved by the fact that section of the vagus produces continuous contraction of the oesophagus. Spasm of the oesophagus then may be caused—(1) by lesions involving the vagus and medulla; (2), by reflex irritations from other organs, and (3), by psychic influences, such as hysteria, and in sudden fright or passion. Careful enquiry and examination in this case failed to reveal any cause to which it might be assigned.

The complete stenosis, the uneasy sensation behind the sternum, and the amount of resistance encountered during the passage of the bougie would go to establish the existence of a tonic spasm of that portion of the oesophagus affected.

The largest bougie used to dilate the stricture measured half an inch in diameter and this passed slowly up and down was sufficient to overcome the spasm without the administration of any medicines.

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RODENT ULCER.

JUST two years ago I was consulted by an elderly gentleman about a small growth directly over the midsacral region, which he stated had been there for ten or twelve years. It had increased in size but very slowly, and had caused little or no inconvenience until recently, when the surface broke down and the consequent