

The heart sounds are normal, and nothing unusual is to be found about the neck.

Having excluded the suggested conditions we will now use the oesophageal bougie. The set I show you consists of six olive tips with a whalebone stem, the tips ranging from five-sixteenths of an inch in diameter to nine-sixteenths. We will try to pass the smallest of these first. The bougie is warmed and then dipped into glycerine, not oil or vaseline, as these are disagreeable to the patient. We place the patient on a straight-backed chair, his head thrown back and supported by an assistant, the neck being stretched by extending the chin. The operator stands in front with the bougie held in the right hand, six or eight inches from the tip. The mouth being widely opened, the index finger of the left hand should be used to hold down the tongue, and when the bougie touches the posterior wall of pharynx it is also necessary to turn it downwards with the finger to facilitate its entrance into the oesophagus. I pass the bougie on till I meet with an obstruction. The tip seems to have entered a constriction. With moderate pressure it passes through this, and then it goes on without further resistance till it enters the stomach. On withdrawing the bougie I have a similar sensation, and now while the olive tip is in the constriction I take the stem of the bougie in my fingers at the patient's teeth and withdraw it. On measuring from the tip to the point I find it almost seven inches. So we may say definitely that there is a stenosis of the oesophagus at a distance of seven inches from the teeth. There is a slight trace of blood on the bougie tip. He says there was some pain when I exerted the necessary pressure, but the passage of the bougie is uncomfortable rather than painful. I think after a moment's rest we may venture to pass the next larger bougie. This passes I find with no greater resistance than the smaller size. For to-day we will be content with this amount of dilatation. To-morrow or the next day, if there is no undue reaction, we will use larger sizes. After resting a few minutes let us ask the patient to drink water again. He says it goes down easily, so easily that he is tempted to try a continuous drink. This is successful, and you see he seems pleased, for, he says, he has been unable to do this for a long time.