the attacks, as well as to diminish their number. Ozone is not toxic, and might be given in conjunction with other remedies.

The Diagnosis and Treatment of Malignant Stricture of the Esophagus.—CHARLES J. SYMONDS (*Journal of Laryn., Rhin. and Otol.*, September, 1902).

This paper, read by Mr. Symonds before the Laryngological Society of London last June, is already recognized by his confreres as a classic of more than ordinary value—as it is based upon the careful study of a very large number of cases treated by himself.

As a rule, carcinoma of the esophagus is characterized by a gradual development of difficulty in swallowing, at first of solids and then of liquids. Sometimes, however, though early, dysphagia will develop suddenly. In other cases intense loathing of food has been the chief symptom; while in still rarer instances, the breaking down of the carcinomatous tissue has been so rapid that obstruction has never been noticeable.

Of all methods of diagnosis in early cases, the passing of the bougie is the most important, and upon this point the writer gives a very practical hint. It is to pass the bougie past the cricoid during the act of inspiration, or while the act of swallowing is being performed—the former draws down the larynx—the latter draws it up. While inserting the bougie, the operator should always guard against the possibility of entering the trachea.

The diagnosis and treatment vary according to the location of the disease, in the upper, middle, or lower third.

The writer believes that no obstructive lesion, other than malignant, can occur in the upper third. There are three conditions, however, that may simulate it: namely, senile dysphagia, nervous dysphagia, and esophageal pouch. When there is any difficulty in prognosis he considers it best to give an opinion against malignancy, and to await developments.

Stricture in the middle third, although usually carcinomatous, may be caused by myoma or sarcoma.

In the lower third—15 to 17 inches from the teeth—simple or spasmodic obstruction not infrequently occurs.

The writer summarizes the diagnosis as follows:

1. Among early symptoms we may base so-called "dyspepsia," nausea and repulsion for food; pain alone when the central region is affected.

2. That the passage of a bougie is the only way to clear up the case, and that its employment need not be feared.