

The presence of these ligaments is easily demonstrated by a bi-manual examination, and their presence has also been proven by a subsequent opening of the abdominal cavity for some other cause. Prof. Pearse reports 239 ventral suspension operations, with the following results: 131 cases relieved of the symptoms for which treatment was sought; 49 improved; 31 not improved; 20 became pregnant and went to full term; 8 miscarried, and of those who did miscarry it would appear that the percentage was no larger than in a similar number of cases of pregnancy where no operation had been performed; and of the 20 cases who became pregnant and went to full term all the children were born alive and the labors were normal.

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### STRICTURES OF THE ESOPHAGUS.\*

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In this paper I shall confine my remarks more particularly to stricture occurring at the lower end of esophagus or cardia. An average normal esophagus is about 18 inches, which includes the distance from the incisor to the beginning of the esophagus (6 inches); the next (2 inches) is the cervical portion;  $6\frac{1}{2}$  inches is the thoracic; and the last ( $1\frac{1}{2}$  inches) is the abdominal. Strictures of the esophagus may be (a) congenital, (b) spasmodic, (c) cicatricial—tumors pressing from within; (d) carcinomatous—growths pressing into lumen.

(a) Congenital stricture we will not enter into.

(b) Spasmodic or spastic strictures are always the result of a neurosis, or a reflex, or functional nature. They are distinguished from the firm closure by the attacks being frequently intermittent. They occur in paroxysms; are due to mental disturbances, exhausting sicknesses, neuralgia, gastric cancer, metritis and pregnancy, etc., and are found more frequently in neurotic and hysterical individuals.

The obstructive spasms can be readily, as a rule, overcome by the passage of a large sound, and they disappear readily under chloroform. They may exist for years without injuring the health of the individual.

(c) Cicatricial strictures are the usual result of some caustic or corrosive substance, or foreign bodies swallowed either accidentally or intentionally, injuring the mucus membrane. These injuries are most frequently met with in the lower part of the tube, for it is a well-known fact that when substances are swallowed they are hurried down the upper part of the

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\*Read at meeting of the Ontario Medical Association.