

even now his voice is weak and he phonates with some effort. On examination by the throat mirror an oedematous condition was evident at the entrance to the oesophagus, and, to a less extent, about the arytenoids. I shall give him a little water and ask him to swallow. You see a very little satisfies him, as he has taken only a sip— from experience he knows there is likely to be trouble. As he attempts to swallow he throws his head suddenly backwards and then repeats the act of deglutition several times. But a spasm is set up and he begins to cough violently, the latter being evidence that some of the liquid has entered the larynx. He tells me he thinks none of it went down. His distress is quite evident to you. Since he came he has been fed with a catheter as demonstrated in the previous case. He says he rather enjoys this new method of feeding. There is no doubt he enjoyed the first drink of whiskey I gave him by this method when he came to my office, as he had had no food of any kind for several days.

What is the explanation of the dysphagia in this case? I said there was oedema at the entrance to the oesophagus. Is this the cause? To-day that oedema has almost disappeared, but the dysphagia continues. He had a spray of adrenalin solution (1 to 8000) every four hours during the day, and now the throat is about normal in appearance. From the first the catheter passed without resistance through the oedematous area into the oesophagus, so I think we must say that the swelling was not an important factor in his distress. Then it must be due to impaired innervation of the muscles, or some of them, employed in the second act of deglutition. There is no doubt imperfect action of the palate muscles, and his recent severe cold, has increased this and affected the constrictors of the pharynx as well. Some one may ask, to confirm this, whether there has been regurgitation of liquids into the nasopharynx and nose. The patient does not say so, but I think the quantities of fluid taken in his efforts to swallow have been so small that regurgitation has not been noticeable. That there is imperfect closure of the glottis is evident from the coughing you have witnessed when a sip of water was taken. In the meantime we shall feed him well and hope, with general improve-