iorly, by blunt dissection, and in this way it became possible to bring its lateral wall almost to the level of the skin before making the opening. The remainder of the wound was then packed closely with iodoform gauze, so as to prevent any discharge which might escape when the oesophagus was opened, from infecting the deep portion of the wound. These two measures, viz.: the free dissection of the oesophagus from its surroundings and the packing of the wound, we regarded as very important measures in preserving asepsis of the wound. An incision was now made upon the bulb in the oesophagus, and the lateral margin of the wound was held by a pair of forceps on each side. The finger was then inserted, and the plate was felt to occupy the position already described, viz.: just below the level of the cricoid cartilage, and so firmly and deeply imbedded in the oesophageal wall that the finger could easily be passed in front of it. This accounted fully for the inability to feel it with the oesophageal bougie, or with forceps passed down from the mouth. A pair of curved forceps were then passed along the finger, and the body grapsed and removed, though not without very considerable difficulty. Great care was taken to catch all the mucos that escaped from the wound in sponges. The wound in the oesophagus was then closed accurately by means of a double row of catgut sutures, the outer row being in the form of Lembert sutures. Having sponged this portion of the wound dry, and disinfected with carbolic acid solution 1-20, the gauze was removed from the main body of the wound and the oesophagus allowed to fall back to its place. The whole wound was then sutured up with deep sutures, applied in such a way as to bring all the deep parts of the wound together and yet allow of their subsequent removal by passing the ends through the skin at each end of the wound and tying them over pledgets of gauze. The skin edges were approximated by a continuous horse-hair suture, and a dry dressing applied after dusting the wound freely with bismuth formic iodide.

The patient was given no food by the mouth for two days, and the wound healed kindly without any swelling or inflam nation. In the meantime the patient was well sustained by rectal feeding.

The sutures were removed on the fifth day, when the wound appeared to be perfectly healed. A day or two afterwards, however, a small area of fluctuation was observed under the wound, and on making a minute opening in the scar a small quantity of purulent fluid escaped. This left a cavity, which however did not communicate with the oesophagus. The abscess discharged for about a week but ultimately closed, leaving but a slight scar.

The patient was allowed liquid food on the fifth day, and shortly afterwards solid food was permitted. He had some slight difficulty in swallowing at first, and a slight degree of hoarseness was present for a short time, but he has subsquently fully recovered the use of his voice and of his powers of deglutition. There is no evidence of any stricture having followed the operation.

102 College St., Toronto.