

swallowed, none came through the wound; the nutritive enemata were continued until Dec. 23rd. On that day he swallowed oyster soup, custard, jelly, and milk, all of which apparently passed on into the stomach; he continued to partake of this sort of food without any trouble arising. On Christmas Day he had porridge and milk for his breakfast, and on subsequent days was able to take semi-solid nourishment without mishap, the purulent discharge from the wound diminished daily.

On December 28th patient was discharged from the hospital, he had no inconvenience whatever in swallowing his food and the wound in the neck was almost completely cicatrized.

For notes of this case we are indebted to H. A. Turner, resident surgeon at the hospital.

Remarks.—(Œsophagotomy was undoubtedly called for as the only means of obtaining relief for the patient. There was no difficulty encountered during the operation, there were no important structures divided, and the bleeding, which was insignificant, was easily controlled. It was not thought advisable to suture the opening in the œsophagus; the plate had been fifty-three hours in the gullet and was firmly impacted so that probably some extent of damage had been done to the œsophageal wall, and it was consequently thought safer to leave it open.

During the subsequent history of the case, the most noteworthy point is the way in which the act of swallowing could never be completed without forcing out the contents of the gullet into the wound. It was attempted at one time to pass a stomach tube and so to feed the patient; but he resented the attempt so strongly that the thing was abandoned as impossible. For a time he was allowed soft food by the mouth, the enemata being stopped, but invariably some of it came through the wound. On the fifteenth day after the operation the nutritive enemata were resumed and for three days he had absolutely nothing by the mouth; the wound gave no further trouble, and a complete cure resulted.

GENERAL TUBERCULOSIS — DEATH — POST-MORTEM.

UNDER CARE OF DR. NEVITT, IN HOSPITAL FOR SICK CHILDREN, TORONTO.

E. C. F., æt. 9, admitted into hospital July 16th, 1888, complaining of persistent pain in

the head so severe as to prevent her from sleeping. Family history could not be obtained. Patient has had measles, mumps, and chicken pox.

History of present illness.—During past winter began to have pain in her head so severe that she could not sleep without medicine. Pain is in frontal and occipital regions, but especially over the left eye; the pain comes on every day at same time, viz., 6 a.m., lasting until 6 p.m., it then ceases but reappears toward midnight. For some time past there has been a discharge from the right ear. Dr. Palmer examined the ear three weeks ago, and said there was a perforation of the membrana tympani and sufficient pus within the ear to account for the pain. Her sister says that during the pain her eyes sometimes turned in.

Present condition.—Fairly well nourished; skin clear and pale, with veins prominent; expression that of one in constant pain; bright and intelligent. Since admission to the hospital her sleep has not been disturbed by the pain. The pain is now in the occiput, running down neck and spine on left side; pain in forehead is greatest over left frontal eminence. There is a tender spot over right frontal eminence. Pain on pressure behind right ear and in front of tragus, lymphatics at right angle of jaw and in left axilla, swollen and tender. Tenderness on pressure over spine; motor power, normal; reflexes, superficial and deep, normal; tactile sensibility, sensibility to pain and temperature, normal; special senses, normal save right ear, watch only being heard at 4½ inches. Vascular, respiratory, and digestive systems normal.

Treatment.—**R.** Pot. bromid gr. ii., tr. calumbæ m. v., syr. simpl. ad. ʒi., t.i.d.

July 23. Less pain, although it persists in frontal and occipital regions.

July 27. Pain worse, fetid discharge from the ear; boracic acid is to be blown into the ear.

Aug. 4. Ear still discharging; has ceased to complain of pain in the head.

Aug. 5. Temp. p.m., 101°F.; no perceptible cause.

Aug. 12. Evening temperature has been running up to 102°F., with morning remissions of two or more degrees; no pain; less discharge from the ear; tongue slightly pasty; pulse 120.