in this case there was a complete absence of pain until a few months ago, and the pain which has occasionally been experienced since that date has never been severe, and has been more of a "girdle sensation" than the severe neuralgic pains which are characteristic of painful paraplegia. The pain which the patient has experienced may quite well be explained by irritation of sensory nerve fibres within the spinal cord at the junction of the diseased with the healthy cord tissues.

(d) *The absence of spasms and muscular contractions* is, for the same reasons, opposed to a lesion of the cauda equina.

(e) *The Symmetrical Manner in which the Symptoms (motor and sensory paralysis, etc.) are Distributed.*—We have seen that, if the paralysis, etc., were due to a lesion of the cauda equina, in order that the symptoms should be distributed in the exact manner in which they are in this case, the damage would (practically speaking) have to be limited to the roots of the cauda equina connected with the fifth lumbar and the first, second, third and fourth sacral segments of the spinal cord. But further, from the very symmetrical manner in which the symptoms are distributed on the two sides of the body, it would be necessary that each pair of these nerve roots would have to be involved in exactly the same degree. Practically speaking, this seems to me to be very unlikely. Coarse lesions such as tumours or inflammatory collections which involve the nerve strands of the cauda equina, usually involve some of the nerve strands (roots) more than others. Hence the symptoms (paralysis, anaesthesia, etc.) are rarely distributed in the highly symmetrical manner in which they are in this case.

(f) *The Mode of Development (very Slow and Gradual) and the Progressive Course of the Case.*—The history of the case and the mode of development of the symptoms (when taken in conjunction with the nature of the symptoms) are hardly such as one would expect if the paralysis were due to a lesion of the cauda equina.

From the account which I have given you it seems clear that the slight traumatic injury which the patient sustained on June 17th, 1895, was the starting point of the lesion. Immediately after the accident he felt that the right ankle was weak and that the right foot and leg were cold; and he states that these symptoms were not, so far as he can judge, the result of any direct injury to the ankle or foot. Four months after the accident the opposite (left) ankle became weak. After this the paralysis slowly but gradually increased until in the course of some months it reached its present degree of development.

Now, hæmorrhage on the surface of the cord, involving the strands of the cauda equina and sufficiently extensive to produce the symptoms which are present in this case, would in all probability have been attended with more marked symptoms at its commencement; and it is difficult to conceive that if a "coarse" extramedullary lesion (a meningitis, a tumour, or bone disease) had resulted from the injury and had implicated the nerve strands of the cauda equina, it would have developed in this case without producing other and more marked symptoms (pain, spasm, etc.). For these reasons we may, I think, exclude a lesion of the cauda equina, and arrive at the conclusion that the lesion is probably situated within the spinal cord itself.

The diagnostic discussion has occupied some time, and has been a somewhat complicated one, but I have done my best to make the argument clear. It would have been very easy for me to have given you my opinion in a few words, and to have arrived at the diagnosis by making a few dogmatic statements, but such a method of procedure would not have taught you anything. I am always anxious to carry conviction to your minds, to let you see the process of thought and reasoning by which I arrive at the conclusions I form, to explain to you the "whys" and "wherefores" of things, to teach you principles, and not merely to enumerate bare facts. Clinical medicine cannot be crammed up. True clinical knowledge can only be gained slowly and gradually. The student should not attempt to overburden his memory with mere facts. A knowledge of facts will come gradually, and can only come gradually. Take time, be patient, make a careful study of individual cases; train your powers of observation and of reasoning; but above all try to intelligently

understand everything that comes before you. Never be content with merely knowing that such-and-such symptoms characterise such-and-such a disease, or are associated with such-and-such a lesion; but try to intelligently comprehend why they are present in that disease, and the manner in which they are produced by the lesion.

(To be concluded.)

THE BENEFICIAL EFFECTS OF ONE DISEASE AS REGARDS ANOTHER.*

By HARRY CAMPBELL, M.D., F.R.C.P.,
Physician to the North-West London Hospital.

ONE disease may act beneficially as regards another by preventing or curing it.

I. THE PROPHYLACTIC EFFECTS.

These can be dismissed in a few words, since our knowledge of them is limited. Passive pulmonary congestion and hypertrophic emphysema would appear to diminish the tendency to pulmonary tuberculosis. Certain germ diseases, again, are preventive of others. Thus the bacillus pyocyaneus counteracts the activity of the *B. pneumoniae* and the micrococcus erysipielatis. The various exanthems, on the other hand, do not confer immunity against one another, numerous instances having been recorded, from Murchison downwards, of two or more of them coexisting. One other instance of prophylaxis: Sir Dyce Duckworth¹ refers to the fact (observed by Diday and J. Hutchinson) that typhoid fever and pneumonia cause the postponement of the secondary symptoms of syphilis for from three to five months.

II. THE CURATIVE EFFECTS.

These are much more marked and well defined, and will be considered under five headings:

1. *Metastasis.*—This may be defined as the disappearance of disease from one part concurrently with its appearance in another. Thus, a urethral discharge may suddenly disappear—temporarily, at least—upon the supervention of orchitis, coriza upon the occurrence of pneumonia, quinsy upon the development of gouty arthritis. Dr. Mutch, of Brixton, saw an instance of the latter: Husband and wife were stricken with quinsy; when the former was in the height of the distress caused by the swelling, he developed acute gout in the toe, and forthwith, as if by magic, the throat trouble subsided; in the wife it ran the ordinary course. Now, the important question we have to ask regarding these cases is whether the occurrence of the new disorder acts curatively towards the one which it replaces. Perhaps the best examples of metastasis are afforded by functional nervous disorders, which shift their site or alter their expression from moment to moment, day to day, or even from year to year. Thus, in the course of an hour or two headache may give way to backache, backache to a fit of palpitation, and this again to an attack of gastralgia; and similarly, in the lapse of years, we may find migraine, spasmodic asthma, and angina pectoris successively displacing one another. Here again the question arises whether the supervention of the new disorder does not tend to keep its predecessor at bay, thus acting beneficially towards it. The probability is that it does. The alternation of morbid phenomena may be regarded as a variety of metastasis. As instances, we may mention the alternation of glycosuria and eczema, deafness and vertigo—both of which have been observed by Dr. James Taylor—eczema and asthma. Dr. Denne, of West Kensington, has told me of a woman who is a great sufferer from dyspepsia. A short time ago she developed eczema upon the back of the neck. Since then the dyspepsia has much improved, and each shows a tendency to alternate in intensity with the other. I have recently had under observation a patient of Dr. Chittenden's, who has twice had a severe attack of urticaria, which on each occasion has terminated in a copious

* Read before the Brixton Medical Society, January 19th. The writer has supplemented his paper by information gained at the discussion which it called forth, and also at the discussion on the same subject held at the meeting of the North-West London Clinical Society on February 17th. He is under great obligation to Dr. J. R. T. Conner, who has generously placed a mass of valuable literary material at his disposal.

hæmatemesis. Whether we regard these cases as alternations of symptoms merely or of actual diseases is of small import. This is a purely academic question. What is important for us to note is that the latest morbid development appears to hold its predecessor in check. Nay, who can doubt that in Dr. Chittenden's case the hæmorrhage had something to do with the disappearance of the eruption? The phenomena of counter-irritation are probably related to those of metastasis. Just as an attack of orchitis arrests a urethral discharge, or an eczematous eruption relieves an asthmatic seizure, so a violent stimulation of the skin may help to subdue a deep-seated inflammation. Dr. Dickinson² has attempted to show on physiological grounds that counter-irritation is valueless; but, when we reflect upon the phenomena of metastasis, we shall be more inclined to believe in the efficacy of that traditional method of treatment. In this connection I would refer the reader to a pamphlet written more than sixty years ago, for an opportunity of reading which I am indebted to the kindness of Dr. Shaw MacKenzie.³

2. *Mechanical Effects.*—The good effect of one disease upon another may be largely due to mechanical causes, as in the cure of ringworm by the induction of suppuration or of lupus by syphilitic ulceration, an instance of which was recently recorded by J. Ross MacMahon.⁴ A remarkable example of this kind of cure is related by Dr. Green, of Brixton. A man had for some time suffered from a troublesome loose cartilage in the knee-joint. One day he injured the affected joint, and arthritis ensued, with the result that the loose cartilage became fixed by adhesions, and he ceased to be troubled with it any further.

3. *The Beneficial Effects of Trauma.*—It is by no means rare for an accident to act beneficially upon the health. The following are cases in point:

Case of Chronic Rheumatism Cured by a Severe Accident.—A lady who had been a constant sufferer from rheumatism, some fifteen years ago met with an accident necessitating the amputation of both legs. Since then she has been wholly free from the rheumatism. This good result is doubtless in part due to her being no longer subject to great modifications of temperature (since she is compelled to keep in one suite of rooms), and in part to her having almost entirely abandoned a meat diet; but it does not seem improbable that the accident or the operation had some direct effect.

Case of Syphilitic (?) Perostitis Cured by Fracture of the Humerus (communicated by Mr. Kennard).—A man with a history of syphilis which had not been adequately treated complained of deep-seated pain above the external condyle of the humerus. After three months of this pain, which only yielded to opiates, the patient sustained a comminuted fracture of the lower part of the humerus. He was treated in the ordinary way, and made a good recovery. Since the accident the old pain has completely disappeared.

Case of Psoriasis Disappearing after an Operation (related by Dr. W. Knowles Sibley).—A woman with scirrhus of the breast had widespread and inveterate psoriasis. After removal of the diseased breast the psoriasis rapidly subsided.

Case of Nervousness and Irritability greatly Improved by an Accident.—The following is extracted from a private letter: "Mr. A. met with a severe accident to his foot whilst riding. Strange to say, ever since this he is wonderfully changed; so much less irritable and domineering, and if he does get put out it is over and done with quickly, whereas before he would make the whole house uncomfortable for two or three days. He still limps, and could not shoot at all this summer, nor ride this winter, and, for one of his active habits, his lameness is a constant trial, and yet he is generally cheerful over it; so it is doubly wonderful. I get on very well with him now, and we talk politics, and often have a joke, whereas before I was often snuffed out if I ventured to address him, and made to understand that he considered me a rather unnecessary encumbrance in his house."

4. *The Beneficial Effects of Febrile Disorders.*—It will be convenient to treat this important branch of the subject under several subheadings.

a. Certain general but only temporary effects of fever may be first considered. Though doubtless the curative influence of febrile disorders is often largely due to the development of toxins, the direct effect of the fever itself must not be neglected. Febrile reaction would appear indeed to be a defensive mechanism. Lowey and Richer⁵ have shown that the resistance of rabbits to the virus of pneumonia, diphtheria, and hog cholera is increased, if before inoculating the virus the temperature be raised by injuring the corpus striatum. Some of the curative effects of high temperature will now be mentioned. If a diabetic is attacked with fever—for example, typhoid—sugar may temporarily disappear from the urine, the excess of sugar in the system being presumably burnt off. Fever may likewise dry up a purulent discharge, as from the vagina or urethra, or from a wound. It may also, especially if acute, cause the absorption of callus, and even of new growths. Chronic tonsillar hypertrophy may subside

temporarily or permanently under an acute fever like scarlet fever or pneumonia⁶. Fever may also exercise a beneficial effect upon leucocythæmia. Thorsch⁷ records a case of this disease in which a rapid diminution in the size of the liver, spleen, and lymphatic glands occurred during the active fever of pneumonia, the leucocytes falling to one-third their previous number. Other cases of this kind have been recorded, but in all instances the effect has been temporary only.

b. We may next consider those cases in which the general health has been improved, or some specific disorder cured, by the occurrence of an exanthem. Most physicians have seen instances of improved health following upon a specific fever—typhoid, for instance. Surgeon-Major G. H. Younge, A.M.S., writes me that he used to suffer greatly during the hot weather in India. "The very sight of food would excite nausea, the liver never acted properly, and there was a constant tendency to diarrhoea with putty-coloured stools. I lost weight, became markedly anæmic, and suffered from frequent febrile attacks." All this was, however, removed by an attack of malignant typhoid, since which he has enjoyed perfect health, the appetite and digestion being now always good, and the hot weather not affecting him the least. Dr. Younge has likewise kindly furnished me with the account of the first of the subjoined cases:

Case of Improved Health following Cholera.—A very delicate strumous-looking man was a martyr to dyspepsia, and never felt well. After a severe attack of cholera, which nearly carried him off, he greatly improved in health, declaring that "he felt in better health than he ever remembered to have done before."

Case of "Rheumatism" Cured by Typhoid Fever. (Communicated by Dr. C. C. Vigurs, of Newquay, Cornwall).—A man of about 50 years of age had suffered for many years from rheumatism. In 1880 he had an attack of typhoid fever, and since then he has been quite free from his old enemy.

Case of Anæmia, etc., Cured by Scarlet Fever. (Communicated by Dr. St. John Kemm, Worle, Weston-super-Mare).—The patient had been suffering greatly from anæmia and leucorrhœa, had only twice menstruated, and then very scantily. At the age of 17 she contracted scarlet fever, and in the last week of that illness she menstruated freely, and has continued to do so quite regularly since. Her leucorrhœa and anæmia have disappeared, and she has become quite strong.

Case of Dyspepsia Cured by Typhus Fever.—A medical man writes to me: "For the first two years of my career as a medical student I had very indifferent health, being troubled with dyspepsia, gastric and intestinal. An attack of typhus fever contracted in hospital had a very beneficial effect in banishing all my troubles, and it was a matter of universal comment among my friends that I was a great deal stronger looking after than before my attack of typhus."

Case of Rhinoscleroma Cured by Typhus.—Lubiner⁸ records a case of "rhinoscleroma in a man, aged 35, in whom the swelling and infiltration were so considerable that his nostrils were almost entirely blocked." The patient developed typhus, "on recovery from which all nasal obstruction had vanished, nothing but slight thickening of the mucous membrane being visible."

Case of Impaired Eyesight Improved by Small pox (Mauthner⁹).—A boy, aged 3 years, developed basal meningitis in consequence of a fall upon his head. Sometime afterwards the sight failed, and was finally lost in the right eye. The patient, however, completely recovered his sight after an attack of small-pox, a result Mauthner attributes to the influence of the small-pox virus in causing absorption of the exudation at the base of the brain.

Case of Pulmonary Tuberculosis greatly Improved by an Attack of Scarletina (Lemoine¹⁰).—Directly the scarlatinal eruption appeared "the lung symptoms rapidly subsided, the râles almost disappearing, and the cough and expectoration ceasing, and after the disappearance of the eruption the improvement continued."

Finally, reference may be made to the influence of measles in arresting whooping-cough.

c. Febrile disorders may exercise a beneficial effect upon mental disease,¹¹ a fact which has engaged the attention of alienists for some years past. Among the fevers which have acted in this way are typhoid, erysipelas, cholera, and intermittent fever, and Wagner has recommended the injection in mental affections of the erysipelas virus as being the least dangerous of the four. As we should expect, the cases which are most benefited are the milder and more recent ones. The good effects have in several instances been permanent. Dr. James Taylor referred, in the discussion on the subject of this paper, to the beneficial effects which fever sometimes exerts on epilepsy, and Lannois¹² has recorded a case of this disease which was improved by erysipelas but made worse by typhoid fever.

d. The beneficial effect of erysipelas on other diseases must now briefly engage our attention. As Mansell Moullin¹³ observes, "It has been known for many years that not only malignant growths, but chronic ulcers of the skin, lupus nodules, syphilitic sores, and other affections occasionally disappear with great rapidity after an attack of erysipelas. I

have already pointed out that the virus of this disorder may do good in epilepsy and mental affections, and it has been known to act similarly in other disorders. Féré¹⁴ refers to its good effect in affections of the eye, including leprosy, trachoma, irido-choroiditis, and orbital tumours. Jonathan Hutchinson¹⁵ has seen nasal polypus, Schwimmer¹⁶ cicatricial keloid, and Terret¹⁷ callus rapidly absorbed under its influence, while Solles¹⁸ and Chelmowski¹⁹ bring forward evidence to show that it is serviceable in tuberculosis. The curative effect of erysipelas on lupus appears to be a matter of common observation. Lastly, I would refer to its remarkable influence on acute yellow atrophy of the liver, a striking instance of which was cited by Dr. Joseph Dulberg, of Manchester, in answer to a letter of mine published in the BRITISH MEDICAL JOURNAL,²⁰ as occurring in the practice of Professor Leube, of Würzburg. It strongly suggests the advisability of trying Coley's fluid in cases of this kind.

(e) The poison of influenza appears to have potent curative effects. It has apparently cured a case of gonorrhoeal cystitis;²¹ and Dr. Shirliff²² of Malvern, has recorded the similar cure of a lady, aged about 60, who for some time had been under his treatment for chronic catarrh of the upper respiratory tract. "On the very day influenza came on the catarrh suddenly and completely ceased," and had not returned when the patient was seen five weeks afterwards. Mr. W. M. Scott,²³ M.R.C.V.S. has seen an opacity in the cornea of a horse disappear under the influence of influenza; but perhaps the most remarkable instance of the curative influence of this disease is that related to the Brixton Medical Society by Dr. Knight:

A lady, aged 45, suffering from malignant disease of the liver, contracted influenza, and was so ill that she made her will, and Dr. Knight thought she would die. But from that time onward the liver shrank, and the patient seemed to get quite well. The tumour, however, returned in eighteen months, and the patient eventually died.

(f) The influence of vaccination in curing disease requires some mention here. It has been thought to protect against influenza,²⁴ and has been used in the treatment of pulmonary tuberculosis.²⁵ There is no doubt that it acts beneficially in whooping-cough,²⁶ and certain chronic affections of the skin, a fact pointed out by Sir James Grant²⁷ as early as 1863, as well as by other observers. Dr. Milson, of Lampstead, regards the presence of eczema as an argument for, rather than against, vaccination; and Dr. Mutch, of Brixton, has seen obstinate eczema clear up after it.

5. I now propose to record a few miscellaneous cases showing the same beneficial action of disease.

Case of Chronic Rheumatism Disappearing upon the Supervention of Cancer.—A woman in early life had two attacks of rheumatic fever, which left her a martyr to "chronic rheumatism." When 58 she manifested unmistakable signs of malignant disease of the liver, and ever after all signs of joint trouble completely disappeared.

Case of Paralysis Agitans removed by Hemiplegia (communicated by Mr. C. H. Fowler, Potter's Bar).—A farm labourer, aged 73, had, until two years ago, suffered from paralysis agitans for a period of twenty years. It was of a very severe type, affecting the head, arms, and lower extremities, and quite diagnosable a considerable distance away. Two years ago he had an attack of right hemiplegia (probably embolic), and it was immediately noticed that the tremor had quite ceased, not only on the affected side, but bilaterally. From this attack he made a good recovery, and his tremor has not returned.

Case of Migraine removed by an Acute Auditory Affection.—The patient—Dr. T. Reuel Atkinson, of Sherborne—himself published the case in the *Lancet*, August 27th, 1892, and the following facts have been kindly communicated to me by him. "In 1861 I lost the partial hearing in my right ear, and in April, 1892, this was followed by an almost total loss of hearing in my left ear. Before that I had for as long as I can remember suffered from attacks of periodic sick headache, and constipation more or less. Since losing my hearing I have had no constipation and no migraine." In a second letter Dr. Atkinson writes: "I am unable to tell you much about the nature of my deafness; the mischief is in the internal ear, and that is almost all I know about it. As to the cause I am quite in the dark. I can but surmise that it may have followed upon an unrecognised influenza. I am absolutely free from headache now. Formerly I never went a month without one, and rarely a fortnight, and when I had a headache it usually lasted all day till the evening. The headaches were usually accompanied with vomiting, but now I am never sick nor sorry."

Two Cases of Diabetes apparently Cured by the Occurrence of Cancer. (Communicated by Mr. W. A. Easte, Hanslope, Bucks.)—A man was thrown out of a cart, and diabetes set in and lasted from four to five years, when the symptoms of diabetes abated, the sugar almost entirely disappearing from the urine. Shortly after this he died, the post-mortem examination revealing cancer of the stomach. The other case was that of a woman, about 45 years of age, whom Mr. Easte had been attending during some years for diabetes. The patient developed malignant disease of the rectum, and since the discovery of this all the symptoms of diabetes have been absent.

Here I must end a very inadequate paper on a very important subject. It has, however, one merit—that of being

the first attempt (so far as I know) to deal with this subject in anything like a systematic and comprehensive manner. I earnestly hope my remarks will do something to stimulate inquiry in the direction indicated. The inducements are great. Already observation of the curative action of erysipelas has given a clue to treatment, with brilliant results; and who knows but that we may discover other clues which shall help us to still greater achievements? I am sanguine enough to believe we shall.

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SPASMODIC STRICTURE OF THE CARDIAC ORIFICE OF THE STOMACH.*

By W. SOLTAU FENWICK, M.D. LOND., M.R.C.P.,

Physician to the London Temperance Hospital and to the Evelina Hospital for Sick Children; late Research Scholar of the British Medical Association.

THIS disease, which is also known by the name of cardio-spasm, may be defined as a spasmodic contraction of the cardiac orifice of the stomach and of the lower end of the œsophagus occurring independently of any organic lesion.

Etiology.—(1) A mild form of the complaint is frequently encountered in emotional and anæmic women between the ages of 18 and 30. In some cases it makes its appearance coincidently with the establishment of the catamenial functions and reappears at each menstrual epoch for several months. Occasionally the disorder commences at the climacteric, and may then persist with periodic intermissions for a considerable time. Anger, fright, or any other sudden and severe emotion occurring in a neurasthenic or hysterical individual is also apt to provoke a temporary attack. (2) Irritation of one of the abdominal viscera sometimes appears to be responsible for the development of the disease. Thus, spasmodic dysphagia occasionally accompanies or even replaces the vomiting of early pregnancy, and is by no means an uncommon symptom in painful affections of the uterus or its appendages. In children of an excitable disposition the presence of thread worms may likewise induce an attack. (3) Catarrhal and other affections of the œsophagus, associated with hyperæsthesia of the mucous membrane, are often accompanied by spasm of its muscular coat. Thus, in a case of chronic dysphagia which recently came under my notice a necropsy revealed the existence of a simple chronic ulcer at the lower extremity of the œsophagus, which, although it involved the cardiac orifice of the stomach, had not occasioned any perceptible degree of stenosis. Nevertheless it was obvious from the contracted state of the stomach and the marked dilatation of the lower 5 inches of the œsophagus that almost complete occlusion of the cardia must have existed during life. Slight injuries to the œsophagus, such as those inflicted by swallowing a pin or a fish bone, may induce a severe attack of spasmodic dysphagia in a nervous or debilitated subject. In such cases, however, the seat of the obstruction is more often in the upper or middle third of the tube than at its lower end. (4) Habitual drunkards are very liable to the complaint, especially after

* Abstract of a Lecture delivered at the London Temperance Hospital on February 10th, 1898.