ŒSOPHAGUS.

Raw, Nathan.—*Membranous Œsophagitis; Expulsion of a Complete Cast of the Œsophagus.* "Lancet," January 5, 1901.

The patient was a heavy drinker, aged forty-six. After a violent fit of coughing, he vomited a complete cast of the œsophagus, 8½ inches long. The cast weighed 2¼ ounces, was of a dirty-greenish appearance, and was streaked with a purulent coating of blood-stained pus. The smell was most offensive, and some disinfectant had to be added at once. It had all the appearance of a complete œsophagus, but on examination the muscular layer was not present. The patient coughed and vomited up a good deal of purulent matter, and seemed much relieved; but the pain on attempting to drink any fluid was so intense that he was afraid afterwards to try. He was fed on nutrient enemata for two or three weeks, when he again was able to swallow some fluids without much pain, but was only able to get down a very small quantity at once. He was losing flesh rapidly, and it was quite evident that he had considerable stenosis of his gullet, and that it soon would be complete. Accordingly gastrotomy was performed.

The operation was quite successful, as the incision healed by first intention, and the sutures were removed on the eighth day. He recovered nicely for a time, and was able to feed himself regularly, but three weeks after the operation he commenced to regurgitate large quantities of gastric juice followed by the food in a form which, except for the curdling of milk, did not appear to be altered.

After-progress.—It was evident that, despite washing out his stomach regularly with an antiseptic and the most careful feeding, he was not able to digest food; and it occurred to the author that perhaps the mucous membrane of his stomach and intestine might be similarly affected. He was, in addition, fed per rectum, as he could not swallow at all, there being complete stenosis of the gullet. He accordingly slowly went downhill, and died from asthenia six weeks after the operation. His weight at death was 87 pounds.

Necropsy.—A post-mortem examination was made twenty-four hours after death. The body was greatly emaciated. The digestive organs were removed *en masse* for careful examination. The stenosis of the œsophagus was complete from the upper third right up to the pharynx. Below, down to the stomach, it would only admit a medium-sized catheter. There was no trace of any mucous lining anywhere, except near the cardiac end of the stomach, the cast having separated 1 inch above the entrance to the stomach. The stomach was small, and was firmly united to the skin wound. On opening it, one was particularly struck with the apparent absence of mucous membrane; the wall was almost smooth, and the rugæ were represented by indistinct lines; very little secreting surface was left, and that near the pylorus. There were no evidences of gastritis. The intestines were atrophied, and the mucous coat of the duodenum was smooth and thin, though otherwise healthy. There were no other symptoms of organic disease, except some brown atrophy of the heart.

The following description of the cast is by Dr. R. J. M. Buchanan, physician to the Stanley Hospital, Liverpool:

"The cast was in the form of a tube, 8½ inches long, of a greenish-gray colour, and with a smooth, but somewhat corrugated, external surface. The inner surface of the tube had the appearance of sloughing

tissue, and it was ragged and undermined in comparison with the smooth outer surface. The cast was very tough and elastic; it was with difficulty that pieces could be cut from it for microscopical purposes. Portions of it were hardened and dehydrated in absolute alcohol passed through cedar oil and embedded in paraffin.

"Microscopical examination showed that the cast was a complete slough of the inner layers of the œsophagus as far as the muscularis externa. The superficial epithelium had almost entirely disappeared in the deeper parts of the folds of the mucosa. A very few degenerated cells remained, which were scattered in patches. Small ulcerations of the mucosa, in the form of flask-shaped pits, were completely filled with micrococci and rod-shaped bacilli. The denser tissue immediately beneath the epithelial layer had retained its characteristic structure in parts, but was broken through by the small ulcerations extending from the surface. The remainder of the mucosa and submucosa was invaded by a fibrinous network, filling up the spaces between the degenerate fibrous tissue. This fibrinous network was similar in appearance to a diphtheritic membrane. Here and there could be recognised muscular fibres from the muscularis mucosa. The meshes of the network were crowded with leucocytes and rod-shaped bacilli, the latter very varied in shape, which had stained irregularly, similar to the diphtheria bacillus. Minute hæmorrhagic extravasations from the vessels had evidently taken place at different times, and the remains lay scattered about. The bloodvessels were blocked with thrombi, and the lymphatics were dilated with coagulated exudation. The condition revealed by microscopical examination is suggestive of a submucous dissecting cellulitis, leading to complete separation of the inner coats of the gullet."

Remarks by Dr. Nathan Raw.—The case seems to be unique in this country, the few others recorded having occurred in Germany and America. The cause in this case was neat spirits, of which the patient had taken a very large quantity, and yet at the necropsy no evidence of cirrhosis of any organs was observed. The disease had evidently not been confined to the mucous lining of the œsophagus, but had attacked that of the stomach to a minor extent. With regard to the operation of gastrotomy, the author is inclined to think that Albert's method has no advantages over those of Howse or Witzel, and it is certainly much more difficult to perform, especially if, as in his case, the stomach is small and retracted. *StClair Thomson.*

EAR.

Bouglé.—*Cerebral Abscess and Meningitis of Otitic Origin.* "La Presse Méd.," August 7, 1900.

At a meeting of the Société Anatomique, July 27, 1900, M. Bouglé reported the case of a woman brought to hospital in a comatose condition and hemiplegic. Her pulse was slow and she had otorrhœa. He opened the mastoid antrum and the cranial cavity, found the dura mater bathed in pus, opened the dura mater and found a cerebral abscess, which was drained. Next day the patient was conscious and the hemiplegia less marked. But a few days later the patient died in coma.