were only nine, that is 8.5 per cent. In face of these statistics, we confess to surprise at finding the author, in the concluding words of his thesis, remark that "the best means of obtaining a favourable result is extirpation of the larynx, especially if the diagnosis of the tumour has been made early, for not only is the life of the patient prolonged, but it is rendered supportable." These are conclusions which we venture to differ from in toto, and are glad to find that the author quotes the eminent French surgeons, Tillaux, Verneuil, and Richet, as of the same opinion. Apart from Dr. Baratoux's conclusions, the essay is well written, and will repay perusal.

The Illustrated Medical News.

WE have just received a specimen copy of this new publication. It is of quite novel character, the object of the paper, which we learn is to appear weekly, being to "fill a void in the pictorial representation of clinical and pathological work that has long been felt." Illustration is meant to be a principal aim of the paper, which thus differs in its object from all other medical journals. To judge from this first number, the standard of the paper is a very high one, and we hope it will be maintained. There is no doubt a place for such a publication in medical literature, and it should be of great advantage to the average reader of such literature to possess such a paper as this, in which the notable features of each case are set out by means of original drawings, rendering lucid clinical descriptions which are often otherwise tedious and uninteresting. Even very interesting cases are often rendered almost unintelligible when unaccompanied with illustration, and the primary object of this paper is therefore a very useful one. The manner in which the paper is got up, and the illustrations executed (in this first number), is most excellent, and we cordially congratulate the promoters of the journal upon their enterprise, and wish it success.

NEW PREPARATIONS.

STRETTON WATERS.

It is frequently a matter of complaint that most of the artificial mineral waters supplied to the public are of an inferior quality, and this is no doubt true of many of them. These leave an unpleasant taste in the mouth after deglutition, the soda water being more suggestive of sour milk, the ginger beer of burnt treacle, the lemonade of vinegar, &c. Many of the cheaper mineral waters are especially bad in these respects. We have pleasure in recommending the mineral waters of the Stretton Hills Mineral Water Company, of Church Stretton. These are soda, seltzer, potass, lithia, quinine, lemonade, lime juice, ginger ale, ginger beer, &c., and they have been certified to be especially pure by competent analysts. These waters will compare with the best in the market.

VAPOUR CONES AND CASES.

The Chemical Carbon Company have succeeded in producing an entirely novel and most ingenious system of dry inhalation. We have seen nothing yet so perfectly adapted to the purpose. A carbon cone contains a glass flask, in which is placed the medicament to be inhaled. The cone is placed upon a dish with a little water,

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after the manner of a Child's night-light, the top of the cone is lighted, and as it slowly burns a heat is generated sufficient to vaporise the fluid in the flask, which is emitted as a dry vapour. No smoke is given off, and the whole process is clean and effective. The Company manufacture a great number of such inhalations, and are prepared to make cones containing any medicament or combination of medicaments desired. In fact, their patent and specialty consists in the manufacture of the cones, the drugs introduced into the flasks being the ordinary medical productions, which can be varied according to the suggestion of the physician. We have seen nothing as yet which can compare with these cones in the production of a dry, clean medicated vapour. The old method of volatilising calomel, for instance, which is so objectionable, is rendered easy and effective by these cones. Terebene, eucalyptus, thymol, pinol, chloride of ammonium, stramonium, creosote, carbolic acid, menthol, calomel, &c., are only some of the inhalations which can be administered by this method. As inhalations are so extensively used in various throat complaints, these cones should be of the highest use for the purpose. One great advantage is their great portability, and another their cheapness. We have no hesitation in most highly recommending the vapour cones in preference to all other methods for the production of dry inhalations. We understand that the Company has overcome the difficulty of producing moist inhalations with the cones, and this can now be accomplished. Large cones are also made for disinfecting rooms and wards, or for charging such spaces with medicated vapours.

NOTES.

Roaring and its Surgioal Treatment.—For some time the subject of the treatment of roaring by operation has been discussed, but it cannot at this moment be said that any conclusion has been arrived at; in fact, the matter is still, and for some time to come is likely to remain, in the experimental state. Roaring is by consent among veterinarians used to express an abnormal sound in the breathing, which is observed when a horse is moving quickly—generally a canter or gallop is necessary to the production of the noise; it is only in rare cases that it can be heard in the trot, and more rarely still is any unnatural sound in the breathing heard in the walk, unless the horse is suffering from acute disease of the breathing organs.

Roaring includes sounds of various degrees of pitch and intensity, and there are other sounds, known as whistling, wheezing, and piping, all of them depending on some obstruction in the breathing tubes, the nature of which may be guessed at in many cases, but cannot be ascertained with certainty during life. This fact must be taken into account by those who expect much from the operation which has lately been brought into prominence by Dr. Fleming and others.

It will perhaps be proved in the future that one cause of roaring, and the most common one, it would seem is capable of surgical treatment. Should this probability become a fact, roaring, which depends on disease of one of the muscles (cricoarytenoideus posticus on the left side), may be estimated as a curable disease. But, obviously roaring which depends on other causes cannot be so treated with any prospect of success.

The above remarks will serve to preface a notice or analysis of a remarkable

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paper on roaring by R. H. Clarke, M.A., M.B. Cantab., in the Naval and Military Magazine for August.

In the beginning of the paper Mr. Clarke remarks that he had not intended to publish, at their present stage, the results of the experiments which he commenced, at first in conjunction with Professor Horsley, at the Brown Institution in May, 1887, but circumstances have arisen which render their publication desirable. For the purpose of making the experiments intelligible, the pathology of that form of roaring which is due to paralysis of the left abductor muscle which opens the glottis, "the doorway which admits air to the lungs," is referred to; the disease is presumed to be connected with derangement of the recurrent nerves which proceed to the larynx, and during their course are subjected to various degrees of pressure. The left nerve, passing between the heart and the aorta, is especially exposed to pressure when those organs are affected with hypertrophy—a condition which the author has found to exist more or less in all the cases of roaring which he has had an opportunity of examining. This explanation of the constant limitation of the disease to the muscles of the left side is at any rate consistent.

In defining the principles of treatment of roaring, the author of the paper points out that, as the doorway of the lungs is closed, or partly closed, and the paralysed muscles have lost the power to open it, the question of relief resolves itself into the mechanical one of either fixing the depressed cartilage back, or taking it away, so as to leave the door open.

An alternative plan of treatment, by making an opening below the partially closed larynx and inserting a tube (tracheotomy), has long been in use; but those who have had experience of this plan are well aware of the many difficulties and objections which are incidental to its adoption.

Dr. Fleming's operation, as we explained in a recent article, is a novel one only as to its method. Cutting away the whole of the arytenoid cartilage was practised long ago on the Continent with some degree of success, but the operation was performed by cutting a long slit in the windpipe below the larynx, and the healing was often attended with considerable distortion, and the large open space in the larynx allowed the entrance of food. Dr. Fleming operates by a small incision at the bottom of the larynx in the thyroid ligament, and he only cuts away the cartilage and the vocal cord in the left side as far as the ventricle at the back of

Some of the operations performed by Mr. Clarke are of a more formidable character than the mere section of the cartilage through the windpipe or larynx. He has dissected down to the larynx from the outside, and in his manipulation he uses an electric lamp about the size of the top of the little finger, introducing it into the larynx through a rectangular tracheotomy tube, which is inserted as a pre-liminary step in the operation—a practice which the author advocates in all cases.

In the first experiment which was made, the larynx was opened in the middle, the left vocal cord was divided, the arytenoid ligament severed, and the fleshy mass of mucous membrane inclosing the left cartilage of Santorini excised. The next experiment was the removal of the whole of the arytenoid cartilage by exposing the left side of the larynx, and then dissecting the cartilage away from the mucous membrane—an operation which certainly requires great delicacy of touch. The operation appears to have been quite successful. One of the horses treated was a bad roarer, and the operator says that he thinks the horse after the operation would have passed sound. The animals were all kept for five months.

Two operations on roarers were successful for the three and a half months during which the animals were kept alive. In one the half of the arytenoid cartilage was removed by lateral incision, and in the other the cartilage was disarticulated, and

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fixed in a position of abduction. Both operations require extensive dissections. First, the tracheotomy tube is inserted, then incisions have to be made in two directions, so as to enable the operator to turn back a triangular flap of skin, and expose the parts beneath. The jugular vein is tied at each end of the wound, and the intermediate portion cut away. The fascia is torn through, avoiding injury to the parotid duct and gland, and the side of the larynx is completely bared to view. Arteries and nerves have next to be cut, cartilages to be disarticulated, and the muscles dissected off; and finally the arytenoid cartilage, after being separated from its connection with other cartilages, is carefully peeled off the mucous membrane to which it is attached. The wound is sponged with some antiseptic solution, and the severed parts are properly adjusted by the aid of sutures, and the wound is left to heal.

Experiments for the operative treatment of roaring have now gone far enough to justify the performance of the several operations which have proved, for a time at least, successful on some roarers whose lives are worth preserving.—The Field, September 29, 1888.

The British Laryngological and Rhinological Association.

THE next general meeting will be held in London on November 14. Fellows are requested to give early notice of any paper to be read, or communication to be made by them, to the Hon. Secretary, Mr. George Stoker, 14, Hertford-street, Mayfair, London, W.

To ensure the early insertion of abstracts, Authors are requested to send a copy of any journal which may contain a contribution on disease of the throat or nose, or on cognate affections, to the EDITORS, Journal of Laryngology, c/o Messrs Anderson & Co., 14, Cockspur Street, Charing Cross, S.W.

Afin de s'assurer une prompte insertion de leurs extraits, les auteurs sont priés d'envoyer un numéro de tout journal contenant un article quelconque sur les maladies de la gorge ou du nez et sur les affections qui y ont rapport, aux REDACTEURS du Journal of Laryngology, c/o Messrs. Anderson & Co., 14, Cockspur Street, Charing Cross, S.W.

Um die rechtzeitige Veröffentlichung von Auszügen zu sichern, werden die Verfasser gebeten, eine Kopie von allen Zeitschriften, die einen Beitrag über Krankheiten des Kehlkopfes, der Nase u. s. w. enthalten, an die HERAUSGEBER des Journal of Laryngology, c/o Messrs. Anderson & Co., 14, Cockspur Street, Charing Cross, S.W., zu senden.

London: Paraon & Sons, Printers, Winc Office Court, Fleet Street. E.C.

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