

THE
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LARYNGOSTOMY FOR LARYNGEAL STENOSES.

ONLY those of our readers who have not had to deal with cases of stenosis and atresia of the larynx following diphtheria and other infectious disorders will fail to appreciate the subjects dealt with in the recent articles in this JOURNAL, notably one by Professor Navratil, entitled, "A Contribution to the Surgical Treatment of Laryngeal Stenosis" (JOURNAL OF LARYNGOL., RHINOL., AND OTOL., May, 1908, p. 238), and another by Drs. Sargnon and Barlatier (July, 1908, p. 365, August, p. 411, September, p. 475), on the operation of laryngostomy, to which reference was made in Professor Navratil's lecture. Those, however, who have had to deal with such cases, will realise the difficulty in treating them and the almost impossibility of effecting a successful result. We feel, therefore, that we have rendered a service in placing these two very valuable communications at their disposal, and that the article by Drs. Sargnon and Barlatier, giving the details of the operation and after-treatment, will be highly valued by the class of readers we have referred to. The operation consists in the slitting up of the trachea, cricoid and thyroid cartilages, and the stitching of the skin to the mucous membrane so as to form an elongated gutter in the middle line of the neck. By an ingenious device an india-rubber drainage-tube smeared with vaseline and plugged with gauze is placed in this gutter so as to keep it open

and to lead to a still wider dilatation where desirable. The French authors attribute very remarkable efficacy to this method of *dilatation caoutchoutée*, and in their paper will be found a description of many ingenious little devices to which they have been led as the result of experience in the conduct of such cases. The operation on paper looks fairly simple, but when the structures are embedded in cicatricial tissue resulting from former unsuccessful operations, and when, moreover, the lumen is so entirely occluded as to prevent the introduction of even the finest director, the difficulty is necessarily enormous, but in the less extreme conditions it is comparatively easy. One very anxious class of case is that in which the cartilages have shrunken and the framework of the larynx has atrophied, or at least failed to develop owing to the absence of function, and the question arises as to the ultimate results in such cases after laryngostomy is performed. Dr. Barlatier, however, in a monograph on the subject ("La Laryngostomie dans le Traitement des Rétrécissements du Larynx," Paris, 1908, p. 47), tells us that actually the cartilages have been observed to undergo remarkable development after the operation has been carried out. The same author, in considering the results as regards the voice, reports (p. 87) that out of eleven cases, in six the voice was good, or at all events satisfactory, and in three of them the patient was able to sing. Much, of course, depends upon the condition of the vocal element in the larynx at the time of the operation, but such results are eminently encouraging in a condition which was previously scarcely within the reach of practical treatment. It need hardly be said that the operation is ultimately completed by closure of the cervical opening by means of the plastic operation. We recommend the study of these articles to all our readers, whether familiar or not with the class of case to which they refer.

DEATH OF PROFESSOR BEZOLD.

OUR readers will hear with great regret of the death of the renowned Professor of Otology of the University of Munich. We hope to publish a short review of his work and career.
