TRACHEAL STENOSIS FOLLOWING TRACHEOTOMY.

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THE subject of the following note was a horse that came into the possession of his last owner towards the end of April 1891. In May following he had a very severe attack of pink-eye, and from this he had partially recovered, and was feeding and doing well, when, on June 7th, he was seized with an attack of what I took to be œdema glottidis. I had hurriedly to perform tracheotomy, which gave him immediate relief; he never went off his food, in about a week the tube was removed, and the horse after a few days went to work. He worked well until the middle of December, when an enlargement appeared at the seat of the operation, and in the course of two or three days interfered so much with his breathing that a second operation had to be performed as low down the neck as possible.

The tube this time was left in for about a month, during which time the enlargement was twice severely blistered with mercuric iodide, and the horse treated internally with iodide of potassium. After a time the horse appeared to be all right again, and the tube was taken out. When the wound had healed (for it was nearly under the collar) he was again put to work, and continued at work uninterruptedly until about the beginning of July last, when his breathing again became troublesome, and two enlargements formed, one at the seat of each operation. It being impossible to perform tracheotomy any lower, he was again blistered with mercuric biniodide, and turned out daily in a field. For a fortnight he seemed to improve, and pastured well, but on the 26th July last he was found in a state bordering on suffocation, and I ordered him to be destroyed.

The *post-mortem* examination of the trachea showed that the stenosis was produced by a new growth or thickening which involved all the textures between the skin and the mucous membrane. This growth was composed mainly of fibrous tissue, but it contained also cartilage and bone.

More or less temporary thickening of the mucous membrane is probably of constant occurrence after tracheotomy, but, fortunately, it is seldom that the formation of new tissue at the seat of operation continues after the tube has been removed and the wound has healed up. It might be surmised that the continued irritation by the tracheotomy tube sometimes causes the cartilage and other tissues adjoining the wound to take on a depraved action bordering on tumour-formation, but it is more probable that the growth is inflammatory in its nature, and caused by the presence of some irritant left in the wound.