
The appearance of a third edition of this work within a few years indicates that the author has "secured the market." It is a result to which he was well entitled from the quality of the book, and the present issue of it is even superior to the last. It exceeds the second edition by no less than 400 pages, part of which is accounted for by 279 new illustrations, and the remainder by important additions and amplifications of the text. The bulk of the new matter has been introduced into the chapters dealing with the various breeds of horses, British and foreign, and a large proportion of the new illustrations relate to the same subject. This part of the work is so full that it is doubtful whether any breed in existence, either at home or abroad, has escaped attention. The figures are almost entirely reproductions of photographs, and with scarcely an exception they are of excellent quality, while the publishers' share of the work generally is beyond praise.

Clinical Articles.

A CASE OF ÆSOPHAGEAL POUCH IN A HORSE.


Subject.—An aged thoroughbred, purchased by the owner about six weeks before I was consulted.

History.—The day following the purchase the groom noticed that the horse did not eat its food naturally, and that after partaking of some he would continue to champ for a considerable time, and would then have a severe fit of coughing and vomit a considerable portion of the ingesta through his mouth and nostrils. In the channel of the neck, just outside the thorax, he had noticed a movement resembling "a snake attempting to escape up the throat," and suggested that that was what it was, the horse, he thought, having drunk some bad water with a young snake in it!

Symptoms.—(A fortnight before death.) Weird anxious look, starved coat, emaciated condition, slightly accelerated breathing, ingesta exuding from mouth and nostrils, slight distension and regurgitation in æsophagus at lower part of the middle third of the neck, visible mucous membranes congested, pulse 50, temperature 103° F.

Diagnosis.—Partial obstruction of æsophagus (thoracic portion), either by pressure of a tumour, constriction, or rupture of its walls.

Prognosis.—Unsatisfactory; advised slaughter.

Treatment.—The groom had given the animal a physic ball about three weeks before I saw the case, but it never acted in the least.

I gave the patient a bottle of cold water, which distressed him very much, and induced a fit of coughing, after which he vomited the major portion of the liquid. I then threw the animal, and very carefully passed the probang. I found some difficulty when it reached the cardiac
orifice to get it to enter the stomach, but ultimately succeeded, without using force. When the animal rose he appeared considerably relieved, and I almost hoped I had removed the obstruction. The animal began eating grass, and when the coughing and vomiting recurred I attributed this to the irritated condition of the oesophagus, and ordered a pint of linseed oil to be given. The foregoing symptoms, however, persisted till the end, but were perhaps not quite so intense.

On the 6th October last the animal got down and was unable to rise, so I slaughtered him.

*Autopsy.*—Pharynx and cervical portions of oesophagus filled (but not distended) with ingesta. Thoracic portion distended and filled with ingesta, and a soft tumour-like swelling of the oesophagus extending from the diaphragm forwards into the thorax for about 8 or 10 inches, and being about 10 to 12 inches in circumference. Upon removal of the gullet from the thorax I found this swelling to be a pouch of the mucous coat herniated through a longitudinal tear of the muscular coat of the tube.

The defect or tear in the muscular coat had rounded edges, and measured about 10 inches in length. It was situated on the upper surface of the tube. Above the pouch or sac the gullet was cylindrically dilated with pultaceous food materials.

After the accompanying photograph had been taken the sac was laid open and emptied of its soft contents, so as to expose the inner surface of the mucous membrane. This appeared quite normal everywhere, and there was no evidence of degeneration in the muscular strata.