child's throat and thus induced vomiting, which completely relieved the patient. The little fellow fell asleep, and slept soundly until 10 p.m., when he awoke wheezing and breathing with difficulty, making a "rasping sound" during respiration. This wheezing got worse during the following day, and at midnight two doctors held a consultation, one of whom attributed the condition to inflammation; the other appears to have suspected the presence of a foreign body in the air passages, due, in all probability, to the raisins. Hot fomentations were applied to the throat, but his symptoms were not relieved. During the next two days his breathing became more and more embarrassed: he used to lie with his head thrown far back in order to ease respiration. On February 5th, four days after the onset of these curious symptoms, his condition became so critical that it was decided to attempt tracheotomy as a possible means of relief. Accordingly at 2.30 p.m. on February 5th tracheotomy was performed with an entirely satisfactory result, the breathing was at once relieved, and, with the exception of some annoyance occasioned by a difficulty in keeping the tube from getting clogged, the patient got on nicely, and no further difficulty was encountered.

After nine days an attempt was made to remove the tube, but dyspnœa was so marked that it had to be replaced at once in the windpipe. Two other unsuccessful attempts were made to remove the tube on subsequent days. The child was sent to the Children's Hospital, and was admitted under the care of Dr. McDonagh.

On March 12th, thirty-five days after tracheotomy, Dr. McDonagh examined the larynx under chloroform, but failed to detect any foreign body. O'Dwyer's tube was then introduced into the larynx, and the tracheotomy tube removed. He breathed freely through the laryngeal tube, but its presence caused an unusual amount of irritation, and brought about such constant and persistent coughing that at first it was thought that the tube would have to be removed; air was, however, entering the lungs freely. After a time the child got easier, and the cough became less and less troublesome, and he was left with the laryngeal tube in position. Next morning he was doing nicely, there was still a slight amount of irritation, but he breathed freely and he was able to take nourishment, consisting of milk, custard, and jelly, without difficulty. He continued in this condition until the morning of March 15, three days after intubation, when he coughed out the tube; he breathed freely for an hour and a half; when dyspnœa again came on, and the tube was replaced. At 5.30 p.m. he again coughed the tube out, and since then he has been able to get on without it. He remained in hospital for another week, during which time his breathing was normal whilst he kept calm, but if excited at all, he got somewhat hoarse, and had a slight difficulty in his respiratory efforts. He returned to his home in the country on March 22nd. In a letter from his father, dated April 10th, it is stated that the child is practically quite well.

REMARKS.

It is difficult, if not impossible, to arrive at an accurate conclusion as to the primary cause of this child's trouble. We have a history of a patient, previously weakened by an attack of the prevailing influenza, exposed to influences which would readily account for an attack of inflammatory croup; we have, in addition, a history of choking whilst eating raisins, and because of the sudden onset of the symptoms, we are led to suspect the presence of a foreign body in the windpipe. It is possible that both of these causes were at work, and produced a general inflammation about the larynx which eventually led to almost complete obstruction by swelling, possibly œdema, of the parts. The sudden relief at first obtained after vomiting, induced by the passage of a probang, may possibly be accounted for by the dislodgment of the foreign body, whilst the subsequent very gradual development of dyspnœa was probably due to a secondary inflammatory process.

The case is also of interest in showing that in intubation we have a valuable method of treating those troublesome cases in which a patient, after tracheotomy, cannot dispense with the tube, and finds it impossible to breathe through the natural passages.

DR. JENNY K. TROUT, of Toronto, has given $500 towards the new building of the Women's Medical College at Kingston, with a promise of $500 more in November.