

child is inclined head down so that it swallows up-hill, and any fluid that may get into the tube in the act of deglutition gravitates out again. The child is placed across the nurse's lap with the head bent well down and then fed with a spoon or nursing-bottle. It is stated that most patients soon learn to swallow in this position without coughing. In using the catheter the nurse must be instructed to see that it does not roll up in the mouth, nor enter the tube in the larynx.

In looking over the literature of this subject I have noted a number of objections that have been raised to intubation.

1. The tube causes ulceration in the trachea and about the upper opening of the larynx. As pointed out long ago by Dr. O'Dwyer this occurs on account of faulty construction of the tube. So also a tracheotomy tube will produce ulceration in the trachea if it does not fit properly.

2. False membrane cannot be coughed up through the tube. This applies equally to tracheotomy. The tube is likely to be coughed out if it becomes blocked by membrane.

3. The danger of pushing a piece of membrane down before the tube. If this occurs the breathing is not relieved, and as the tube is still held by the thread, it may be instantly removed. The dislodged membrane may then be coughed up, and it sometimes happens that after such an incident it is unnecessary to reintubate.

4. The patient has to breathe air which is vitiated by constantly passing over diseased surfaces. This objection surely has no value. In tracheotomy the air is not moistened, warmed or filtered.

5. The dangers of nursing. These are not to be compared with the dangers of nursing tracheotomy cases.

6. Unsatisfactory results. The results however are, at least, equal to those of tracheotomy.

7. The difficulty of performance. This is no doubt a serious objection where no trained operator is at hand. It is not easy to learn, but with experience it is simple enough.

Let us see now what can be said in favor of the operation.

The consent of parents and friends is easily obtained. If the patient is in Hospital and the friends are not at hand, one would not hesitate to do this operation without waiting for permission. Intubation leaves no scar. No blood is lost, a decided advantage in case of a weakened child. No wound is added to the patient's suffering to become a source of new infection. Anæsthetics are not necessary, nor skilled assistants; nor does the patient require the assiduous and