

worse, lost much each month. After a time an examination was allowed, when he found the above condition to be present. It took two and a half hours to remove the tumor. Her condition in spite of having a small growth size of a marble in right cornua, is very satisfactory.

Dr. ALLOWAY asked if Dr. Gardner ever used Emmet's traction operation for uterine fibroids, which in time produced a pedicle.

Dr. GARDNER believed Emmet's operations to be very good; but not suitable for this case, as the base of the tumor was so large, being something like a hump on the uterine wall.

Tracheotomy.—Dr. ALLOWAY read a paper embodying the history of 6 cases of tracheotomy in children, 4 of which ended in recovery. The ages ranged from 2 to 7 years. Three were males and three females. Of the recoveries two were females and two males; of deaths, one male and one female. The ages of those which recovered were two, three, three and seven years, respectively. In two there were diphtheritic patches recognized in the throat; the remaining four were membranous croup. Of recoveries, two were subject of diphtheria and two membranous croup. In the successful cases the tube was removed on the seventh, eleventh, thirteenth and fourteenth day. Steam and carbolized dressing were used in all; the steam was not generated directly in the room, but obtained from boiling water kept constantly supplied to large flat tin vessels on the floor of the room. The operation in all was performed early.

Dr. BELL said he had recently performed tracheotomy four times for diphtheria. All were bad cases in young children, and had to be done in a hurry, as children were cyanosed. First case, 3 years old; opened below thyroid; lived about forty-eight hours; membrane went below wound; no *post mortem*. Second case, $3\frac{1}{4}$ years; within forty-eight hours the wound was covered with membrane. Applied glycerine and carbolic acid; died fourth day; *post mortem* shewed membrane in small bronchii. Third case was brother to the last, no membrane seen, but great relief followed opening trachea; took nourishment well for thirty-six hours; tough secretion now formed, and forty-eight hours after operation was almost suffocated by it; was relieved by passing feathers down and removing secretion, this gave great comfort, and had to be repeated frequently; died after four days; *post mortem*; no membrane in trachea, but died of lobular pneumonia from pushing down dry

secretion with feather; temperature ran high. Fourth case; membrane in trachea was relieved by operation, but gradually sank; died from infection seventeen hours after operation. Did not steam with any of these cases.

Dr. BELL read following extracts from a paper on this subject by Dr. H. Linder:—

Out of 106 cases of tracheotomy for croup and diphtheria 63 died and 38 recovered. Of 79 cases in which obstruction of air passages was the prominent morbid condition, 44 died. The chances are slight under two years. Operate when retraction of chest becomes a prominent sign. Superior operation done in all but 5 cases. Prefers it on account of thymus gland in young children. He recommends chloroform in all cases except where intense asphyxia. When the signs of great general infection were marked, that is in 22 cases, all died. Uses steam, thinks it useful in lessening the dry and firm secretion at end of tube; but thinks it produces pneumonia sometimes, and increases danger in that way. Recommends apomorphia in large doses. It increases watery secretion from bronchi and separation of membrane. Next to general infection thinks that pneumonia is chief difficulty, and is indicated by sudden rise of temperature.

Dr. BLACKADER said he believed steam to be very useful in these cases. Lately he had seen its good effects in a patient of his suffering from laryngeal diphtheria on whom Dr. Roddick had operated. One day the steam (which was directed under a tent over the bed) was discontinued by the attendant, when the child became alarmingly worse, but after being renewed she breathed easier and ended in a complete recovery, although was paralyzed for a time.

Dr. FENWICK advocated use of steam. Although last year had two cases of tracheotomy for diphtheria where, owing to lack of accommodation, steam could not be used and yet both recovered.

Dr. RODDICK had performed the operation thirty odd times. He said his rules were: 1st. To dissuade from operating if glands engaged, for the patients are almost sure to die of septicæmia, and the operation hastens the fatal issue. 2nd. Has given up the idea of operating with a single assistant; must have two, one to give anæsthetic and one to assist the operator. Believes ether better than chloroform. Never saw ether act badly. Made a rule now of doing the low operation, raising the thoroid is easy and simple, the lower part of isthmus being loose on the trachea.