

bore still more decided marks of deficient respiration. The powders were continued, with the addition of rubbing in ungt. hyd. mitius into the flexures of the knees, arms, and the axilla. At 12 noon he was getting much worse, and Dr. Hyndman was sent for. About 2 P. M., when we examined him in concert, I saw a very marked change for the worse, the breathing more difficult, the face of a leaden hue, and the patient struggling and tossing about very much.

The Dr. and I came to the very evident conclusion that death would rapidly supervene, unless quickly relieved; and having explained to the parents the dangers of the operation,—to which they consented,—we immediately proceeded to open the trachea. The incision was commenced at the supra-sternal notch, and continued upwards for an inch and a half; then a very thick layer of fat was divided, and the thyroid gland exposed. It was found impossible to get into the trachea below the gland, and it was divided for more than half an inch in the median line, and the trachea exposed. The bleeding was pretty profuse from the divided gland and from one of the superior thyroid arteries, but by the application of cold it soon ceased; and as the child could still breathe sufficiently by the natural passages to support life, I delayed much longer in opening it than would otherwise have been done.

The trachea was then held as firmly as possible with a hook during the violent struggles of the little patient, and an incision half an inch in length made from below upwards. A forceps similar to the dissecting forceps, but with rather more elasticity, was then introduced, and the blood removed. The child was placed on its side and inclining a little towards the face. Respiration now ceased by the natural passages, and there were several violent expectorations, which expelled quite an amount of a bloody mucus, a little mixed with air. By the aid of a dressing forceps I removed five or six shreds of lymph, one of them four inches long and tubular, another one an inch long, a perfect tube of the size of the trachea, and the membrane forming it very tough and organised, and of a very appreciable thickness. The others were of different lengths. The inside of the trachea was very red. Five or six minutes after the opening, spontaneous respiration ceased, and life was kept up by cold affusions on the forehead and chest, alternated with warm applications to those parts, and also by alternate depression of the ribs and abdomen. In half an hour natural respiration began, very slowly at first, and rapidly improved in strength, and the venous hue of the countenance for the first time disappeared, but which returned again in a short time, as respiration again diminished. By continuance of the former plan it was again restored, the heat of the surface kept up, and it was removed