the site where the patient complained of pain. A few hours before he had a paroxysm of dyspnœa and felt the coin moving up and down in his windpipe, but relief came suddenly and since then he had been resting in comparative comfort.

However, the patient's description of the coin and his clear statements left no doubt as to the course to be pursued, so the necessary operation was explained to him and his ready consent obtained.

He was at once prepared for the operation of tracheotomy—the skin of neck and chest rendered aseptic and a $\frac{1}{4}$ gr. of morphia given hypodermically. The "low" operation was performed under chloroform anæsthesia, and it was found necessary to ligate and divide the thyroid isthmus in order to get free access to the trachea. When all hemorrhage had been controlled, the trachea was fixed by a sharp hook and opened to the extent of four rings. A long pair of curved forceps with alligator blades was then introduced and passed down into the left bronchus and the blades cautiously opened and closed. Although the patient was completely anæsthetized, each introduction of the forceps was attended by violent reflex movements and consequently the duration of each trial was very limited. After seven or eight unsuccessful attempts, I changed my position to the left side of patient, and passed the forceps to the full limit into the right bronchus. On opening and closing the blades it was felt that *something* had been caught, and careful slight lateral, and up and down movements told that the object held in the blades could be *moved*. This was guarantee for steady upward traction and to the great satisfaction of all concerned, the coin was in our possession. There is no doubt but that in the coughing fit of the early morning the coin had been dislodged from the left bronchus and had become fixed in the lumen of the right bronchus in such a way as to present only the slightest interference with the respiratory act. Considerable hemorrhage followed the extraction, and was not controlled for about 12 hours. Ergot was injected hypodermically and the tracheal opening guarded by hot antiseptic sponges. The patient's recovery was all that could be desired. In three days the tracheal wound was closed and in ten days he left the hospital, remaining in the city for about a week longer.

This case excited more than local interest, and a leading Toronto journal made the query: "Why did not the Kingston surgeon invert "the patient and cause the coin to roll out through the larynx, as in "the case of the celebrated Engineer Brunel some years ago?" Inversion was considered, but owing to the shape of the coin as des-