Dr. Max. J. Stern of Philadelphia, at the recent meeting of the International Medical Congress, gave statistics taken from Bourdillat showing recoveries after tracheotomy amounting to 26.40 per cent.

Comparing Dr. Stern's statistics at different ages with Dr. Waxham's statistics for the same ages, we find the following taken from Waxham's book:

								Intubation.	
Under 2	years	of age	 p.c. 3	Under	2	years	of age		p.c. 15.62
2 to 23	"	"	 12	2 to		46			19.46
21 to 31/2		"	 17	3 to	4	"	"		30.00
31 to 41	66	"	 30	4 to	5	• 6	61		32.65
4§ to 5\$	"	"	 35	5 to	6	t e	"		33.92
Over 51	"	"	 393	Over	6	44	**		43.33

Showing that in young children under 4 years of age intubation yields a far larger percentage of recoveries than does trache-otomy.

OBJECTIONS.

- 1. The tube may push a piece of membrane down ahead of the tube, thereby blocking its lower end and obstructing the ingress or egress of air. This objection applies with equal force in the introduction of the tracheotomy tube, and the objection is only valid in so far as the difficulty of removing and reintroducing the one is greater in the one than in the other; and this is not much. It may be easily withdrawn by the string which is still attached at this time, and its reintroduction scarcely more difficult in the intubation tube than in the tracheotomy tube. It occurred in only one of my cases, and caused no serious harm.
- 2. The tube may be obstructed by membrane passing into it. This difficulty I encountered once. On the other hand, in the great majority of cases it remains clear, requires no attention, and causes no irritation; while the tracheotomy tube is constantly becoming choked by blood and mucus drying in the tube, necessitating the frequent removal and cleansing of the inner tube.
- 3. Food may pass down the tube during the act of deglutition and set up pulmonary complications. This, it seems to me, is the great objection to intubation. In the last eight of my cases I requested the attending physician to insist upon the child being