

thing of a dinner; after taking a "hasty plate of soup," he went to work in demolishing a piece of shank beef, and with hunger and the loss of his teeth he was disposed to do justice to his coarse food when, after taking the first mouthful—and not a small one at that—he was noticed by the landlady to gasp, turn blue in the face, and drop from the chair upon the floor. Dr. Hall was immediately sent for, when, seeing the danger and urgency of the case, he requested my assistance. Presuming that the suffocation resulted from the impaction of a piece of bread or meat in some portion of the larynx or trachea, I opened the man's mouth as wide as possible, but neither with the eye nor finger could I detect anything; the all certain and prompt death of the poor fellow staring me in the face, left me no time to speculate upon the course of treatment to be adopted, and still less to run to my surgery a few squares off, to procure the necessary instruments; therefore, I at once proposed to the Doctor, in which he readily acquiesced, that desperate as the case was, there remained but one chance and that was to make an opening in the trachea. Seating the man on a chair near the window, the head being thrown back as far as possible, with a thumb-lancet I cut through the integuments, cellular tissue and fascia, from opposite the cricothyroid space, in the median line, over the cricoid cartilage down to the two upper rings of the trachea; separating, by scratching with the finger nail and handle of the lancet, the sterno-thyroid and hyoid muscles from their congeners, the cricoid cartilage and rings of the trachea were exposed to view, to divide which with my lancet was quite out of the question, they were so old and ossified, that I had to resort to a good sharp penknife; steadying the larynx and trachea with the thumb and first finger of the left hand, I cut, not without much difficulty, through the cartilage and rings, when at once froth and mucus issued from the wound, and the sucking in of air told me that the obstruction, whatever it might be, could not altogether be below the opening. The immediate danger being in some respects now passed, I took time to look around, if not to breathe, for the operation had been performed before I had scarcely any idea that it had been begun; there being nothing in the shape of spoons, except big pewter ones one of which of itself would have completely filled the wound, to keep the lips of the opening apart, I called for a smoking pipe, and breaking the stem three quarters of an inch from the bowl, passed it into the trachea and although the opening was certainly very small, there was still a sufficiency of air introduced to carry on the respiratory process; the suffusion of the face began to decrease, the colour returned to the lips, and the cold and glassy appearance of the eyes gradually and slowly gave way to a more natural and less dreadful expression.

Looking about me for something to act as a probang to explore the trachea, I seized upon a whale-bone rib of an umbrella and rounding off the end, passed it downwards to the bifurcation of the trachea, when finding every thing clear in that direction, I next turned it upwards when its progress was soon stopped by something which, for a moment, effectually prevented the further advance of the whale-bone; but I was determined that an opening should be made there and that something ought to be removed; opening the old man's mouth, and pushing with considerable force from downwards, I fancied that glottis, epiglottis and the components of the regional anatomy of the posterior fauces were being pushed