

for the douche to be given every 8 hrs., and as the iron did not seem to agree with the stomach, the dose was reduced one-half, and the following mixture prescribed: Sp. ammon. aromat., tr. chloroformi co. aa. ʒss. aq. menth. pip. ʒi. quaque hora p. r. n. Urine, by catheter, light yellow, clear, acid, sp. gr. 1.012; albumin, trace, reduces Fehling's solution; *deposit*, epithelial, granular, and hyaline casts, pus corpuscles, epithelial cells, uric acid crystals.

August 10th. Had a good night, feeling much better. Temp., 99.2°F.; pulse, 110; breasts all right.

Aug. 11th. Temp., 99.3°F.; pulse, 106. She still complains of some discomfort in the stomach after taking the iron, so it was discontinued for the present, and tr. digitalis, *M. viii., ter in die.* given instead.

Aug. 12th. Much better, no stomach distress, temp., 100°F.; pulse, 90. Ordered douche to be given only night and morning.

Aug. 14th. She continues better. Temp., 98.8°F.; pulse, 80. The digitalis was discontinued. Urine, as passed, pale yellow, containing flocculent precipitate of mucus and pus, acid, sp. gr. 1.014, albumin, trace; does not reduce Fehling's solution; no casts found.

Aug. 16th. Still improving. Temp., 99°F.; pulse, 72. She complains a little of visual defects. The potass. bitartras was discontinued, and permission given to sit up for a short time next day.

Aug. 20th. I found her sitting up, having been up about four hours, and she had been up for an hour each day for two days previous. Once or twice she had had a very severe headache; and she required magnes. sulph. every second day to keep the bowels acting freely. She is passing a good quantity of urine. Temp., normal; pulse, 64. I ordered again tr. ferri perchloridi, *M. xxx.*, tr. digitalis, *M. v., ter in die.*, and McK. & R.'s pil. aloin, strych. et. belladonnæ No. 1, one pill *ter in die.*

Aug. 23rd. She says she feels very well; has had no headache. I ordered the douche to be given only once a day, and McK. & R. pills only twice a day, or as often as necessary to secure a regular daily motion. Urine, as passed, pale yellow, not quite clear, acid, sp. gr. 1.010, albumin, slightest trace; does not reduce Fehling's solution; *deposit*, a few epithelial and

hyaline casts; vaginal, vesical, and renal epithelium pus, and bleached red blood corpuscles.

Oct. 15th. She reports herself in excellent health and better than she has been for many months.

A PLEA FOR INTUBATION.

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That this is no new operation, any one can convince himself of by reference to the literature on the subject; for although not done with instruments of our modern invention, yet it has been performed, for we have evidence of catheters having been passed into the larynx for obstruction, as far back as the days of Hippocrates.

Bouchut was perhaps the first modern enthusiast for this treatment of laryngeal stenosis due to any cause, and not meeting with any success, went to the other extreme, and ridiculed it as a means of preserving life. Consequently he dropped it, but it was again taken up by Dr. O'Dwyer, of New York, who, having worked industriously, has perfected instruments, and to-day Bouchut again acknowledges its applicability.

There are always many who are prejudiced against modern innovations in medicine, and who object to have old convictions replaced by new ideas, and it is to some of the objections raised by them that this paper is devoted.

The best method of procedure would be, perhaps, to compare the relative advantages of each operation, as it is only by a just comparison that a right opinion can be arrived at.

Speed.—To be sure, this is an advantage applicable to both operations, but it is in one case an essential always, and in the other only exceptionally. Who that has done many tracheotomies does not know that first of all comes the preparation of the bed, then of the instruments, the giving of the chloroform, and finally a slow deliberate operation? The parts are surrounded by many important vessels and veins, engorged at the time through insufficient aeration of the blood. It is preferable to open the air passages with the admission of as small a quantity of blood as possible. There are, we well know, on record, cases in which the operation has been performed with one stroke of the knife, and further, the