

be repeated, and, if continually unsuccessful, tracheotomy can be performed. Neither shock nor rise of temperature attends the operation, and the air is not cold when it reaches the lung as it is when inspired through a tracheotomy tube.

On the other hand, the tube is frequently obstructed by false membrane, when it must be quickly removed and as quickly reintroduced. American authors recommend that the patient be allowed to cough the tube out, but this was never allowed in d'Heilly's cases. Another objection to intubation is the difficulty of swallowing that it produces, which of necessity interferes with nutrition. Especially is this difficulty experienced in the administration of liquid food, which may be inspired and cause pulmonary disease. Feeding through the nose by means of a catheter may obviate this difficulty, but is attended with others.

The author thus summarizes the conditions in which the method may be used :

1. In very young children in whom tracheotomy offers only slight chances of recovery, and in whom even a slight loss of blood would be harmful.

2. In mild cases of croup which seem likely to continue as such and for which tracheotomy is a severe remedy.

3. In very severe cases of toxic diphtheria in which the patient is already much weakened.

4. In cases of croup following measles, in which tracheotomy is never successful. Intubation in such cases offers a slight chance of success.

5. In all cases in which tracheotomy is impossible or dangerous.—*Archives of Pædiatrics*, October, 1890.