

## INTUBATION OF THE LARYNX IN ACUTE STENOSIS

WITH REPORT OF FIVE CASES.

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(READ BEFORE THE KINGSTON MEDICAL ASSOCIATION.)

A progressive dyspnoea due to laryngeal stenosis in diphtheria, whether true or false, comes at length to require operative interference. Tracheotomy and intubation are the two methods between which the surgeon must choose. According to published statistics the chance of recovery is the same for each operation, about one in three. Gross statistics are, however, misleading in connection with these operations because croup means a great deal more than obstruction of the larynx. To properly show the value of intubation each case should be considered as to its peculiarities and complications. If the obstruction of the larynx were the only cause of death, intubation would have no failures; but every physician knows that although the stenosis may be relieved, death frequently is due to extension of the disease to the bronchial tubes, pneumonia, systemic poisoning, paralysis, especially of the heart, and nephritis. A careful study of the literature of the subject does not assist one in arriving at a definite conclusion as to the value of intubation. The opinions that have been expressed are so conflicting that one may choose either side and produce an array of authorities and statistics in support of his arguments that would appear overwhelming. Under these circumstances it is to large individual experience that we must look for conclusive evidence as to the value of intubation, both as a means of saving life and what is of equal importance, as a means of euthanasia. There are at least half a dozen operators whose aggregate number of cases now exceeds two thousand, and these individual experiences have been gained exclusively from children's hospitals in which tracheotomy had hitherto been the only surgical measure available in the treatment of croup. These speak unanimously in favor of intubation and they resort to tracheotomy only when for some reason intubation fails to relieve the dyspnoea.

In an address before the American Pediatric Society in May last, Dr. O'Dwyer, speaking of the Evolution of Intubation, used the following words:—"From the foundation of this institution (the New York Foundling Hospital) in 1869, to the inception of my experiments in 1880, we could not point to a single recovery following tracheo-