

good deal of phlegm. 7.30 p.m.—Removed tube, it was nearly clear. Nothing adhered to its sides. Pulse, 80, full and regular; temp. of room, $76\frac{1}{2}^{\circ}$; resps., 22. Removed centre tube, closed orifice of main tube with finger, remaining fingers on platform of instrument to prevent any pressure on trachea. He breathed freely through the mouth, some air escaping by sides of instrument. The test did not cause as much disturbance as before. 9 p.m.—He took bread and butter, and swallowed with ease.

Friday, Dec. 28th, 1.10 a.m.—Child sleeping quietly. 8.30 a.m.—Patient has slept twelve hours, from 8.30 last evening. 9 a.m.—Removed centre tube and cleaned it. 12.30 p.m.—Again tested breathing by mouth, same as before; a good deal of mucus present; air passes through nose; urinates freely. Temp. of room, 75° ; but little steam at present. 6.30 p.m.—Temp. of room, $82\frac{1}{2}^{\circ}$; patient better. Takes bread and beef tea. As soon as centre tube is out he points to it and wishes to have it replaced at once, when he is perfectly satisfied. We have noticed that he seems better and brighter every afternoon from about five to seven o'clock. Temp. of body, $98\frac{1}{2}^{\circ}$; pulse, 74; resps., 24. Takes a cup of beef tea now and then. He breathes a little through his mouth. No signs of any pulmonary trouble. Chest is examined occasionally. Sleeps very well. Filling of the tube causes restlessness. On swallowing, fluid still trickles away from wound. 7.30 p.m.—Tube again nearly filled, clearing gave relief at once. 11 p.m.—Temp. of room, 75° ; patient asleep.

Saturday, Dec. 29th, 1.20 a.m.—Child choked as on first occasion, when he again became unconscious, and was some minutes in recovering. Tube this time was not filled. Using a feather got a piece of membrane away from lower part of trachea. Temp. of room, 76° ; pulse, 86; resps., 22; temp. of body, 99° . 8 a.m.—Motion from bowels. Patient very lively, passed a good night. Again tested breathing as before with the same results, he coughed twice. This second attack of asphyxia as late as the tenth day shows the absolute necessity of skilled assistants. I am very much indebted to Messrs. H. Chandler, R. Leprohon, and Geo. W. Nelson, students in medicine of the Medical Faculty of Bishop's College, for assistance by day and night throughout the case. 8.30 a.m.—A large piece of membrane and mucus shot partly out of tube and slipped back again on inspiration, during the next expiration it was secured and withdrawn. The exudation matter became very tenacious during

the night before the choking fit and dry within tube. The amount of secretion is becoming less and less. Upper part of trachea can now be seen through wound, its mucous membrane is still red. No membrane of croup to be seen above. Also examined throat carefully from above, could discover nothing but highly reddened mucous membrane. All traces of ulcers have disappeared. Patient very bright. Tongue clean. Takes beef tea occasionally, alternates with milk; bread is not now swallowed with the same ease. The paralysis of the epiglottis is evidently disappearing, as scarcely any milk escapes on swallowing, but a few drops. 2.30 p.m.—Tubes can now be cleaned with cold water. Temp. of room, 73° ; creamy pus in tube; pulse, 80, full and regular; temp. of body, $99\frac{1}{2}^{\circ}$; resps., 20. 10.40 p.m.—Temp. of room, $82\frac{1}{2}^{\circ}$; child sleeping.

Sunday, Dec. 30th, 12.45 a.m.—Temp. of room, $83\frac{1}{2}^{\circ}$; child has slept all night. 9 a.m.—He took beef tea and said "No, no" distinctly. 10 a.m.—Dr. Reddy met me to remove main tube. The tapes around next neck were cut away, centre tube was taken out, and the main tube closed by working a screw that closed its valves, the remaining small aperture was closed. Respiration was somewhat impeded, again dilated blades when a quantity of mucus and blood escaped, when it was closed and partly withdrawn, then finally removed. The edges of wound had granulated up to sides of instrument, leaving a circular opening, through which the child commenced to breathe very fairly. It was removed in eleven days thirteen and a half hours after the operation, or two hundred and seventy-seven and a half hours. On closing aperture with finger child breathed through mouth very well. A silk handkerchief was folded in four thicknesses and applied loosely over the wound. Respiration through the mouth was regular and fair. He cried out when the opening was closed. Pulse, 80; resps., 22; temp. of body, $98\frac{1}{2}^{\circ}$; temp. of room, 74° . On taking a cup of beef tea a small quantity escaped. Size of opening is that of a good-sized pea. Child said mamma.

11 a.m.—Is playing with toys. He asks for different things, some clearly; answers questions, some words distinctly, others indistinctly. Child is learning to talk, having commenced but three months ago. Mother states that he speaks as plainly, but not so loud, as before illness. When tube was first removed he was afraid to speak, but commenced in twenty minutes, 2 p.m.—Child very busy playing. 4 p.m.—Still playing. When he drinks it produces chok-