can be introduced in the larynx, packing can be introduced around it, and the catheter continued to some distance away from the field of operation by means of rubber tubing and the anæsthetic administered through it. It has been proposed to introduce the catheter through one nostril, but this is more difficult, and, as a rule, is no more effective.

In chronic inflammatory conditions, and in accidental or surgical wounds, intubation is said to answer better than tracheotomy. Dr. O'Dwyer reports one case where the tube was worn ten months.

One of the many objections to intubation may be appropriately considered in this connection, and that is, the size of the lumen of the tube. Does it admit freely sufficient air to ærate the blood? This question has been well investigated by Lennox Brown of London. He found that the diameter of the glottis at birth was one-eighth of an inch, and at 14 years of age half an inch; the diameter of the trachea at the third ring at birth is three-sixteenths of an inch, and at 14 years of age three-eighths of an inch; the diameter of the lumen of the trachea at 1 year of age is barely one-quarter of an inch, but an adult, at rest, can breathe comfortably through an opening of this size. Dr. O'Dwyer reports the case of a man wearing a canula in the trachea for seven months, and the diameter of the inner tube is exactly a quarter of an inch. The narrowest part of the trachea is immediately below the vocal cords, where, by reason of the rigid cricoid cartilage, it is also the least dilatable.

But it is in croup or laryngeal diphtheria that, as general practitioners, we are most interested in the use of O'Dwyer's tubes. I have used the tubes in ten cases. A description of one of these is practically a description of all of them. All the cases were in children. In all but one there had been pseudo-membrane seen in some part of the pharynx before, after, or at the time of operation. In one case no membrane was seen at any time in the pharynx. The symptoms in each of these ten cases were those of acute suffocative laryngeal stenosis. There was present restlessness, the typical inspiratory and respiratory stridor, marked depression of the epigastrium, and supra sternal