

acid and glycerine, it seemed to be very unpleasant to him, he gasped, and discharged a quantity of mucus through tube, in fact shot it out, it was yellowish. 3 p.m.—Bowels have moved; had two cups of milk; muco-pus escapes from tube, cleaned it after being in situ five hours. Discharge from tube is free. 4.30 p.m.—Temp. of room, $81\frac{1}{2}^{\circ}$. While child was leaning on father's shoulder he stopped breathing suddenly, a long shred came partly out of tube and returned on inspiration occluding it; he choked and fell back powerless; no breathing could be detected. Mr. George W. Nelson, who was in charge of case at the time, promptly removed inner tube, and, after passing a feather four times, he succeeded in dislodging the shred; child's face was purple; some mucus also came away. When respiration returned slowly, he was unconscious for several minutes, and then gradually recovered; child's father thought him dead. At first child clutched at throat like a wild thing. An accident of this kind shows very conclusively that skilled assistance should always be at hand. The after treatment being decidedly as important as the operation, as these notes will, I think, show. A little indecision here, and my patient was lost. 8.45 p.m. pulse, 80° ; resp., 25; sleeping quietly.

Tuesday Dec. 25th.—Xmas day, 5 a.m., temp. of room, $84\frac{1}{2}^{\circ}$. 6.45 a.m.—Cleaned tube, it was completely filled; restlessness disappeared at once; child passed a very good night. 10.30.—When Dr. Reddy came in we withdrew centre tube and closed aperture of main instrument; child gasped twice, air rushed in by the mouth. As choking was imminent it was not continued, a sufficiency of air not entering. By touching back part of throat with an aneurism needle gently, some spasmodic action was induced, when a large quantity of thick caseous looking matter was got up, mixed with mucus. 2.20 p.m.—Child has slept quietly for two hours; pulse, 80, full and regular; resp., 28; temp. of room, $75\frac{1}{2}^{\circ}$; still evaporating water as before; motion from bowels; urinates freely; urine is of a light straw color, and clear. 3 p.m.—Removed centre tube and gave a drink of milk, a good deal got into trachea, caused reflex action, when about a teaspoonful of thick mucus was voided, followed by bloody mucus. The exudation matter now deposited on inner surface of centre tube not so difficult to remove; nostrils dilate regularly. A drop of nasal mucus moved up and down on inspiration and expiration. 7.30 p.m.—

Removed centre tube, closed orifice of main instrument; he cried audibly.

Wed., Dec. 26th, 1 a.m.—Pulse, 80, regular; temp. of room $78\frac{1}{2}^{\circ}$; child sleeping quietly. 9 a.m. patient has slept quietly all night; centre tube has not been removed since 7.30 p.m. yesterday, or for thirteen and a half hours. We evaporated the water in a large tin boiler, on a kitchen stove burning coal. We found by experience that the larger the quantity of water put in boiler, say four or five gallons, the greater was the volume of steam produced. If but a gallon or so was placed in boiler and allowed to nearly evaporate, and another was added, vapor was checked for a time. At times when desirable we filled upper part of room with vapor; patient now breathing slightly through the nose; he ejected a large quantity of muco-pus through tube; pulse, 80, full and regular; resp., 22; temp. of room, 83° ; temp. of body, 99° . Whenever centre tube is out and patient is allowed to drink, there is a greater escape of fluid; milk still comes away in small quantities on swallowing. Again tested breathing through mouth as before; he breathed with some difficulty, and cried, continued for several minutes; he did not choke, nor was there that congestion of the face observed before. He got up a large quantity of phlegm. Centre tube now removed without any resistance from patient, heretofore he has objected to its removal, and pointed to it to have it replaced, when he is satisfied. 12 noon.—Temp. of room, 88° ; child took a small quantity of solid food for first time since operation. 2 p.m.—When handed a child's trumpet he blew through it, producing a slight noise. 7 p.m.—Has had two cups of beef tea. Had a solid motion from bowels, the first; still getting up phlegm in considerable quantities; temp. of room, 88° . Centre tube was removed at 4 and 7.30 p.m., no adherent matter on it; closed main tube; child said father distinctly. 10.30 p.m.—Temp. of room, 80° ; child sleeping quietly.

Thursday, Dec. 27, 5.40 a.m.—Cleaning tube gave him a great deal of relief. He has passed a good night. Temp. of room, 83° . 10 a.m.—Pulse, 80, full and regular; resps., 23; temp of room, $77\frac{1}{2}^{\circ}$; temp. of body, $98\frac{3}{4}^{\circ}$, taken in axilla throughout. 11 p.m.—Tested breathing again; he cried, producing articulate sounds; no congestion of face. Care was taken not to press instrument back on posterior wall of the trachea. A creamy pus-like fluid comes away from instrument. After drinking beef-tea a little escapes from wound, followed by a