

if such pleas as those mentioned gain ground, and under the ægis of law shield the guilty. The same field of discussion has become the bane of law courts in the neighbouring Republic. There is scarcely a murder committed which cannot have extenuating circumstances on such grounds, and almost universal acquittal, or inadequate punishment, would be the result.

The natural feelings of humanity are antagonistic to causing the most guilty to suffer, but a regard for public security and for restrictive law, which must be adequate protection for all who seek its shelter, in civilized communities, require measures, not diluted with a vapid sentimentality, but "which shall be a terror to evil doers and a praise to those who do well."

FOREIGN BODY IN THE TRACHEA— VOIDED BY THE BOWELS 33 DAYS AFTERWARDS.

BY A. B. ATHERTON, M.D., L. R. C. P. & S.
FREDERICTON, N. B.

History:—Charles N., æt. 7;—rather delicate child, subject to occasional colds, accompanied by a croupy kind of cough.

Took cold yesterday (Feb. 21, '74,) and has coughed some ever since. Able to be up, however, and about the house. While holding a piece of jet cross in his mouth, he took a sudden attack of cough, and it went back "into the throat." Thereupon followed a severe fit of choking cough, which lasted nearly an hour before he could explain what had happened. I saw him soon afterwards, and found his condition as follows:

Laying in bed, showing little signs of dyspnoea; but annoyed frequently by a short, spasmodic cough; respirations 36; pulse 110. On examination of chest, bronchial râles were heard over both sides of the back, with diminished respiratory murmur on right side. Ordered a Bromide of Potassium mixture.

Feb. 23.—Cough continued troublesome since yesterday. Had a severe paroxysm of it in the night lasting about $\frac{3}{4}$ of an hour. During this he told his mother that he felt the piece of "cross" in his "throat" again, but he says it went back "all right."

Had a natural motion of the bowels this morn-

ing; was not examined. Air enters the *right* lung well this morning; but only slightly on the *left*. Other symptoms as before.

Feb. 24.—Rather more restless last night. Cough and respiration as yesterday; pulse 128. Omitted Bromide of Potassium mixture, began a cough mixture containing $\frac{1}{2}$ gr. of morphine to the dose, ordered *pro re nata*.

Feb. 25.—Has slept a good deal since yesterday; but when the effect of the morphine is off the cough returns. No expectoration has occurred at any time since the accident.

On laying the hand on the left side of the chest, it hardly moved during respiration; free motion on the right side. Respirations 40; pulse 130; skin of the face seemed a little livid. There was no motion of the bowels for the last two days, and a dose of senna was ordered. Tracheotomy was hinted to the parents, but they did not appear to favor it.

Feb. 26.—Nothing seen in the stools of the piece of "cross." Pulse 136. Respirations 55. Some pain in left side and back since yesterday. Bronchial respiration and bronchophony—at the base of the left lung.

Tracheotomy was advised and assented to; chloroform being given; a fold of skin was pinched up and a bistoury passed through it. After a few touches of the instrument the trachea was made bare, and the point introduced. This opening was now enlarged by a probe-pointed bistoury, and the margin of the wound kept apart by wire retractors, while the patient was turned partly on his face with the lower part of the trunk raised and percussion made with the flat of the hand on the posterior part of the chest. After a few efforts of this nature there was expelled through the wound a plug of muco-purulent matter, and at the same time Dr. Gregory, who was assisting me, thought he felt some hard substance strike the wire retractor. However, nothing was seen of the foreign body, and after some more percussion of the patient, we allowed him to come out of the chloroform.

During the operation and for some time after it, spasmodic cough was kept up, partly due apparently to the entrance of blood into the trachea. I may mention that an elastic catheter was passed down the trachea 2 or 3 inches, so as to dislodge anything that might be there.

I saw the patient two hours after the operation,