

still greater force, if, I am persuaded, this operation may be rendered still less formidable by adopting the plan which I have advised of dilatation instead of cutting, and a light, ample and open wire cage instead of the ordinary inefficient tube or tubes.

The question in regard to tracheotomy then, may be reduced to a very few words. If there be laryngismus and its effects; if these effects be of sufficient magnitude, severity and danger, tracheotomy *must* be performed, if we do our duty to our patient, and *must* be successful! If there be not laryngismus and its effects, in the degree proposed, we ought not to perform this operation.

This conclusion does not relate to epilepsy alone, but to any and every case in which tracheotomy is contemplated. In *practice*, the question is one of skill and in forming an accurate judgment and diagnosis of the spinal laryngeal character of the malady, and of efficiency in that of the operation. I am persuaded that in *both* these respects there has been failure. Notwithstanding which there is, even in the cases published, much to encourage, or rather to compel us to have recourse to tracheotomy, in cases which it was formerly not contemplated.

But we repeat that it is for laryngismus and its effects that this remedy is to be adopted. Even in Mr Brunnel's case, it was against laryngismus and its effects that the tracheotomy proved efficacious, although the operation was performed with another object. For the half sovereign was not extracted through the tracheal orifice. But the laryngismus, which before the operation was so fearful in its character, was disarmed, and the patient could adopt the inverted position without danger, and thus the coin was removed.

ART. XVIII.—*Cases treated in the Montreal General Hospital, with Remarks.* By. W. FRASER, M.D., Professor of the Institutes of Medicine, McGill College.

CASE, No. 2.

Amputation of the Forearm. Reported by Mr. Robert Craik.

Nathan Duffy, aged about 37, a farmer residing near Plattsburgh, of a plethoric and somewhat scrofulous looking habit, was admitted into the Montreal General Hospital, on the 27th of May, 1853. He says that, on the 19th of April, while at work, he suddenly felt an intense itching in the middle finger of his right hand, which soon increased to severe pain. He applied to a doctor, who ordered a poultice of hops, indian meal, and charcoal. It opened spontaneously, and discharged a large quantity of black-looking matter. The poultice was continued, and in a few days the inflammation extended to the hand, one abscess forming on the palmar surface and another on the dorsal. The former was opened; the latter burst