

about foreign bodies in the larynx or the method of dealing with them, the text-books were very meagre or silent on the subject, and my ideas on it were very hazy. A few years after leaving college, a farmer, living seven or eight miles away, asked for a cough mixture for a small child, his mother, who had had large experience with children, suggesting paregoric and squills. I questioned him and found the child presented all the symptoms of croup. I gave him the mixture with my opinion as to its uselessness, and as I was passing the house next day called. I found the child with well-marked symptoms of croup, as croupy cough, labored, noisy, hurried breathing, etc., and treated the case accordingly for some days, without the slightest favorable results, and the child—either as the result of the vigorous treatment, or the disease—was evidently growing weaker, when I proposed tracheotomy. I may say I did it very reluctantly. I had never seen the operation performed. I knew the text-books, while not saying the operation was particularly dangerous, gave very elaborate directions as to the means of avoiding blood-vessels and controlling hæmorrhage; and the journals teemed with descriptions and figures of new and impossible instruments that could be relied upon to reach the trachea and miss the vessels, or, by being used red-hot, cauterize those it divided—facts not reassuring to the tyro, especially with a patient about two-and-a-half years old, nearly as broad as long, with a neck as short and thick as it could well be.

The father was willing to have the operation performed, and I went home to get the necessary instruments, while the father went to procure the assistance of Dr. Shirk, of Cheapside. I met the doctor on the road, and, taking him with me, reached the house before the father's return. We were waiting for him, and the child was lying quietly in the cradle when it suddenly sprang up and ran across the room, threw up its arms and was in the act of falling when I caught it in my arm. It seemed entirely dead. Dr. Shirk was so certain it was dead that after watching it for some time, he closed its eyes, and I laid it in the cradle, when, after what seemed many minutes, it gasped and gradually commenced breathing again.

I am aware that I deserve no credit for my inaction under the circumstances, but I am not writing in my own praise: I am merely giving an honest history of the case.

I left directions to have the child kept quiet and watched, and on thinking the case over I did not feel satisfied with my diagnosis, and began to suspect that some foreign body in the larynx might be the cause of the trouble. I now did what I should have done at first—went thoroughly into the history of the case. I found the child was taken suddenly soon after breakfast; that its breathing was about as bad when first noticed as at any time afterwards; there was no history of any previous cold or fever, and the child, except when exhausted by the exertion of breathing, played about the room the same as ever. I made up my mind that my suspicions were correct, and explained to the parents that I thought the symptoms were caused by a thin flat object—perhaps a button—in the larynx, which, when presenting its thin edge, allowed the air to pass, but when turned down flatwise acted as a valve.

The child was watched for a few days when another paroxysm took place with the same result, and the parents were anxious for an operation. Dr. Howell, of Jarvis, was called to assist, and, after examining the patient, he pronounced my first diagnosis correct, and said he could see the false membrane of croup near the epiglottis, and felt sure that the child would recover under suitable treatment, as the real cause of the paroxysm was spasm, which would relax before death. I followed the doctor's advice for a few days when the child very suddenly died of suffocation.

About sixteen hours after his death I removed the larynx, and found in the ventricle entirely enveloped in mucus a large portion of one-half a plumstone; and what seemed to me remarkable was, that although the angles of the fragment were extremely sharp, the mucous membrane showed very slight signs of irritation.

Since then I have performed tracheotomy, and assisted to remove foreign bodies from both larynx and trachea, and have seen how easy it is to pass an instrument from the opening in trachea into the fauces, and have always regretted my want of knowledge on the subject and its fatal result.