

face was flushed, he had an occasional fit of coughing which was aggravated on deep inspiration. Each paroxysm was accompanied by expectoration of mucus; in the interval the breathing was quite tranquil. His voice was hoarse, tongue coated, temperature normal, pulse 110.

History obtained from child's mother—The child was playing with tamarind stones, when suddenly he was attacked with a violent spasmodic cough—difficulty of breathing—a sense of suffocation, with lividity of countenance and more or less insensibility. The mother being present at the time instantly introduced her finger into the child's throat and removed one stone, but this gave him no relief. His brother then held him in the inverted position and shook him, whilst the mother slapped him on the back, but no stone came away. In a minute or two these serious symptoms suddenly improved and the child was able to breathe quite freely. An emetic was given but without success. Two doctors were now called in, who diagnosed a "foreign body in the trachea," and they made several unsuccessful attempts by succussion and inversion to remove it.

Physical examination—Percussion elicited clear resonance over both lungs. The movement of the right chest was less free than that of the left, and the vesicular murmur over the right lung was greatly diminished whilst the respiration over the left was puerile in character. The child complained of pain behind the upper border of the sternum, and a cooing sound was heard here during the respiratory acts, most audible at the junction of the second rib with the sternum on the right side. This, together with the limited motion in the right chest, and the diminished respiratory murmur over the right lung enabled me to locate the foreign body in the right bronchus. Dr. Oliver met me in consultation at 9 o'clock the same evening, and agreed with me in my diagnosis. A consultation of the medical staff of the institution was held early the following morning at which an operation was determined upon. At 2 p.m., the child being put under the influence of chloroform, I performed tracheotomy, and to enable me to examine the larynx as well as the bronchi, I performed the superior operation. On opening into the trachea I passed a loop of fine silver wire down towards its bifurcation, but every attempt to introduce it produced a violent fit of coughing. I then intro-

duced a gum elastic catheter, well carbolized, and pushed it into the left bronchus to the extent of fully $4\frac{1}{2}$ inches, but met with no resistance. I then introduced it into the right bronchus and met with an obstruction $3\frac{1}{2}$ inches down. I again introduced the silver-wire-loop into the right bronchus and pressed it firmly against the obstruction, and held it there until a very violent expulsive effort was produced which, on withdrawing the wire, expelled the stone through the tracheal opening. One stitch was put in the tracheal opening and the edges of the wound were brought together and held in position by catgut sutures and strapping. The wound was then covered with iodoform gauze, and the child's chest enveloped in cotton wool. He was put to bed in a room heated with steam. At 5 p.m. there was some emphysema about the wound extending from angle of jaw to about two inches below upper border of sternum. At 7 p.m. emphysema had disappeared considerably. For the next four or five days child had a slight hacking cough, accompanied by expectoration of mucus. A simple expectorant mixture was ordered him.

April 24th morning, pulse 130, temperature 99° ;

Evening, pulse 120, temp. $99\frac{1}{2}^{\circ}$.

April 25th morning, pulse 72, temp. $98\frac{1}{2}^{\circ}$; evening, pulse 130, temp. $99\frac{1}{2}^{\circ}$.

April 26th morning, pulse 100, temp. $99\frac{1}{2}^{\circ}$; evening pulse 120, temp. 100° .

April 27th morning, pulse 80, temp. 99° ; evening pulse 130, temp. 100° .

April 28th, stitches removed, wound healed.

After this date pulse and temperature remained normal, and child was discharged cured May 2nd, the 9th day after the operation.

Correspondence.

CRANIOTOMY V. DEATH OF MOTHER AND CHILD.

To the Editor of the CANADA LANCET.

SIR,—The case given in the May number by 'Junior Practitioner' is a very horrible one; it does seem astonishing that a woman's life should be sacrificed to such superstition. In this affair the plain duty was to fully explain to the unfortunate woman the real state of affairs, and to shew her she was throwing away her own life for no pur-