

bronchus. The second case was that of a boy aged 7, who was running while holding a head of timothy in his mouth; he stumbled, and the head disappeared; he was seized with a fit of strangling, but rallied. A few days afterwards he was found to have pneumonia of the right apex. Active treatment was used, and the symptoms would yield, and then exacerbations would occur. A cause was sought by Dr. McCargow, such as an insect in the windpipe, but nothing of the sort was known of or remembered, till suppuration took place and some seeds of timothy came away; the sputa were rigidly examined twice a day; then the mother remembered about the head of timothy, which she had tried to remove at the time. A consultation was asked for, and the late Dr. Strange and Dr. Malloch went out to see the patient. The morning they went to Caledonia (where Dr. McCargow was then practicing), the boy coughed up a foreign body, apparently the head of timothy. But as there were signs of a cavity and gurgling was to be heard, the prognosis was bad, and there was not much improvement, though he continued to expel seeds. Two weeks after the consultation, the foreign body actually did come up, quite hard, and divested of seeds; it was two and a half inches long. The boy was carefully watched by his father, who however, by mistake, on one occasion gave him a dose of tinct. iodini. instead of tinct. opii., the fetor was then relieved but not the cough, so the dose was increased. The mistake was discovered, but on the suggestion of Dr. McCargow, the remedy was continued, and the boy recovered entirely.

Dr. Malloch referred to a case where a surgeon had operated in the dark and alone, and effectually, for the foreign body was loosened by the suppuration and escaped through the opening in the larynx. Dr. Malloch himself had had two cases lately: In one (a child), a piece of almond shell had entered the larynx, but operation failed to discover it; bronchitis set in, and the child died. In the second case, the foreign body was not discovered either, but the patient recovered without inflammation setting in. Dr. Rosebrugh related a case in which he had operated: A lad of 14 was attacked with suffocation every few minutes; the trachea was opened. During the operation he ceased breathing, and it was thought due to the chloroform, but probably was caused by the foreign body,

a piece of glass $\frac{3}{4}$ in. long, which was removed when the trachea was opened, in this case from the left bronchus; the boy recovered all right. He thought inversion often helped the operation. Dr. Ryall related the case of a boy in whom a piece of nut had entered the larynx. He afterwards had asthmatic attacks, which lasted 9 months, and ceased one day after coughing up blood and the piece of nut, which was quite smooth. Dr. Stark remembered a case where a pear-shaped glass ornament had entered the larynx. The breathing was interfered with, sometimes on the left, sometimes on the right. Tracheotomy was performed, and on inversion the foreign body was removed. Dr. Mullin gave some particulars with reference to Dr. Malloch's second case: The boy was whistling with a whistle made of two pieces of tin, $\frac{3}{8}$ th in. square, tied together. Although never found, it had been heard before the operation, and there had been attacks of laryngeal spasm. The boy has done well and the wound has healed. Dr. McCargow called attention to the fact that when a foreign body is loose there are always attacks of spasm.

Selected Articles.

THE COMPARATIVE RESULTS OF OPERATIONS IN BELLEVUE HOSPITAL.

BY STEPHEN SMITH, M.D.,
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As we drift with current events, we but imperfectly estimate the real advance which any art or science, with which we are daily familiar, has made within a limited period. It is only when we considerately pause and deliberately compare, in detail, past methods and results with those now practised and obtained, that we fully appreciate the vast changes which have so insidiously and imperceptibly taken place.

Perhaps there is no better place in which to test the progress of practical and operative surgery than the wards of Bellevue Hospital. This ancient institution has within its walls and its immediate environments all the conditions that in modern times are regarded as unhealthful and unsanitary. It was built between the years 1811-16, on the made lands of a cove of East River, without drainage, or adequate sewerage, and without regard to ventilation. During nearly three-fourths of a century the sluggish tides have ebbed and flowed through the sodden soil of its foundation, depositing far more filth than they have removed. Since its