

signs of pulmonary trouble of any kind. Clean mucus running from nose, and also from below wound in the throat. Tongue furred, edges clean. During the last two days there has been considerable moisture in the mouth. 5.30 p.m.—Temp. of room, $82\frac{1}{2}^{\circ}$.—Child up cutting paper. 6 p.m.—Urines freely. 7.30 p.m.—Temp. of room, $82\frac{1}{2}^{\circ}$, clouds of steam at times. Child sleeps quietly. A muco-pus of a straw color is now found between main and inner tube on removal. 8 p.m.—Had another motion from bowels. 10 p.m.—Cleaned tube; pulse, 80° ; resp., 28. Pulse intermits at ninth, eleventh, and fourteenth beats. Flow of mucus from nose continues and under tube. Gave half a cup of milk.

Saturday, Dec. 22nd. 1 a.m.—Temp. of room, 73° . Temp. of room had fallen by error to 68° earlier in the night, when the patient became choked up and very restless, due, I believe, to the absence of moisture; tubes were clear. When this happened the matter secreted dried hard and brown on tube. After getting up the fire again, and full evaporation, he became quiet and slept well, all agitation leaving at once. Continue milk and lime-water at suitable intervals. Some blood in discharge from wound. 8 a.m.—Removed tube for first time since 12 midnight, it having been in *situ* eight hours; it was partially filled, mucus of a bloody tinge escaping from under main tube. Child slept nearly all night very quietly when evaporation was fully established. Temp. of skin to hand seems perfectly natural. (Some mucus and thick membranous matter were placed in a solution of equal parts of liq. pot. and aq. experimentally. A like quantity of mucus, etc., was placed in like parts of acid nit. and aq. That placed in the liq. pot. dissolved perfectly in half an hour, that placed in the acid mixture seemed to be coagulated at once and remained wholly insoluble, and has remained so up to this day, May 3rd, 1878. This fact may, perhaps, have some value in like cases). Temp. of room, 78° . When the fire went down the room seemed very cold to those present. 10.15 a.m.—Temp. of body, 99° ; pulse, 80; resp., 24; temp of room, 74° ; continue milk and lime-water. Considerable quantities of frothy mucus are coming up. 11.30.—Had a full motion. 11.45.—Patient very jolly and playful. 2.45 p.m.—Cleaned tube, and removed a very thick matter. Temp. of room 76° . 3.35.—Temp. of room, 81° ; breathing very quietly through tube. 4.45 p.m.—Temp. of room, 85° ; pulse, 88; still intermits. 5.40 p.m.—Temp. of room, $85\frac{1}{2}^{\circ}$; sleeps very quietly. 8 p.m.—When

swallowing milk now a little escapes by edge of tubes. 10 p.m.—Milk now escapes in quite a little stream, fully a teaspoonful came away. Temp. of room, 78° ; pulse, 76; resp., 22. 11.30.—Bloody mucus now escaping.

Sunday, Dec. 23rd, 12.30 a.m.—Temp. of room $74\frac{1}{2}^{\circ}$. 4 a.m.—Do. 8.30; has slept fairly. Continue milk and lime-water. 6.30 a.m.—Temp. of room, 72° ; fire had gone down; no steam. Child again very much disturbed and restless; got up fire and steam, when these symptoms passed away at once; second time this has happened, with the same result. 9.40 a.m.—We examined larynx and surroundings, found them red and swollen, the small ulcerated patches that existed on right tonsil last Sunday (a week ago to-day) have disappeared. Give m. ij. tinct. nux. vom. every three hours for paralysis of spiglottis. Repeated doses did not seem to do any good. Closed main aperture of tube with finger to test breathing. He seemed to experience great difficulty. On placing his ear over child's mouth, Dr. Reddy felt his breath on his cheek; no odor from tube or its contents; patient is bright and cheerful; plays contentedly with toys. 11.40 a.m.—Temp. of room, 74° ; pulse, 75; intermits; resp. 22, ordered.

Rj. Acid tannic..... 3 ij.

Glycerin pur 5 j.

M. ft. lotio.

Sig.—Ut. dictu utend.

3 p.m.—Cleaned tube, touched parts with p. eq. liq. pot. and aq. It caused no inconvenience. A good deal of clear mucus came away. 7 p.m.—Milk still escapes from wound on swallowing. 10 p.m.—Patient asleep; temp of room, 80° . 10.40 p.m.—Do. 85° ; pulse, 80. 11.10 p.m.—Commenced breathing slightly through his nose fourth day after operation. Took half a cup of milk, it still runs away from wound in trachea. No membrane formed on lips, mouth or edges of wound at any time. Creamy pus now always on tube when it is withdrawn. 12 midnight.—Temp. of room, 81° ; sleeping quietly; nostrils dilating.

Monday, Dec. 24th, 9 a.m.—Tube has not been removed since 1 a.m., it contains a muco-pus; milk still escapes from wound on swallowing; patient has slept very well all night; no motion from bowels yesterday; he urinates frequently and in large quantity, it is clear and normal (not tested for albumen); he plays with his toys, pulse, 83, regular; resp., 22; temp. of room, $77\frac{1}{2}^{\circ}$; examined throat, parts still look congested; applied lotion of tannic