replaced next day by an ordinary silver tracheotomy tube. The stump of the trachea was drawn well forward and attached to the skin all around and packed with iodoform gauze to protect the air passages from wound and pharyngeal secretions. The transverse incision was sutured, with the exception of an opening at either end, through which the phrayngeal portion of the wound was packed with iodoform gauze, as was also the vertical wound, which was left unsutured. A large, soft rubber catheter was fixed into the œsophagus by suture, and at the end of twenty hours the patient was fed through this tube for the first time. He was fed regularly through this tube for 48 hours, when it was removed, and from that time he was fed regularly and without difficulty by introducing a stomach tube into the œsophagus through the mouth. There was no vomiting, and he always enjoyed his food. The wound packing was changed daily and no secretion ever entered the trachea. On the 21st, five days after operation, a mild delirium of a jocular character developed and increased, with considerable restlessness at night, until, on the 23rd, iodoform was completely abandoned and chinosol gauze used in its stead. The delirium immediately began to grow less, and in three days, February 26th, he was quite rational again. In the meantime all the skin union had given way and the flaps were held only by the sutures.

On the 27th he had a very restless night. Complained of itching over the body and arms, and the pulse and temperature, which had throughout been practically normal, rose a little.

On the 2nd of March he began, in the very early morning, to perspire freely and to complain of weakness. The pulse was rapid, 120 and he felt miserable. Nothing could be discovered to account for the change in his condition, and he was given a dose of cascara, followed by an enema, which brought away a dark stool with some black fluid, about midnight. He felt better and slept for five or six hours after this. About noon, on the 3rd of March, he began to complain of some discomfort in the lower part of the abdomen, and his midday meal was omitted. Between 3 and 5 o'clock in the afternoon he had three most alarming syncopal attacks, the cause of which was explained during his third attack by an involuntary evacuation of a very large quantity of dark clotted blood. From this time he began to rally, and he has had no further trouble since. This is undoubtedly the history of iodoform toxication,—at least up to the attack of intestinal hæmorrhage, which I see no other explanation for. I could not, at first, believe that the mere packing of a moderate sized wound for a few days with iodoform gauze could produce this result, but the fact remains that the symptoms promptly subsided when the iodo-