continuous care of the physician. There is no danger nor shock from the operation. It is much more rapid than tracheotomy. Less irritation results from the tube than from the cannula, because the tube is smaller than the trachea and is so shaped that it presses only on the glottis. Expectoration is easier with the tube than with the cannula, and as the air reaches the lungs, warmed, moistened and filtered, the danger of pneumonia is less. Convalescence is more rapid, for there is no wound to heal. When the tube is removed the child needs no further attention from the physician. Finally intubation is as efficient as tracheotomy in relieving the dyspnoea and it does not prevent tracheotomy which may be done if for any reason intubation fails.

In conclusion I beg to report five cases of intubation which have recently occurred in my practice.

Case 1, patient of Dr. Wood.—Mabel Wade, aet. 16 months, was admitted to the Hospital on Oct. 22nd, in a moribund condition. Cyanosis was extreme. Intubation was done at once and artificial respiration employed. Thecyanosis gradually disappeared and the child returned to consciousness. The following day, at 12:30 the tube was coughed out. The dyspnoea returned and advanced. Reintubation was done at 3:30 p.m. Oct. 27th, extubation. Dyspnoea at once began and reintubation was necessary. Oct. 31st, tube coughed out. No dyspnoea. On the first day this child was fed by spoon in the position described, then the catheter and funnel were used, four ounces of milk being given every four hours. The tube was worn nine days. Recovery was uneventful and the child discharged well Nov. 3rd. Antitoxin and calomel fumigations were employed.

Case 2, patient of Drs. Herald and Gibson.—Nellie Woodrow, aet. 7 years, admitted Nov. 1st, at 2:30 p.m., with diphtheritic laryngitis. Antitoxin used at once. Dyspnoea increased till intubation was done at 11:30 p.m. Calomel sublimation was also used in this case and the the catheter for feeding. Nov. 3rd, 4 a.m., tube coughed out. It was not replaced. Tube was therefore worn 30 hours. Discharged well on Nov. 13th.

Case 3, patient of Dr. Herald.—James Savage, aet. 2½, admitted to Hospital at 2 a.m., Nov. 3rd. Severe dyspnoea and cyanosis. Intubation at 2:30 a.m., giving immediate relief. At 9 a.m. the tube was coughed out and was not replaced. Tube worn six and one half hours. Same treatment as previous cases. Discharged well on Nov. 14th.