judgment,—juster conclusions,—more untiring zeal,—more extensive information,—greater circumspection,—more accurate discrimination, and greater love for the scientific pursuits, and practical duties of every-day life.

A REPLY TO DR. OGIER WARD, RELATIVE TO THE DISEASE, SPASMA GLOTTIDIS.

By JOHN RICHARD WARDELL, M.D., Edin.

"Nonnunquam etiam errorem creat similitudo."—*Cicero*.

"This opinion of his principles (the person who has taken his principles from doubtful propositions),—let them be what they will—being once established in any one's mind, it is easy to be imagined what reception any proposition shall find, how clearly so ever proved, that shall invalidate their authority, or at all thwart with these internal oracles; whereas the grossest absurdities and improbabilities, being but agreeable to such principles, go down glibly and are easily digested."—*Locke's Essay on the Understanding*.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,—Since my removal to London, a multiplicity of circumstances have precluded the possibility of any attention being paid to literary concerns, and indeed it was not till last evening that I perused Dr. Ward's paper published in this Journal on the 22nd March, or I should previously have replied to his communication. I now, Sir, however, ask the indulgence of your columns, and beg respectfully in a brief manner to notice certain points in Dr. Ward's paper, in which he specially enlarges upon the doctrines set forth, relative to this affection, by myself, when commenting upon the cases published some months ago. It may here be briefly observed, that after carefully reading over Dr. Ward's paper, the drift of the argument which the writer endeavours, (but I humbly think unsuccessfully) to set forth, is that these cases of my own, to which reference has just been made, as well as similar examples, that subsequently to these appeared in the medical periodicals, were not illustrations of a spasmodic affection, but veritable instances of inflammatory disease,—in other words, of acute laryngitis: this then is the *questio vexata*.

"In my last communication of an obscure case of sudden death, with enlarged thymus," says Dr. Ward, "I alluded to some cases of laryngeal affection, lately published in the 'Provincial Medical and Surgical Journal,' by Dr. Wardell, respecting the nature of which I differed from the author; and I stated my intention to return to the subject at a future period, and to describe a case which had recently fallen under my observation, which seemed to me, though identical in its symptoms with Dr. Wardell's alleged cases of spasm of the glottis, to be PURELY INFLAMMATORY." This case which Dr. Ward goes on to describe, is in the instance of a young woman, precisely the cases in which we observe, most frequently, anomalous hysteria—spasmodic attacks. When Dr. Ward first saw her she was in a semi-recumbent posture, with tumid face, bright and prominent eyes, distended nostrils, gasping for breath, and

exclaiming in a whisper she was choking; she threw her arms about, the breathing was stridulous—indeed there were all the manifest symptoms of approaching asphyxia, from, of course, partial occlusion of the glottis, which symptoms suddenly came on at four o'clock p.m. Now, Sir, would it be reasonable to suppose—would it be consistent with the views of one but little conversant with pathological and physiological enquiries, to conclude that this immediate seizure at four, p.m., this sudden pain and rigidity in the larynx, were the results but of inflammation? Certainly it must at once be conceded that the inflammatory phenomena never supervene so momentarily. The dyspnoea, the danger, became more and more urgent and obvious; Dr. Ward was afraid to leave her for more than a few minutes, and determined upon laryngotomy. He returns, the patient swallows with much difficulty, so much so as if she had quinsy,—the throat is examined, but no traces of inflammation are discoverable, a small quantity of alum is blown into the throat, the patient coughs, a clearer voice is momentarily produced, the breathing at once becomes freer, and the respirations and pulse directly fall thirty per minute! Can Dr. Ward, Sir, or any of your readers seriously affirm, that inflammation, undisputed veritable inflammation, would, under any circumstances,—by any agent,—in any organ,—in any tissue, in so sudden, so precipitate a manner supervene, and by the application of a little powdered alum, (this asserted therapeutic action of which I was certainly before ignorant,) be as speedily dispersed?—and could it for a moment be doubted that these were spasmodic and not inflammatory symptoms? Had Dr. Ward, immediately on witnessing this case, (manifestly labouring under partial closure of the glottideal chink,) but rotated his finger freely in the throat, and thus produced a fit of coughing or the efforts to vomit, there is not the least doubt that such expedient would have been followed by as speedy a relief as that which succeeded the alum, for had not the coughing taken place, I fear the employment of the agent would have been inoperative. It has long since been known, and if Dr. Ward will but consult the various writers on the subject he will find it recorded, that the induction of coughing and efforts to vomit, during these dyspnoeal paroxysms are highly desirable, they produce relaxation of the muscles proper to the larynx, the air is then freely admitted, and the patient speedily relieved, as in the manner described by Dr. Ward in his example. He also tells us that as soon as the vomiting came on, she was out of danger, (had this vomiting with such celerity reduced the inflammation?) and soon afterwards the countenance became so natural—so free from congestion, that Dr. Ward at his next visit, almost failed to recognize his patient, which forsooth Dr. Ward termed the "subsidence of the fever!" The facial congestion, the prominent eyes, the distended nostrils mentioned in the case, of course resulted from pulmonary obstruction. The author then proceeds to comment upon the case, recounts the symptoms, the sudden affection of the larynx, dyspnoea, loss of voice, stridulous breathing, etc., "clearly indicative," observes he, "of physical obstruction to the passage of the

air, while her own description of feeling a thing like a heart at the back of the throat, yet INVISIBLE ON INSPECTION, points clearly to the epiglottis as the part she meant." It is not for a moment doubted that there was physical obstruction, but was this organic or spasmodic—that is the question? If it had been inflammatory enlargement, surely some increased degree of redness would have been observable on the examination of the throat. It may readily be imagined after so severe an attack, such considerable rigidity, such capillary obstruction, as must for the time have been caused in the soft coverings of the parts in question, that a slight degree of swelling would result, which, together perhaps with the functions of the parts not having entirely recovered themselves,—that is, the entire subsidence of the spasm, might give that peculiar feeling spoken of by the patient. But was this heart-like body present before the paroxysm—did she mention this enlargement as it was considered before?

"It may, however, be objected, that the speedy relief induced by the insufflation of the alum is inconsistent with the removal of an inflammatory deposit such as œdema." Certainly it may, and with very plausible reason, as it must appear self-evident, that neither alum nor any other remedy with which we are acquainted possesses such wonderful—such magic properties. From the remote time of Celsus, heat, redness, pain and swelling, have been the great pathognomonic of the inflammatory state. Inflammation, properly so called, is a process of change, gradually induced in the ultimate structure of the parts; there is congestion of the capillaries, then comes their inordinate expansion, vascular obstruction of the larger vessels of the organ or tissue, effusion of serum into the interstitial cellular tissue—hence swelling—and how is this swelling removed when it spontaneously disperses as in a case of œdema of the glottis?—is it not by absorption—that slow and gradual process which amongst others nature institutes to work her own cure? It would indeed be difficult to reconcile us to the idea that powdered alum, blown on the surface of a part, would so speedily check the progress of these phenomena—remove instantaneously their results. By a parity of reasoning Dr. Ward speaks of the inflammation of the eye-lids producing œdema, and of the celerity of its declension. Various applications, used to these parts, we are aware, soon remove inflammatory vascularity, by of course constringing the minute vessels, and alum possesses this property; but such is not effected momentarily, and the swelling in these instances must be removed by absorption—a process as we have said, that is gradually performed. Œdematous enlargements in soft parts, as in mucous and cellular membranes, will of course much more readily subside than in more dense tissues, yet they will not disappear, in that summary manner, which they ought to do, for Dr. Ward's doctrine to be at all tenable.

"I come to no other conclusion than that the above was a case of acute laryngitis, with œdema of the glottis and epiglottis." From what has been said,—from the very inconvenient facts related in the case, and which indisputably rather tend to an opposite way of thinking,—from a recollection of the momentary supervention, and the instantaneous relief,—the celerity

with which the symptoms disappeared,—the kind of individual in whom the affection occurred,—the non-visibility of any inflammation in the throat when examined,—and, indeed, on a general review of the case, the cited opinion becomes exceedingly problematical, and is a very sweeping one, to which many other impartial judges would not subscribe. Dr. Ward has made this assertion, and without doubt from a self-conviction of its truth, but with others it appears to want the corroboration of incontestible proof, which is certainly not supplied by his history and treatment of the case.

"Dr. Wardell sets out by stating that 'these cases are not published as presenting features of very great rarity;'—'that spasm of the glottis is but occasionally met with in adults;'—'nor was it until of late years fully understood.'" In further explanation here I may say that, when I looked over the series of cases, which the Editor of this Journal has done and is doing me the honour to publish, I was conscious that none of them were very uncommon examples of disease, which some writers erroneously imagine are alone worthy of being recorded, like as we sometimes see students give the greatest importance to witnessing a grand operation which during their whole lives they may never be called upon to perform, whilst many other interesting specimens of disease, and which they may be called on now and then to treat, are unheedingly passed by. They were not published with an idea of the fallaciously conceived merit of extreme infrequency, but as examples, the pathology and treatment of which are not so satisfactorily established as of many other complaints, and reasoning from the diversity of opinion which have called forth these remarks, the affection by whatever name we may please to call it, is not ineligible for being placed in a permanent form.

"That such cases are not very rare we may judge from the numbers that have recently been published in the medical journals since Dr. Wardell has turned his attention towards them." Now, Sir, I opine that a disease may, in the general acceptation of the term, be rare, notwithstanding that several instances may be supplied from individuals who have perhaps passed a long life in practice, and over the populous districts of this country, where, happily now, the journals of the day find their way into the remotest parts;—I repeat a disease may be rare, though several examples are supplied out of thousands of practitioners, and from millions of population. Let Dr. Ward, or any of those who may chance to peruse this letter, but ask themselves how many cases have occurred to themselves, and the answer must be in a paucity of number; have they met with one even in two years—in three years—in five years?—however, generally speaking, it is an uncommon affection in the adult.

"I would beg to be informed where we can meet with published cases of pure uncomplicated spasm of the glottis in the adult, as I have not been able during an extensive research, especially directed to this subject, to meet with a single instance." Sir Henry Marsh has written upon the disease; and if Dr. Ward will refer to the "Encyclopædia of Practical Medicine," he will be enabled to find instances. Dr. Locock, "On the Nervous

"Diseases of Women," mentions an example; and my friend Dr. Browning Smith, of Kensington, has favoured me with an indisputed case, and on discussing the point with that gentleman, from whose talent for observation and extensive practice I have the greatest confidence in his opinion, Dr. Smith was decidedly convinced that you may have pure uncomplicated spasm. Let me cite the Doctor's case:—

"November 8th, 1847. At half-past six in the morning I was called to Earl's Court, Brompton, to see a lad, aged 15, who was reported to be dangerously ill; the bearer of the message said 'they thought it was croup.' I hurried off immediately. On arrival, the breathing was laborious to an alarming degree, and each inspiration performed with a crowing sound, so extremely difficult was the function carried on, that there was evidently some risk of suffocation; the countenance was red and flushed; eyes starting and ejected; pulse quick; and the greatest suffering depicted in the face. Each paroxysm continued for more than a minute, when there was an intermission, but during these intervals the breathing was still performed with great pain, and the stridulous noise was still audible. They had given him brandy, because in two or three similar attacks which he had had during his life, ardent spirits had been at once followed by relief; this time, however, the brandy had not the desired effect, while the symptoms assumed a graver character, when they hurried off for medical advice. I gave him immediately a large dose of sulphate of zinc, which readily produced vomiting, and as soon as ever retching was produced, the breathing was at once and permanently relieved. In the evening when I called he was well, prosecuting his ordinary occupation, and required no further attention."

"I may here observe," continues Dr. Smith, "that about this time, rather remarkable to say, I saw three cases of that dangerous disease, (acute laryngitis,) all in adults, in each the symptoms came on *gradually*; it was *by degrees*, not all at once, that the disease assumed its alarming characteristics. In the first instance the disease had proceeded to some extent before the patient sought advice, and this person died. The breathing was not so very much—not so paroxysmally affected, as it was in the case of spasma glottidis above-mentioned; the voice became husky, no loud crowing sound when breathing, but occasional paroxysms of dyspnoea, and the patient by degrees sank from an asphyxial condition of the lungs. In the second case pretty similar symptoms were manifest, but in less degree of intensity, and the individual recovered. The third case went on, in despite of every endeavour, to a fatal termination. I managed to obtain an examination of the throat, (I ought to have observed above, that as a last resource I performed tracheotomy,) when effusion of pus, and a distinct false membrane, were abundantly discoverable, as also an oedematous condition of the whole of the lining membrane of the larynx. In my own person some years ago I was subject to spasm of the glottis, and thus singularly enough happen to have experienced the disease myself. I was very properly treated by stimulants and antispasmodics."

Before proceeding further, was not the example of the

lad of Earl's Court, beyond the shadow of doubt one of spasm of the glottis?—could a better example be given of it in a "pure and an uncomplicated state?" Could any one for a moment have deemed this inflammation? Compare then, Sir, the cases of indisputed inflammation of the larynx with that—where the symptoms *gradually progressed*—in which there were paroxysms of dyspnoea, but no loud trumpetty crowing,—in which the real danger was greater than the symptoms seemed alarming, and we are compelled to acknowledge there was a difference, and this consisted in the difference between inflammation and spasm. As an argument like the present, which has been thought to admit of dispute, cannot be too strongly maintained, I may here briefly cite an instance that now occurs to my recollection of a patient in Edinburgh, under the care of the late Professor Graham, during the time that I was physician's assistant in the hospital. One Sunday just before the visit at noon, the nurse ran, in a state of considerable excitement, to one of the clerks, saying that one of the convalescents from fever was dying. Before I arrived one of the other gentlemen was in attendance, and when I reached the ward the patient was still labouring under a frightful attack of spasmodic breathing; was crimson in the face, (not from inflammatory fever;) the eyes were starting; the pulse considerably accelerated; and he seemed as if about to suffocate. Applications externally, and a large dose of æther, soon removed the symptoms.

"There are numerous cases of dyspnoea, spasmodic asthma, and angina pectoris in our medical records, and every man of experience can doubtless add to their number from his own practice; but pure spasm of the glottis is not met with in adults in England, whatever may be the case in the north." Dyspnoea may arise from many causes, and is, properly speaking, but the symptom of diseased conditions, and not the conditions themselves. In spasmodic asthma the affection is located in the bronchi, not in the larynx, and if the stethoscope is applied to the lateral aspect of the larynx, the peculiar sound, as of air rushing as if through a narrowed aperture, is not heard. Angina pectoris is a disease of the heart or its great vessels—not of the throat. That pure spasm of the glottis is met with in England, the cases of Drs. Laycock and Smith, as well as those of Messrs. Gorringe and Alford, and in my own humble opinion those recorded by myself, attest.

Dr. Ward proceeds by making condensed observations on the two cases which have given rise to this letter. In the case of the girl Cooper, as mentioned in the history of her affection, cold and wet were undoubtedly exciting causes, and they are calculated to be so in the spasmodic affections of other parts as well as the throat; nor is it inconsistent with, nor does it at all militate against, the doctrine now endeavoured to be maintained that they should. Mr. Gorringe, Surgeon to the Cornwall Infirmary, (to whom I have above incidentally alluded,) after the appearance of my own, sent a case, as he thought, "fully corroborative of the remarks" which I had offered, and if Dr. Ward will have the kindness to refer to the example given by Mr. Gorringe, he will find that Caroline Sampson's attack

"came on suddenly, accompanied with a crowing noise, and dreadful sense of suffocation." Mr. Alford, of Tewksbury, who reported the other illustration confirmative of the views taken, is particular in noticing the suddenness of its supervention. "October 15th. This morning at six o'clock I was called in great haste to him," says Mr. Alford. "His friends informed me *he was very well until just before they sent.* He had not been to bed, but stayed up all night with them previously to his going to his place as a servant, and just as he was leaving the house with his bundle, *he suddenly complained of difficulty of breathing, and was taken 'in a fit!'*" The question before asked is now made in repetition, did the illness of either come on like inflammation? The latter was, we see, in the person of a healthy farm-servant, who was momentarily seized when with his bundle on his back he had left to repair to his new situation. Who ever heard of acute laryngitis without any pulmonary symptoms,—without any warning, coming on like a fit? And to what physiological and pathological principles can Dr. Ward possibly have recourse, in his maintenance of the inflammatory theory.

My opponent in opinion mentions bloodletting which was had recourse to in the treatment of Esther Cooper. I may here say that I did not see the patient in her first paroxysm; nor do I say that I should have bled her, as in the subsequent attacks, which were as violent as the first, the induction of efforts to vomit readily restored the inspirations. Mr. Cole, however, with a fearless and active decision, when he saw the imminence of her situation, resolved to overcome the rigidity by a free use of the lancet—the most potent and effectual of all methods in the induction of speedy relaxation. It is a fact, demonstrated in the practice of medicine, and an unwelcome fact, that the proofs of practice are often at variance with plausible theory and refined speculation, and thus often in our most certain anticipations we are doomed to disappointment. An eminent Professor here observed to me the other day, that if we endeavour to account for all the phenomena of disease, and the means by which they are cured, we shall often be perplexed and at fault. We do not at all times bleed with a view to the existence of inflammation; the use of the lancet is not ever the sign and symbol of that diseased condition. If reference is now made to the remarks offered relative to Martha C——, it will be seen that under a consciousness of the non-existence of inflammation, I freely bled her, and thus when large, very large, doses of opium and other antispasmodics had failed, overcame the rigidity. As to the boy John P——, Dr. Ward either mistakes or there is a misprint—not eleven days, but two days intervened between his hoarseness and his seizure, and mind in this interval he was well, and pursued his wonted occupations. I bled him, but with a reference to the lungs, to restore those organs to their function, decreasing the congestion, and thus at the same time relieving the tightness complained of in the thorax, and the blood which first flowed as mentioned was thick and tarry from non-aeration. Still touching upon this lad, Dr. Ward says:—"It (the spasm,) afterwards returned with violence, and was attended with convulsive

movement of the limbs, and hard accelerated pulse, the patient being an epileptic subject." The returning with violence was of course characteristic of a spasmodic disease; we do not observe the pain and disorder produced by spasm, remain at one degree of intensity—nor is it continuous; indeed I have always been led to form my diagnosis of these respective diseases, chiefly by the steady, less urgent, but persistent pain of the one, and the paroxysmal intense pain of the other; hence these returns corroborate the opinion entertained that it was spasm. As to the convulsive agitation of the limbs, we are aware that impeded circulation in the encephalic mass, the pressure thus produced upon the central organs, the baneful effects which an impure instead of a healthy arterial blood circulating in the system must produce on the nervous system, are conditions highly predisposing to convulsive action; and most of all, the pressure thus given rise to in the brain, the rationale of which I have endeavoured to give in the observations, appended to case No. III. of the series. As to the excitement of the pulse, was it not sure to rise under the oppressed action of the heart, the great and laborious fatigue induced by the difficulty of breathing? Certainly, it could not be otherwise, and as soon as ever breathing was restored and the heart's action rendered freer, the pulse became more natural; and in Dr. Ward's own case, even so sudden was the relief and change in its frequency, that it actually fell thirty beats in the minute. Lastly, may concisely be noticed, the question—was it epilepsy? Dr. Ward must recollect that foaming at the mouth, convulsive twitching of the face, complete loss of intelligence and total insensibility are the pathognomonic of epilepsy, but in neither of my own cases, nor in any of the others here mentioned, were such to be noticed. The girl Cooper, had never had any description of fit during her existence, and the boy whom I saw previously, in an epileptic fit, was then differently affected. He fell down suddenly, had foaming, twitching of the face, eversion of the eyes, was quite sensible, had no croupy breathing; in the attack of spasm he was not struck down, nor were there any of the cardinal symptoms of epilepsy.

"Now, in regard to these cases, both of which were attended with febrile symptoms at the outset, &c." We cannot, with any fair show of reason, as above insisted, say, that because there was flushing of the face, prominence of the eyes, an excited circulation, produced by the conditions of obstructed circulation, and the fatigue and excitement given rise to by such state,—the closure of the glottis,—that they were anything more than of a transient character. The history of the case, the crowing respiration, a review of the symptoms generally, ought, without doubt, to have led to the correct decision.

"Dr. Wardell must be aware that true spasm or closure of the glottis, from whatever cause, cannot continue for more than a few seconds, without being followed by death." Such statement is self-evident as ever was Euclidean proposition. Without doubt, perfect closure of the glottideal fissure by spasm, if continued, would kill with as unerring certainty as if the patient were bow-strung, or suspended by a cord. Dr. Ward

cannot for a moment suppose that the chink was entirely—wholly—closed; of course, when speaking on the question, it is presumed there was slight room for ingress of air, or how does that gentleman account for the crowing? does not such result from a narrowed aperture, or are we given, by the foregoing quotation, to understand there was no space left for the admission of air at all? Surely this cannot be the doctor's meaning! Any further observation on this part of the question would indeed be superfluous.

"It would have been better had he imitated the reserve of that excellent pathologist, Dr. Copland, who does not admit any disease under that name in his *Dictionary of Medicine*." It would indeed have been utter presumption on my part to have given a nosological term to a disease which Dr. Copland could not satisfactorily do. From this it would appear, that Dr. Ward is not aware the affection has long since been written upon under that appellation. I certainly lay no claim to the honour of thus naming it, and if the writer of the objections to the term will but turn to the head in the "*Encyclopædia of Practical Medicine*," he will there find it so called. One cannot but respect Dr. Ward's reverence for great names—for great book-makers; and the *ipse dixit* of one who has written so voluminously as Dr. Copland, without dispute, meets profound attention; yet, notwithstanding, we are not always to be dissuaded from giving evidence to ocular facts,—to things entertained as true from downright conviction, because lettered celebrity may have been of another way of thinking; for even the most accurate inquirers are not infallible in their conclusions. We are not always to put implicit confidence in an opinion merely because it is the general notion, and has the warrant of ancient usage; if so, many sophistries, long exploded, would have now remained to fetter the progress of science;—then Bacon had never pointed to posterity the path to truth; Galileo had not dared to question the doctrines of ancient sages, nor Newton presumed to overthrow the Cartesian philosophy. Have not recent years and mediocral men shown, that the great Cullen, who has been justly ranked amongst those who are accounted the most eminent benefactors of our race,—have they not shown that his theoretically well arranged nosology is not always consistent with nature? It is this dispute about words which has so often led to error, and it would be well to remember the aphorism of Quintilian, "*res non verbis in quæso*;" and the saying of the renowned lexicographer, Johnson, that "human experience is the great test of truth."

"Dr. Wardell has failed in his endeavour to prove the existence of any hysterical affection in either case, in support of the spasmodic character of the attacks." When it is considered that the girl Cooper was a young female of chlorotic appearance,—that the catamenia had not been regular,—that the boy was about puberty,—that hysteria does at times appear in the male at that time of life,—that between the affections of the two there was a decided similarity,—that of all other diseases, hysteria is the most Protean,—and that hysteria is avowedly morbid change in the nervous system, to which system we alone refer spasmodic

diseases, the opinion cannot be deemed as wholly untenable. In Mr. Gorrington's case, and in that of Martha C—, both were chlorotic patients, and of course highly predisposed to anormal nervous affections.

"I cannot but object to these cases being brought forward as instances of it, particularly as they have led to the publication of similar ones by other parties, to which the above remarks are equally applicable." Such are the words of the writer in his terminating remarks, yet before concluding, I would ask Dr. Ward if, on a calm and deliberate review of the question, he can seriously persist in the opinion which he has made an essay to maintain,—if he have satisfactorily proved that spasmodic glottitis is either a *mis-nomer*, or a term inconsistent with the phenomena of the disease, and that the complaint instead of being a nervous disease, is one of veritable inflammation? In repetition, I will again ask, how does he mean to explain away the suddenness of the supervention and decline. Taking his own ground upon which he stands—his own case—how was it that example (the history of which he has given,) with such celerity was affected, and with such magic suddenness was relieved? Is an inflammatory disease ever, under any circumstances, in any part—any organ, any tissue, thus momentarily developed and momentarily dispersed? If alum or any other remedy could thus instantaneously remove swelling, in fact drive away, as if by the enchanter's rod, the inflammatory state and the inflammatory results, could this removal of enlargement be, as before enquired, by acting upon the absorbents proper to the part or parts in question? how did it produce the desired—the ready effect?—and did this change, of wondrous celerity, from even suffocation to easy breathing—this restoration of voice—return from peril, the contemplated need of tracheotomy, to safety—the lowering of the pulse,—I would ask, I repeat, if these facts, when reflected upon, without favour or bias to one or other mode of thinking, divested of pre-supposition or pre-conceived theory, would they incline to the notion of acute laryngitis? If the disease were one of the inflammatory order would the stimulant, the brandy, the antispasmodic treatment which in the cases above mentioned were of such benefit here prove effectual?—would the mere indication of retching and vomiting have in a trice settled effusion? Why, then, need Dr. Ward "object," seeing that the treatment was based upon correct notions of the pathology—I repeat correct—from the above assertions, and the results of the remedies employed—object to doctrines which I humbly think he has signally failed to disprove. Whoever heard of brandy curing laryngitis?—yet the lad mentioned by Dr. Smith was cured by it. I say cured in this instance, though it is a term often employed, without the warrant of fact. It might, I think, be "objected," if all entertained the notions of Dr. Ward respecting its pathology; and would *certainly* seem very odd to cure acute laryngitis by stimulants—antispasmodics—by brandy and water!

I must apologize, Sir, for having thus replied so much at length, and at the same time must observe that the numerous readers of your valuable pages cannot but feel indebted to Dr. Ward, that he has

enquired into a subject meriting attention; and although I have advanced statements opposed to his views, I have no doubt Dr. Ward has given what was but his conviction, and in the laudable endeavour for the elicitation of truth; nor can such spirit of enquiry become too common, amongst those who practise our difficult art. It is this desire for research—this determination to look into and examine, by which alone false reasoning is to be unveiled, and error detected; and thus prejudices dispersed, nor doubtful propositions taken for principles. The words of a great philosopher may here, in conclusion, be cited, which, with too much truth, often obtain. "The first and firmest ground of probability is the conformity anything has to our own knowledge, especially that part of our knowledge which we have embraced, and continue to look on as principles. These have so great an influence on our opinions, that it is usually by them we judge of truth, and measure probability to that degree, that what is inconsistent with our principles, is so far from passing for probable with us, that it will not be allowed possible."

I am, Sir,

Your obedient servant,
JOHN RICHARD WARDELL.

27, Acacia Road, Regent's Park, London,
May 11th, 1848.

ON THE
MEDICAL AND GENERAL TREATMENT OF
LOCAL DISEASES, IN PREFERENCE TO
THE TREATMENT BY OPERATION.

By THOMAS HUNT, Herne Bay.

In the earlier days of surgery, the dread of "the knife" on the part of the patient, and the timidity of the surgeon—at that period only half an anatomist—presented a more than sufficient check to the undue practice of operative surgery; and if the improved anatomy of modern times has removed one objection, the pain attending the severer operations has, till recently, presented another obstacle to their too frequent performance. That obstacle, however, appears likely to vanish under the very general use of anæsthetic agents, and there now remains no objection to operative surgery, apart from those considerations which regulate all medical treatment,—viz., its disadvantages and dangers, as contrasted with its advantages or necessity. There are indeed many operations, the propriety of which can only be determined by the last-named question,—viz., their urgent necessity. Some of these may be highly dangerous, extensively mutilating, or even doubtful in their results; yet, if they prove the only alternative between life and death, their performance, at some risk, may be justifiable. Other operations may be advantageous and eligible, though not absolutely necessary to life, or even to the recovery of the patient. All these questions are, by the common consent of the profession, referred to what are called

the established "principles of surgery." Many of these principles, and much of the practice of modern surgery, together with the views of the nature and treatment of local disease, which prevail in our hospitals and infirmaries, are of *recent origin*. A large proportion of them are regarded as among the improvements of the present century; and as many of the views of the eighteenth century have been exploded in the nineteenth, those of the present day may be destined to yield to the rapid advance of science, and to be exploded in their turn. The principles of surgery are still therefore entitled to veneration, only so long as they can be shown to be founded on the most advanced discoveries of medical science; and as medical science is still in its infancy, (seeing we have yet to learn the nature and phenomena of inflammation, the rudiments both of disease and of recovery,) a calm and practical inquiry into the necessity and propriety of certain operations of daily occurrence, can never be deemed unreasonable or preposterous.

The object of the writer of these remarks is to *promote* such an inquiry among the members of the Association. The facts which he proposes to bring forward will not be adduced in order to support sweeping assertions or dogmatic inferences on his own part; they are rather intended to elicit from the members other facts, either of a similar or contrary tendency, and to invite discussion on a subject which has as yet been treated with perhaps too much tenderness and reserve. It is much to be regretted that those members of the profession in whose hands the operative department is chiefly placed, are not as yet required by law to possess a knowledge of those higher principles of our art on which chiefly the propriety of operations must be decided,—viz., the powers and limits of medical treatment. That many of the "pure" surgeons of the day, as they are called, are well acquainted with pharmacy, medicine, and general therapeutics, is rather a happy accident than a matter of course; yet with these, medicine, often despised, is always regarded as a minor object of study. The physician is seldom called upon to apply the resources of his art to the treatment of local diseases affecting the external organs of the body; and if the general practitioner is required to be instructed in both these departments, it may be said that surgeons are too generally entrusted by the public to determine the propriety of severe operations in the inverse proportion to their *legal* qualifications for so important a function. The result which might be *expected* from this arrangement is, *rashness in operating*. Whether this result has been realized to any serious extent, is a question of momentous import,—a question which must sooner or later undergo a professional scrutiny of a severe and searching character.

The subjects to which this inquiry is applicable are as numerous as they are important; they are dispersed over the entire surface of surgical science, and in their