could be more monstrous than such a proposal, and I then felt it my duty to write a paper, in pretty strong terms, upon the subject. It would now be needless to say anything against this practice, for its absurdity is admitted on all hands; but at that time it was taken up extensively by the public, and cases of lateral curvature thus came to be claimed by the orthopædists, who, having got possession, kept a firm hold, and now, dismissing all pretence of tenotomy, subject them to mechanism, far beyond any extent ever previously practised. It is therefore the more necessary that we who practise the profession in a comprehensive manner should tell the plain truth to our patients upon this subject; but while confessing that when the disease has advanced to alteration of form in the bones, cure is beyond our power, you should throw your strength into the statement of the important truth that where only a tendency to the disease is present it can be easily and effectually obviated by proper management. If a young lady shows a disposition to lateral curvature, you may certainly prevent its occurrence by enjoining upon her friends not to allow her either to sit still or to stand still,—a precept which should be written in letters of gold,—but in the intervals of the periods allowed for varied and active exercise to recline upon a mattress or sofa when she reads or works. Reclining-boards are absurd contrivances, which should be discarded. I recollect a lady who came from the country with her daughter, having previously written about her case, and who said that she was ashamed to bring her, as there was then nothing at all the matter with her back, but that as she had arranged to come she thought it best to do so. It appeared that in the interval from the time when she wrote, the young lady had been relieved from her lessons, and was soon afterwards observed to be free from all appearance of deformity. But when the alteration of form has occurred in the bones, the next best service you can render is to keep your patients out of the hands of those rapacious individuals who, while they hold out delusive assurances of relief, extort money which can often be ill afforded, and lead in the end to nothing better than disappointment. If consulted when the patient is not grown up and the bones are but slightly affected, you may do much good by enforcing the recumbent posture, when the future growth of the bones may, and probably will, prevent aggravation of the complaint; even here, however, a cure of deformity already existing must not be looked for.

I will trouble you with no more observations on this subject at present, trusting that what has been said will induce you to give it your serious consideration, and study it as you would any other department of surgery, without being trammelled by popular prejudice or the ignorant dogmatism of specialists.

ON

SOME CASES OF LARYNGOTOMY.

BY JOHN ERICHSEN, Esq.,

PROFESSOR OF SURGERY AT UNIVERSITY COLLEGE, AND
SURGEON TO THE HOSPITAL.

ACUTE idiopathic laryngitis in the adult is not a disease of common occurrence, and I consequently think that the details of the following case may not be altogether uninteresting.

CASE I.—At two A.M. on February 22nd, I was called to meet Dr. Greenhalgh and Mr. Day in the case of a gentleman, about thirty years of age, suffering from intense dyspnoea, consequent upon inflammation of the larynx. The patient, who had for some time past led rather a free life, had been out during the greater part of the preceding night, which was intensely cold. He returned home at about three A.M., and went to bed. He awoke at about eight, with a sore throat, but without any special difficulty in breathing. About mid-day, however, he experienced considerable difficulty in swallowing, which increased to so great a degree, that deglutition at last became almost impracticable. The breathing also became more and more embarrassed, until at last attacks of dyspnoea became frequent and most distressing. These increased in severity as the night advanced, notwithstanding the employment of most judicious and very energetic treatment by Dr. Greenhalgh and Mr. Day, in the shape of leeches to the neck, fomentations, and the administration of antimonials with calomel.

When I first saw the patient, at about two A.M., he was evidently in a state of extreme danger; sitting up in bed, with a pallid countenance, with some lividity about the lips and nose, perspiring copiously, and breathing with great difficulty, with occasional spasmodic attacks of dyspnoea, which threatened his existence, induced by any slight disturbing cause. The voice was nearly inarticulate, and respiration rough, hurried, shallow, and occasionally stridulous; the pulse rapid and weak.

On examining the fauces, we found them but very slightly inflamed; but the epiglottis could be felt turgid and erect on passing the finger over the root of the tongue, and the larynx was tender on pressure. The chest was free from disease, but the respiration was harsh and shallow throughout. We agreed that it was necessary to open the windpipe in order to avoid the danger of instant suffocation; but as the patient seemed unwilling at once to submit, I scarified the posterior part of the larynx and the root of the epiglottis with a hernia knife. This gave some temporary relief, but the attacks of dyspnoea recurring, and apparently with increased severity, I proceeded to open the windpipe. This was done without any difficulty in the crico-thyroid membrane, and a large silver tube introduced. The respiration soon became more quiet and regular, and the antiphlogistic treatment was persevered in for about twenty-four hours, when, as the power of swallowing gradually returned, a more nourishing diet and wine were allowed. On the third day the tube was finally withdrawn, and the wound gradually closed; the patient recovering without a bad symptom, being now in excellent health.

This case illustrates the rapid progress of acute laryngitis, and also the importance of effecting a timely opening in the air-tube, in order to establish an aperture through which respiration can be carried on until the obstruction about the larynx has subsided. A question of considerable importance, however, arises as to the part of the windpipe that should be opened; whether, in fact, laryngotomy or tracheotomy should be performed. In my opinion, laryngotomy is the operation that should always be preferred, and this opinion is based on the following reasons:—

1. That as in laryngotomy the air-tube is always opened below the seat of obstruction, there can be no necessity to make an aperture further from the seat of disease. In laryngitis, whether that affection assume the acute or chronic character, the obstruction in breathing is in a great measure mechanical, and dependent upon the infiltration of the submucous cellular tissue of the larynx, and partly of the large plane of this tissue, which lies behind the box of the larynx, and which, by expanding, as it were, into the pharynx, obstructs deglutition, and afterwards, by the extension of this swelling and infiltration to the lips of the glottis and the interior of the larynx, causing an impediment to the entrance of air into the bronchi. But, as has been pointed out by Mr. Prescott Hewett, this submucous cellular tissue terminates at the true vocal cords, where the mucous membrane becomes directly applied to the subjacent fibrous structures, the swelling and consequent mechanical impediment is confined to the limits of the thyroid cartilage, and any opening made below this will clear the lowest limit of the disease, which is always accurately and almost mathematically bounded below by the vocal cords. Hence an aperture in the crico-thyroid membrane is quite as effectual as one in the trachea.

2. Laryngotomy is a far safer operation than tracheotomy. On this point I need scarcely dwell; a glance at the anatomy of the parts concerned will be sufficient to establish it. The crico-thyroid membrane is nearly subcutaneous, and no parts of importance can be wounded in opening it, if we except the small inferior laryngeal artery, which crosses it, and which might be cut across, but from which I have never seen any trouble arise. The trachea, on the contrary, is not only deeply seated, but covered by a large plexus of bloodvessels, which, when rendered turgid by the asphyxiated condition that exists when these operations are required, pours out a large quantity of dark blood, and thus seriously embarrasses and delays the surgeon at a time when the life of the patient depends on the speedy admission of air to his lungs.

3. Laryngotomy can be much more quickly performed than tracheotomy. This I look upon as an inestimable advantage in many of the cases requiring operation. A few seconds, more or less, being sufficient to turn the balance either in favour of life or of death. The rapidity with which laryngeal obstructions—partly mechanical and partly from spasm—set in, is sometimes so great, more particularly when an acute inflammation supervenes on chronic disease of the larynx, that life may be extinguished before the surgeon has time to open the windpipe if he endeavours to do so by tracheotomy. In extreme cases, such as where the lungs have become slowly engorged, the action of the heart is already enfeebled, and a sudden spasm occurring at the glottis, will at once place the patient beyond recovery. But even though life appears for the moment extinct, it is the imperative duty of the surgeon to open the air-passages as speedily as possible, and to endeavour, by means of artificial respiration, to recall the flickering spark; and it is impossible to experience a greater satisfaction in the exercise of our profession, or to witness a greater triumph

of art, than in thus successfully snatching a patient away from the very jaws of death.

The two following cases that have occurred in my practice, are good illustrations of the success that may attend laryngotomy, even under the most unfavourable circumstances:—

CASE 2.—About six years ago I was called up at about two, A.M., by Mr. Baker, to see the wife of a tradesman in my neighbourhood who was in imminent peril of suffocation from laryngeal disease of a chronic character, in which an acute attack had recently supervened. On reaching the house I found the patient, a woman between fifty and sixty years of age, apparently at her last gasp. I immediately prepared to open the windpipe; but before I had got the instruments out of the case she fell back to all appearance dead. I lost not a moment in opening the crico-thyroid membrane, and inserting a large silver tube, and at once proceeded to set up artificial respiration by breathing into her lungs through it. In a few minutes we had the satisfaction of seeing signs of returning animation, in a quivering of the eyelids and a fluttering beat of the heart, and before half an hour had elapsed, I was enabled to leave her completely resuscitated. She made an excellent recovery, but has never been able to lay aside the tube, which she wears to this day, the larynx being evidently partially occluded by the results of the chronic inflammatory mischief which had preceded the acute attack. But though unable to breath with freedom without the tube, enough air passes through the larynx, even when she is wearing it, for her to speak distinctly; and it is not a little interesting, that though the tube has been worn for between six and seven years in close proximity to the vocal cords, the action of these has been in no way impaired, nor does the patient's general health appear to have suffered, or a liability to the occurrence of inflammatory disease of the windpipe been set up.

CASE 3.—This case is one of especial interest on account of the difficulty of establishing artificial respiration, and in reference to the means that it was found necessary to have recourse to in order to restore the patient to life. Whilst making the visit at the hospital, about three years ago, I was requested by Mr. Tweed to accompany him instantly to a patient of his, in the neighbourhood, who was dying from laryngeal obstruction. On reaching the house, that of a tradesman in the Hampstead-road, I found his wife in the last stage of asphyxia from laryngeal disease. She was a short, stout, thick-necked woman, about thirty years of age, and had suffered for some months from a chronic laryngeal affection, which had suddenly become aggravated by the super-vention of an acute attack of inflammation brought on by incautious exposure to cold in a boating excursion on the river. I saw at once that there was not a moment to lose; the patient was purple in the face; breathing with very great difficulty in spasmodic gasps, and with a loud stertorous noise. She was nearly unconscious, and, in fact, appeared to be moribund. I immediately proceeded to operate; but, on making an incision through the integuments, the vessels of the neck, over-distended by asphyxial congestion, poured out so large a quantity of dark blood that it was necessary to wait a few moments before opening the windpipe. During this delay the patient was seized with a severe spasm, ceased to breathe, and fell back to all appearance dead. I immediately plunged the scalpel through the crico-thyroid membrane, cut this freely across, and put in a large silver tube; through this I attempted to inflate the lungs, but found, to my distress, that no air would enter there. For a moment I gave the patient up for lost; but an instant's reflection assured me that the obstruction to the entry of the air must be dependent on the accumulation of inspissated mucus in the trachea and bronchi. There was evidently but one thing to be done to save the woman's life—viz., to empty these passages so that air might gain admission into the lungs; and so absorbed was I in my anxiety to rescue her, that without thinking of the nature of the act, which would have been disgusting had it not been the only means of salvation at hand, I applied my lips to the bleeding wound in the throat, and sucked out three mouthfuls of coagulated mucus and treacly blood. This saved the woman. Air immediately entered the lungs, and resuscitation was gradually effected. She made a good recovery, and was, some short time since, in perfect health.

These two cases appear to me to illustrate the advantage that laryngotomy possesses in the speedy manner in which it can be performed. In this respect it possesses an undeniable superiority over tracheotomy in cases such as those in which every second is of the greatest value, and in which the more careful dissection required in tracheotomy, and the extent of the hæmorrhage that generally ensues, cause a loss of time that may entail the sacrifice of the patient's life.

ON THE

TREATMENT OF SCIATICA BY CROTON OIL.

WITH CASES.

BY HENRY HANCOCK, Esq.,

SURGEON TO CHARING-CROSS HOSPITAL.

IN February, 1854, I read a paper before the Medical Society of London, to prove that sciatica, in the majority of cases, depended upon mechanical irritation of the pelvic nerves, from loaded intestines, or tumours within the pelvis, and not upon rheumatism or inflammation of the nerve, as was commonly supposed. The following cases, whilst supporting this position, show the value of the treatment adopted.

CASE 1.—Captain C.—consulted me on the 30th of December, 1853. Has been ill twelve months, with pain in the lower part of the back, extending down the right hip, increased by fatigue. He attributes the pain to a fall on the flat of his back, at which time he had symptoms of ague, rigors, total loss of appetite, great weakness, and nausea, profuse sweating, with bad nights. He had stiffness, like lumbago, after stooping, for above eighteen months. His bowels, at present relaxed, act regularly once daily, but if balked, they become confined; he sleeps badly; his appetite is moderately good, but very capricious; is easily tired, but becomes refreshed after a short rest. He had a slight attack of yellow fever six months ago. Condition of urine natural; pain relieved by pressure; he is most easy whilst lying on one side (either), with knees raised; he feels blown out after eating. Take of croton oil, one minim; of mercurial pill and extract of henbane, of each four grains; and compound extract of colocynth, eight grains: mix; divide into four pills; take two every other night.

Jan. 13th, 1854.—Better; the medicine acted very powerfully; he felt better directly afterwards; has had much to do, but has been so free from pain as scarcely to notice it. To take five grains of compound aloes pill occasionally.

CASE 2.—C. A.—consulted me, in November, 1853, for sciatica of the right leg. He has been ill four months, and treated for rheumatism by colchicum, blisters, &c., without benefit; he is bent nearly double with pain extending down the course of the sciatic nerve and in the lumbar region; pain most severe at the knee, foot, and calf of that leg; his appetite is good, but he gets no sleep, and feels very weak. Ordered the aperient pills, with croton oil.

The patient came again in four days; he says he was much better the day after the first dose, but, contrary to my advice, he repeated the pills on the following night, which acted so violently that he felt knocked up, the pain being very severe. To have three grains of disulphate of quinine three times a day.

I saw no more of this patient, but on the 2nd of January, 1854, his brother, who consulted me for a similar complaint, informed me that he had rapidly recovered under the use of the quinine.

CASE 3.—H. A.—consulted me, on the 2nd of January, 1854, for sciatica of the right side, of five months' duration. He complains of pain in stooping extending down the sciatic nerve, but most severe at the calf of the leg; he cannot straighten his leg with comfort; urine plentiful, but thick; appetite good; bowels rather relaxed. Ordered the aperient pills, with the croton oil.

Jan. 6th.—Pain better in the back, but very severe at the calf of the leg and tuber ischii; complains of sensation of pins and needles in his foot. The medicine acted freely, producing watery evacuations. To have five grains of compound aloes pill every night.

10th.—Better; pain less severe in the back; has still numbness in the heel; urine more clear. The medicine has acted twice daily, removing solid, dark, pulpy, and scybalous matter. Repeat the aloetic pills every night. To have two grains of disulphate of quinine twice a day.

14th.—Well.

CASE 4.—E. C.—consulted me July 24th, 1854, for sciatica of right side, of five years' duration; he has never been free from pain during that time. Has taken thirty grains of quinine daily, colchicum, arsenic, hydrocyanic acid, calomel to salivation, and is now taking the iodide of potass. Has had blisters and various irritants applied, also a hot iron passed down the leg in the course of the nerve. When at the worst he became deaf, but has now recovered his hearing; was galvanized for nine weeks. He has suffered from habitual constipation, and occasional diarrhoea. Having read my paper in