

(even where laryngoscopic treatment cannot be pursued) unless there be danger to life from suffocation or dysphagia."

To enter into more detail in considering the relative merits of thyrotomy and laryngoscopic treatment, I have dwelt upon three features: 1st, danger to life; 2nd, recovery of voice; 3rd, chances of recurrence; and Mr. Durham has now introduced a fourth element for discussion, the comparative difficulty of the operations.

1st. *Danger to life.*—Of the 28 cases tabulated by me, 9 terminated fatally within two years. Mr. Durham takes exception to 6 of these because they were cases of cancer, and those who have not read my book might suppose that I had suppressed this fact. Exactly the reverse is the case, for I have taken the greatest pains to give prominence to it at pages 94 and 97, and also both at the head and foot of my thyrotomy table. Subtracting these six cases, however, giving Mr. Durham the benefit of one other case which is in dispute between us, and adding his six successful cases, there remain two deaths as the result of 27 operations; or, in other words, there is a mortality of about 7 per cent. On the other hand, I am not aware that there exists a single case on record in which death has resulted from the removal of a growth *per vias naturales*.

2nd. *Recovery of voice.*—According to Mr. Durham's own statement, of 37 cases which he has collected, the natural voice was regained in only about half the cases; whilst of 93 published cases which I have treated laryngoscopically, the voice was completely restored in three-fourths of the cases.

3rd. *Chances of recurrence.*—On this subject, Mr. Durham has given no statistical information whatever, but has simply begged the question by stating "that the more completely the original growth was removed, the less would be the probability of its re-appearance," and "that such complete extirpation could be more certainly effected in most cases after section of the thyroid cartilages, than by any method practised through the mouth." The truth of the first proposition is self-evident, but that of the second is not borne out by the facts. Of 27 non-malignant cases (including Mr. Durham's 5 cases), the growth could not be extirpated at all in one, and in two the neoplasm was incompletely removed. Death took place in 4 cases before time was given for recurrence. There remain therefore 20 cases; in these, recurrence took place in 3, or in 15 per cent. In my 93 cases treated through the fauces, recurrence took place in only 6 cases, in which the growth had been completely extirpated—that is, in about 6½ per cent.

4th. *Comparative difficulty of the operations.*—I quite admit that it is easier for a novice, who has never tried either method, to remove a growth by section of the laryngeal cartilages, than to do so with the aid of the laryngoscope; but I have yet to learn that an operation is to be recommended in proportion to the facility with which it can be executed. There is, however, at least one case on record in which, thyrotomy having been attempted, the growth was subsequently removed *per vias naturales*.

I do not, however, at all agree with Mr. Durham's remark, "that in very few, if any, of the cases in which the larynx was opened, would it have been practicable to remove the growths through the mouth;" but it would obviously be invidious to particularise cases in reference to this point. In conclusion, I must express my extreme regret that I quite inadvertently omitted to include, in the thyrotomy-table of my essay, Mr. Durham's case, contained in Guy's Hospital Reports, 3rd Series, vol. xii. This omission certainly would not have occurred but that Mr. Durham's valuable contribution to Holmes's System of Surgery only reached me after the first proof sheets of my work had appeared. I subsequently made some alterations in order to acknowledge Mr. Durham's important labours, and I am only sorry that at that period I did not do complete justice to his admirable article.

Yours faithfully,

November 28th, 1871.

MORELL MACKENZIE.

P.S.—The case in dispute between Mr. Durham and myself is that of Brauers. The facts of the case are as follows:—In the year 1833, Brauers of Louvain divided the thyroid cartilage of a patient suffering from growth in the larynx. The case was published by Ehrmann, who thus terminates his report: "Le larynx passa à l'état d'induration squirreuse; une fièvre hectique s'alluma; elle devait amener nécessairement la mort, quoique cette dernière ne fût pas encore arrivée à l'époque où le médecin, rapporteur de ce

fait, nous en fit le récit à Bonn." This is the report published by Ehrmann, seventeen years after the event. It must be borne in mind that not only was Ehrmann justly considered the greatest authority on laryngeal diseases throughout the whole of Europe, but also that he had a decided bias in favour of thyrotomy. It is highly improbable, therefore, that had the patient survived he would have obtained evidence on the point. Krishaber, however, writing in 1868 (Dict. Encyc. des Sciences Méd., p. 762), asserts, without any authority whatever, that the patient survived the operation twenty years; and although the statement has since been quoted by Dr. Planchon and Mr. Durham, I fail to see that this reiteration increases its accuracy.

## THE PROFESSION IN SPAIN.

To the Editor of THE LANCET.

SIR,—Having read in your issue of October 14th an article with the above heading, taken from the *Cornhill Magazine*, I should be obliged if you would allow me to correct, on behalf of the medical profession to which I belong, what there is inexact in that article, for I believe the writer of it can know but very little of this country and the present state of surgical science here.

It is long since the Church in this country interfered with regard to public teaching, even of anatomy. In almost all the universities of Spain there is a sufficient number of human subjects, not only for the medical students, but also for the professors who wish to cultivate anatomy or practise surgical operations. With regard to the supposition that only the medical men who have studied at Montpellier or Paris are the few really accomplished practitioners, I have to say that we have in Spain a great number of medical men who have studied at our own schools, and whose scientific attainments are not inferior to those of the most celebrated professors of other countries.

Doubtless the writer in the *Cornhill Magazine* is quite ignorant that such men and professors as Piquer, Meredia, Argumosa, Vaiela de Montes, Drument, Castello y Serra, Fourquet, &c., authors of surgical, anatomical, and obstetrical treatises, whose names will never be forgotten in the annals of medical science in this country, were born, educated, and practised in Spain. At present Spanish universities have a staff of first-rate professors, well known not only in their own country but abroad, such as Sanchez Foca, Calvo Martin, Olivares, Creux, Mata, Santero, Saura, Alonso, Velasco, Diaz Benito, Cervera, and so many others from Madrid, Barcelona, Cadiz, Santiago, Valladolid, and several other cities in Spain, authors of different works which are used in the universities, and whose museums are seen with pleasure by the learned. This I consider enough to enable any sensible person to understand that erysipelas and facial neuralgia are not charmed away by crossings, and that the doctors in the hospitals don't discharge their patients with legs badly set and sores still sloughing. Nor is it true that priests try to convert foreigners in the way he describes, as there are at present very few hospitals directed by clergymen. These establishments are first-rate in general attendance, food, and everything necessary. In this town, with only 30,000 inhabitants, there are three hospitals, two civil and one military.

In answer to the other two paragraphs, I must say I can't believe that the Spanish doctors have fled from any epidemic, for they are considered to be as charitable and as brave as any in the world. In the course of my practice I have seen some epidemics, and never yet saw a physician abandon his patients or the infected town. Neither can I believe that they have persecuted any English doctor; if such a thing ever happened, it will have been owing to the infraction of the laws of this country, to which every foreigner that settles here is bound to submit.

Spain, Sir, is not a backward nation; the learning that is so rapidly extending over the world reaches us also, and the learned here are quite up to the European scientific standard. If hygienical rules are not so widely practised among us, the economical state of the country must be blamed and not the people, because they are not in want of the necessary knowledge to put them in practice.

I remain, Sir, yours respectfully,

Corunna, October 25th, 1871.

DR. DESIDERIO VAIELA.