

effects of that condition duly and justly appreciated, and the operation consequently perfectly appropriate? Who could judge of these things, except the eye-witness? This it never was my good fortune, in any of the cases of epilepsy in which tracheotomy has been performed, to be! I could therefore only advise, after adopting the judgment of others. In one of these cases of which I never heard before the operation, I certainly should not have advised the operation. In another I would have discarded the proceeding adopted.

I have asked whether the diagnosis was always adequate to the case. I now ask another question—Was the operation always adequately performed, and the tracheal orifice preserved adequately patent? And I answer unhesitatingly—No!

In general the tracheal tube has not been ample enough; in many instances it has been difficult to keep it free from obstruction by mucus; in two the tube had not been retained. All these events must be effectually guarded against before the remedy can be said to be duly instituted. But all this is obvious to the honest and impartial inquirer.

Gentlemen—I must not detain you longer. I have endeavored to show you the spinal system distinctly from the cerebral and the spinal, and to demonstrate the diastaltic arcs through which it acts. I have shown you its application to the physiology of all the acts of injection and ejection, and to the obstetric art; to the pathology and diagnosis of convulsive diseases, and especially to epilepsy, and, in this last to tracheismus and to laryngismus and its effects, and to the remedy in regard to those presented by tracheotomy appropriately, duly and efficiently performed. Much, very much requires to be done, but much also has been done, and I trust the hour which you have kindly devoted to the subject has not been thrown away.

#### RECAPITULATION.

I will conclude these observations by a brief recapitulation of the points brought before you. These are—

1. The diastaltic spinal system as distinct from the cerebral and the ganglionic.
2. The diastaltic arc and arcs as the media through which that system acts in every case.
3. The objects of this system in physiology, or the class of acts of ingestion or expulsion.
4. The application of the spinal system in pathology, and the class of convulsive diseases, especially epilepsy.
5. The importance of the neck and the larynx in epilepsy, and in the *ep. trachea* and *ep. laryngea* respectively.
6. The proposition to institute tracheotomy in the *ep. laryngea*, whenever spasmodic or paralytic laryngismus is the source of danger to life.