

be instituted without sufficient reason. The physician must well weigh the terrors of the malady, consider what part of these are the effect of laryngismus, and then determine on his own responsibility, first, whether the remedy be appropriate, and then whether it may be imperatively called for. I shall now proceed to notice some of the circumstances in epilepsy in which tracheotomy seems to me to be required, I shall conclude with a remark or two on the particulars of the operation itself requiring consideration.

There is then in epilepsy, a state of spasmodic closure of the larynx, or laryngismus, or there is not. In the former case, this laryngismus may appear to be the source of the coma, of the asphyxia, and of other diseased symptoms observed in epilepsy, or not. In the former case, again, these effects of laryngismus may, in the judgement of the observant physician, appear likely to yield to tracheotomy, by which the effects of laryngismus are obviated, or not. Let him use his own judgement and act accordingly.

After a severe attack of epilepsy, there is sometimes another form of laryngismus—the apoplectic or paralytic. There is stertor, and with this stertor, augmented coma, and danger to life. Tracheotomy has again suggested itself as the remedy. It has actually saved life in many instances! He who may regard the operation as having this efficacy, will of course adopt it; and *vice versa*. Each physician will use his own judgment in each case, and it comes under his cognizance and care. What occasion is there for criticism?

In any case of epilepsy, it will be the question whether the severer symptoms be in reality the effects of the laryngismus, and whether, if so, they be such as to justify the operation of tracheotomy. Who is to be the judge of these questions? Undoubtedly the attendant practitioner. If there be laryngismus in a fearful and protracted strangulation and ‘struggle for breath,’ attended by purple and tumid face and neck, and followed by stupor, and eventually by failing intellect, &c. Some will be disposed, and I am of the number, to give the poor patient the hope, the benefit of the operation.

And as the physician of the most sterling mind in the whole profession, whether in our own country or any other, observes:—If we relieve a-tenth part of our patients, in so dire a malady, we shall have reason for self-congratulation.

Now lives have been saved from imminent danger; enfeebled minds have been strengthened; fits have been prevented or mitigated. The good effects of the operation have been obvious on the condition of the face, the neck, the brain, the heart, the pulse!

And here a question occurs. Was the *diagnosis* always adequate to the exigency? Was the condition of the larynx, and the symptoms of