

danger to mind, &c, that is, whenever in the judgment of the physician the *dignus vendice morus*.

7. Whilst the spinal diagnosis is our guide in the institution of tracheotomy, the importance of a tracheal opening at once efficiently ample and free.

CONCLUSION.

In conclusion, it may be observed in regard to the past use of tracheotomy for epilepsy—

1. That the diagnosis has not always been adequate.

2. That the tracheal orifice has not always been efficient, the tube having been too small, or clogged with mucus, or even removed from its place.

3. That, nevertheless, out of *ten* cases, in which tracheotomy has been performed—1. In three imminent danger to life has been instantly averted; 2. In two all future fits have been averted; 3. In three the subsequent fits have been so mitigated, and mind restored, that the patient contemplated returning to occupations long relinquished; 4. In two, I myself should either not have recommended the operation at all, or the operation as it was performed.

It must be borne in mind, that as long as there are fits at all, the looker on, to whom the slightest attack of epilepsy is a scene of horror, will be apt to say that they are as severe as ever.

Now there is no reason for supposing that tracheotomy will, as an immediate result do more than disarm laryngismus of its dire effects. Trachelismus may, or rather must, occur as before, at the first; and the ep. trachelea is formidable enough. But if the direst form of epilepsy, or the ep. laryngea, be made abortive, and changed into the less dire, or the ep. trachelea, this may move away with time. Now, this modification must occur if tracheotomy be efficiently performed, and it is difficult to anticipate what the degree of benefit conferred may be. But once more, ep. laryngea there cannot be!

In one case in which the tube was worn during three months, the mind and the general health have continued to improve, and the seizures to wane away since the tube was removed. It is true a quick medicine has been taken; so that it must be left to each reader to judge on which the amendment has depended.

Lastly, in, I believe, almost all the cases, the surgeon has declared that, under similar circumstances, he would again have recourse to tracheotomy.

Henceforth, it must be left to the judicious practitioner to weigh the Herculean malady in which spasmodic or paralytic laryngismus forms a part, against the operation of tracheotomy, which, however heroic, is surely not to be compared with the former: a truth which becomes of