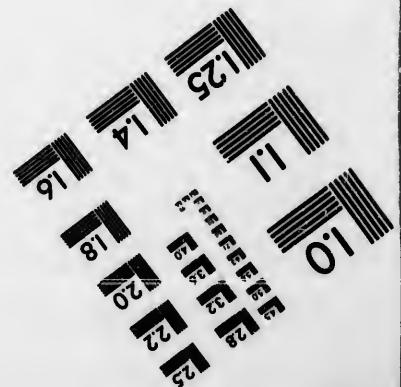
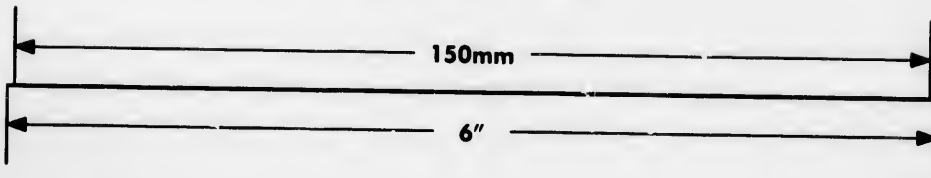
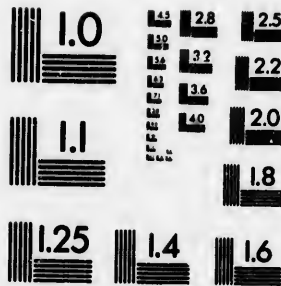
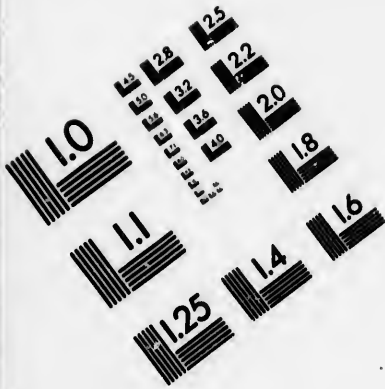


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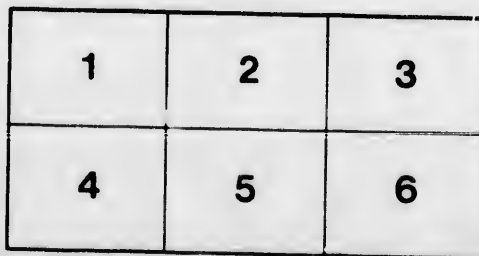
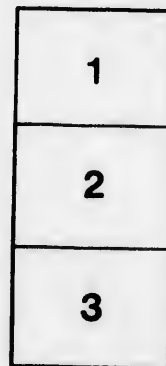
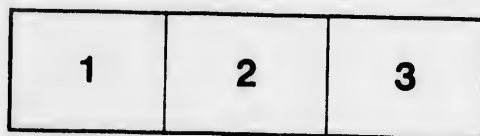
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DESCRIPTION OF FACTS

RELATIVE TO A CASE OF

CROUP:

and Medical Observations

IN A LETTER FROM

ROBERT BAYARD, M. D. &c.

TO

HENRY COOK, SURGEON

"Fav est ab hoste descript."

SAINT JOHN,

1828.

TO THE HONORABLE SENATE

OF THE TERRITORY OF ARIZONA

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

AND

OF THE PUBLIC LANDS

FOR THE YEAR 1887

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To HENRY COOK, Surgeon,

SIR—

There is a limit to forbearance, and if we suffer it to be invaded with impunity, silence becomes either an unwarrantable apathy, or an implied acknowledgment of error. You, Sir, have repeatedly transgressed that boundary, sacrificing to your private feelings the dignity and duty of a liberal profession, which are not violated without infringing upon the rights of the community, and bidding defiance to the best feelings of individuals, whose wishes should exercise a certain controul over the professional conduct of a Physician. I regret that your recent assertions enforce upon me a public development of circumstances, which, I suspect, will weaken that infallibility, by which you have been endeavouring to bolster up your practice, in the maintenance of which, you seem to have forgotten, that those who are "never wrong, are seldom in the right." It is not my intention to criminate your practice, but to justify my own; which I feel myself imperatively called upon to do, from the reputation you have thrown upon it, as well for my own sake, as for the satisfaction of those, who place themselves

and their dearest attachments under my professional protection. In doing this, if I am unavoidably compelled to expose your errors, you must attribute it to your own want of policy and prudence, as I would have quietly pursued the tenor of my own way, without deviating into yours, unless provoked by a necessity, which you, as one, have imposed; and which I cannot suffer to pass unnoticed, without acting as a conspirator to my own professional opinions and reputation. You have long been my concealed assailant, and although you have been generally taken in your own toils, it is now time to draw you from your lurking places, and expose an illiberality and jealousy, which are derogatory to an honourable profession. It is sincerely to be deplored that such jarrings should involve in censure a scientific pursuit, which from its peculiar character, calls for the best and purest feelings of humanity—and it were well, if the indulgence in such discords could be restricted in its consequences entirely to the profession, which however deserves a better fate: But this cannot be the case, and the public are more or less drawn within the baneful influence of jealous and contending opinions, when in sickness or distress the tenderest sympathies of individuals are outraged, and their rights and claims upon a liberal profession are disregarded and insulted. With these impressions, I am willing to make that public a party in this question; as I really consider it a party interested, and I therefore feel less hesitancy in making a public expo-

sition of your proceedings. In doing this, I shall detail some cases to which I was called, after you had been some time in previous attendance, respecting which you have asserted that my opinions of the diseases were incorrect, and consequently that my practice was inadmissible: I shall refute your assertions, and substantiate my own correctness, by a reference to the received and approved authorities of the day, and by the still stronger testimony of the eventual success which marked my practice in the plurality of cases. Justice to my own professional character demands an investigation; for you, as one of a party, have been secretly endeavouring to wound the growing confidence, which the public is reposing in my exertions, in the hope of building up your own reputation on the ruin. I am moreover induced by my respect for the feelings of those who employ me, to expose the fallacy of your assertions, for it would be a source of unceasing bitterness to them, if they suspected that they had placed an unfounded and fatal confidence in a physician, whose ignorance and errors had destroyed their happiness. You, Sir, have had the temerity to circulate expressions, calculated to excite suspicion, had our mutual abilities as physicians been previously untried in this community: How far those expressions were authorized, I will now determine: If I am correct, you must have been wrong; and if wrong, I need scarcely add the deplorable consequences which must necessarily follow a practice, which, admissible in the imaginary, was

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pernicious and destructive in the really existing disorders. I will not however anticipate conclusions; they shall force themselves upon you by the exposition of facts and symptoms, which I shall presently delineate. You have recently made an unfortunate selection of a case, upon which you have thrown the gauntlet, and hazarded a canvass of your professional talents, as it was one of those strongly characterized disorders, which precludes all possibility of confusion without implying the most unwarrantable ignorance, as the symptoms of the diseases, which will come under consideration, as one question in dispute, are essentially and unequivocally different, and the practices directly opposed. I allude to the case of the late Mrs. B. S****, of Queen's Square, to which I was called after you had been in attendance some days. I may here observe, that I soon perceived you had formed an incorrect opinion of the case, and I never would have adverted to the error and its consequences, if your own imprudence had not repeatedly denied the existence of the disease, as reported by myself, and confirmed by my able coadjutor in the hopeless attendance, J. C. Carriz, Esq. M. D. of the Medical Staff of this Garrison. In the indulgence of your malevolence towards myself, you forgot that you were also implicating the opinions and practice of a gentleman to whose superior talents and professional acquirements, I would be paying a sorry tribute of respect, if I should allow myself to weigh them in any balance of comparison with yours.

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I was repeatedly informed that you reported that Mrs. S****'s disease was Cynanche Maligna, or Putrid Sore Throat, and not Cynanche Trachealis, or Croup. Thinking it almost impossible that you would risk an assertion of the kind, and knowing how often the opinions and expressions of Physicians were mis-interpreted, I was desirous of ascertaining the truth of the report from yourself, and accordingly wrote you the following letter—

“ To HENRY COOK, Surgeon,

“ I have been informed that you have unreservedly asserted that Mrs. B***** given whom you had attended, and to whom I was subsequently called, was not affected with Cynanche Trachealis, or Croup, as I have asserted, and that the remedies administered for that disease, and especially the Emetics, were not only inadmissible, but positively injurious; and that her disorder was Cynanche Maligna, or Putrid Sore Throat; I wish to know from yourself, if such were your expressions.

“ ROBERT BAYARD.”

To this communication, you wisely thought it best to return no answer. But the following note from Dr. CARTER, will satisfy you that I have the best authority for bringing our discordant opinions to the test of investigation.

“ To DR. BAYARD,

“ My Dear Sir—
“ In reply to your note this day, I can inform you, that having waited on Mr. COOK;

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" and asked him whether he reported to the
" friends of the late Mrs. S****, that her disease
" was Ulcerated Sore Throat, and not Croup,
" he (Mr. Cook) told me that he had so report-
" ed. " I am, dear Sir,
" Very truly yours.

" JNO. C. CARTER.

" August 3d, 1826."

I have said, and do repeat that Mrs. S****'s
case was Cynanche Trachealis, or Croup; and
that she was not, as you have asserted, affected
with even the slightest ulceration of the throat,
either putrid or otherwise. Now, Sir, for the
proof—In forming your hasty opinion of the
disease, you appear to have lost the recollection
of the very important nosological definition of
the disease, which so clearly distinguish it; I
will therefore give you Cullen's, to which you
certainly dare not object, as it is one of the text-
books of the profession.

—oO—
CYNANCHE MALIGNA;

or

Malignant Ulcerated Sore Throat.

" Cynanche Maligna tonsillas et membranam
" faucium mucosam afficiens tumore rubore et
" crustis mucosis coloris albescentis vel cineritii,
" serpentibus, et ulcera tegentibus cum febre
" typhode et exanthemata"—or, Malignant Ul-
cerated Sore Throat, affecting the tonsils and

reported to the
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CARTER.

Mrs. S...
Croup; and
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Sir, for the
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mucous membrane of the mouth with swelling
redness and mucous crusts of a white or ash-
coloured appearance, spreading and covering
*beneath them ulcerations, and attended with ty-
phoid fever and exanthemata.*—It is not my in-
tention to enter into any tedious detail of anom-
alous symptoms, but to examine the analogy
between this description of your disease and the
case in question, as it existed when I first saw
it, which was only a few hours after you had
decidedly pronounced it to be *ulcerated* sore
throat, and if *ulcerated* then, it must have still
retained, when I saw it, some of its characteristic
features, as it is utterly impossible that a few
hours could have effected a change so extraor-
dinary, as that from a state of typhoid ulceration
to a violently active inflammation of the mem-
brane, *unaccompanied* with any *ulcer* or loss of
substance. Instead of any loss of substance,
there was actually an increase of it, formed by
the violence of the peculiar inflammation of
Croup, which throws out an adventitious mem-
branous matter, in ordinary cases, lining the
trachea, and in this, extending itself until it be-
came visible in the posterior part of the fauces,
and partly covering the amygdalæ. It was this
inflammatory crust, which in your hurried or
imperfect examination, you have mistaken for
the cineritious matter of malignant sore throat;
but had you compared the entire symptoms with
the local appearances, and removed a portion of
the *supposed slough*, with a view to detect sub-
jacent ulceration, as none spontaneously mani-

lected itself, you ought to have perceived the incongruity of the former, with the imaginary disease, and you would, by closer local investigation, have discovered that the mucous membrane of the throat was perfectly entire.

In the different varieties of Oynanche, there are of course many symptoms in common, referable to increased arterial action, and proceeding from diseases of parts situated in or about the throat. But we have particularly to consider the diagnostic or distinguishing characters, which point out the individuality of the disorders in question. Now, in ulcerated sore throat, ulcerations must necessarily exist, and if those ulcerations are of a putrid character, they quickly become sloughy, occasioning "Coryza, which pours out a thin, acrid, and fetid matter, ex-coriating the nostrils and lips." These symptoms, I positively assert, did not present themselves in the case of Mrs. S****—There was neither ulceration, excoriation, or fetid discharge. If these indispensable symptoms of ulcerated sore throat were absent, you must acknowledge that you were mistaken. Now Sir, I will not rest the matter upon my own assertion. I must appeal to such authority as ought to be conclusive, namely, the testimony of a medical gentleman whom I called in, the morning after I first saw the patient, as I was at my first visit convinced of her alarming situation. I shall therefore refer you to the following letter from Doctor CARTER:

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"St. John, N. B. August 3d, 1826.

"MY DEAR SIR—

"With respect to the case of the late Mrs. Sugar, which I attended along with you, I never had a doubt of its being Croup. Previously to my seeing the case, being impressed with the idea of its being ulcerated sore throat, on visiting the lady I was struck with the marked difficulty of breathing, and from the urgency of symptoms, I was led to examine minutely the state of the throat: From this examination I was satisfied, that to the extent which the diseased appearances were visible, there was no ulceration, but the morbid membrane well known to attend Croup," (and which in this case existed to an extraordinary degree) "was well marked. I detached a portion of the membrane with the handle of a tea-spoon, and could not detect any ulceration beneath. As I attended the case along with you, of course I coincided with your measures, which I then, and now think were most advisable under the circumstances.

"I am, dear Sir,

"Very sincerely yours,

"JNO. C. CARTER."

To ROBERT BAYARD, M. D.

It is a source of much satisfaction to me that I am thus enabled to adduce the testimony of an experienced and scientific Physician. He was an attentive observer of the case from the hour he was first called in, until its fatal conclusion.

Such testimony must be decisive, proving undeniably that you were incorrect in your idea of the disease, and if erroneous in this respect, that you were still more so in the remedies you applied for its removal, and finally that you have *mis-stated* the real nature of the disorder, with obstinate pertinacity. It is an easy matter to create false impressions, and to excite improper prejudices in the minds of many, who might be disposed to give you credit for candour and correctness, especially with those who felt little or no interest or inclination to inquire into the merit of your details. You have endeavoured to hoodwink the public, in the deceptive expectation that the "*audi alteram partem*" would never expose your disposition or deficiencies. I do not single you out as a professional disputant, because I attach importance to your medical or surgical opinions. I have written to expose the *inaccuracies* of your assertions—Let those, who are predetermined to appreciate the accuracy of your professional talents, make the best inference in your favour from this exposition.

I have briefly, but yet I think sufficiently shewn that you were mistaken in the disease, which you treated as Cynanche Maligna, or Ulcerated Sore Throat. Before I enter into any inquiry into its character, as Croup, let me follow you in some of your luminous, and certainly original observations on the impossibility of Croup having supervened as a secondary disease. If I have been correctly informed, and I cannot question my authority, you have asserted that

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Croup could not have occurred in the case of Mrs. S****, because, she was labouring under Cynanche Maligna, or Ulcerated Sore Throat, and because she was too far advanced in years for the accession of such a disease. You have again established an opinion upon a treacherous foundation; Croup can arise, and has supervened Cynanche Maligna, and other inflammatory affections of the throat, as a secondary disease—and it has occurred in adults far advanced in years. Here we are again in direct opposition, and now for the decision.

Let me premise that you would have acted wisely, if you had sheltered your error under one of the rare possibilities attending this disease, and without denying the existence of Croup during my attendance, if you had referred the necessity of my practice to a change in the disease, the inflammation having extended itself along the membrane of the trachea, producing Croup as a secondary disease, which has sometimes been the progress of Cynanche Maligna. But I will not apply this consolatory construction upon the case in question. There was no previous ulceration in it, therefore there was no connexion between the two affections.

I have asserted that Croup can follow as a secondary disease, supervening several other morbid affections of the throat. Cullen, and a host of preceding and subsequent writers, have established this fact. When speaking of Cynanche Trachealis, or Croup, he says—"It may arise first in these parts, and continue to sub-

"sit in them alone;" speaking of the seat of the inflammation, "or it may come to affect these parts from the Cynanche Tousillaris, or Maligna spreading into them."—It is true that this is rare, but we see the possibility of it; and when we inquire into the nature of the inflammation, and the texture of the parts, which it attacks, the wonder is, not that it may sometimes, but that it *does not* often occur in the other inflammations of the fauces.

Cheyne, whose Pathology on this disease, ought to be in the library of every practitioner, observes that he "once saw Croupy symptoms suddenly rise about the eight or ninth day of fever, and in a house where there were three children lying with remittent fever." Again he remarks—"I have seen Croupy affection without much cough, after the secondary fever of small pox." It would be superfluous to multiply references, when those already adduced must quiet all reasonable controversy, and affix a proper value to the opinions of Mr. Coen.

I have already given the authority of Cullen, with regard to the disease supervening Cynanche Tousillaris, and wish you to bear this in mind, when I come to account for the disease, as it really existed. And now, Sir, with regard to the Croup being a disease confined exclusively to infancy and childhood, it would have been better if you had studied more and talked less. I grant you that its occurrence among adults is comparatively rare; but that it has occurred in

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advanced age, must also be admitted. The
 older Cheyne observes he never met with it after
 the age of puberty, but Rollo has recorded a
 case of an adult affected with Croup; Cheyne
 does not question the fact, but refers it to debility
 of the trachea, the mucous membrane of the
 bronchia being debilitated previously by a se-
 vere attack of catarrh, and by predisposition to
 croup prior to puberty. If I mistake not, Croup
 terminated the existence of General WASHING-
 TON.

Michaelis and some other physicians have
 "thought that Croup occurs in adults as fre-
 "quently as in children, with this difference,
 "that adults possess the power of expectorat-
 "ing the lymphatic exudation before it be-
 "comes a solid membrane." This however,
 is a matter of opinion, as to its frequency,
 and as I wish to refrain from unnecessary
 theoretical inquiry, I shall be satisfied with
 the authority already cited—observing that it
 is no argument against the liability of certain
 ages to particular diseases, because some physi-
 cians in extensive practice may not have witnes-
 sed them. The disease may occur under cir-
 cumstances, and influenced by causes which
 cannot be defined, and it is an occasional soli-
 tary occurrence which shows the invalidity of
 any general, exclusive assertion. It is not for
 one practitioner to declare that particular cir-
 cumstances are inadmissible, because in his cir-
 cumscribed practice he has never witnessed
 them: As well might we assert that the horizon

which bounds our vision is the end of space, because our limited sight cannot penetrate beyond it. Such cases occasionally presenting themselves, form the anomalies of practice, and it is our duty to detail them with circumstantial correctness, for sometimes a physician just commencing his professional career, may meet with cases, which others having terminated a long life of medical observation and inquiry, may not have witnessed. The Records of Medicine confirm this fact.

You appeared, by your remarks to the friends of the late Mrs. S****, to take exception at my having administered an emetic, founding your observation upon your own view of the disease, namely, that it was Ulcerated Sore Throat. You have again been truly unfortunate, in your censures—For even admitting that the disease was Cynanche Maligna, or Ulcerated Sore Throat, you could not have exhibited a more appropriate remedy, as emetics constitute some of our most valuable agents, especially when given in the early stages of the disease. Laying aside the ample testimony of the most approved writers on this disease, I can speak in favour of them from my own practice, and an experience of sixteen years, during which period I have had frequent occasion to prescribe them in Ulcerated Sore Throat, with the most satisfactory results. But as you may not be inclined to give my opinions any weight in this galling question, let us see whether you will wince under the authority of Cullen, who says "that emetics, both

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active *remedies* of Croup, or it will soon give you a melancholy memorial of the insufficiency of your measures, and of the error in exclusively denying the existence of a disease, because it does not more frequently occur in common practice.

Let us now inquire whether the case in question was primary or secondary croup; that is, whether the disease was in the first place any other inflammatory affection of the throat, and whether this continuing and extending along the membrane of the mouth passed into the trachea, and gave rise to Croup as a secondary disease. I am fully persuaded that this was the case. You may satisfy your own mind upon the other question which suggests itself, whether this extension was spontaneous, or whether it was the result of highly stimulating applications to a highly inflamed membrane. The disease *may* have been induced in either way.

It appeared from the history of this patient, that she had been for some days complaining of the usual symptoms of ordinary sore throat, which in its early stage excited little or no uneasiness in her mind. The inflammation was not attended with any remarkable difficulty of swallowing, shewing that the tonsils were very little swollen. As the disease continued, it daily became worse, and the disposition to extend along the membranous surfaces was evidenced by the subsequent effect upon the organ of hearing, as there was a slight degree of deafness, and some pain along the Eustachian tube, shewing that this

canal was participating in the inflammation. The frequent attacks of ear-ache and deafness in ordinary inflammations of the throat, are evidences that these inflammations may and do extend along the membranous surfaces of different canals. When I was called to see the patient, I found the difficult breathing the most urgent symptom, and as the throat appeared loaded with an adventitious substance, and as the breathing seemed obstructed by an accumulating matter in the trachea, I ordered an emetic, which was given with decided, although temporary advantage, as it suspended for a while the oppression, and relieved the peculiar anxious expression of countenance, so remarkable in Croup. But the hour for its seasonable exhibition had passed by, and the disease had fastened itself too powerfully upon the parts, for any permanent relief to be obtained; and altho' at the desire of the patient and with the concurrence of her physicians, emetics were repeated in large doses, yet such was the state of the system, that they excited little or no action on the stomach. I may here remark, that I have frequently observed this peculiar inactivity of the stomach in Croup; and more especially in fatal cases of it. Indeed in many cases, that have yielded to the operation of emetics, I have given large quantities of tartarized antimony, and which in other diseases requiring emetics, would have proved powerful doses, with comparatively little effect.

As the disease was characterised by symptoms of great inflammation, we immediately resorted

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to the most active measures for subduing it, viz :
Bleeding, regulated by the state of the pulse,
and the appearance of the blood drawn—Eme-
tics, antimonials, cuppings, blisters, fomenta-
tions, &c. &c. But even from the first we could
entertain no hope of relief; and our remedies
were administered from a principle of duty, and
from an unwillingness to abandon the suffering
patient to her fate, without an effort to save her.
The real disorder was not suspected in its com-
mencement, and at the time, when remedies
might have proved beneficial; for it is only in
the early stages of Croup, that these will arrest
its progress: for such is the peculiarity of the
parts affected, and the violence of the inflamma-
tion, that a few hours of uninterrupted duration
advance it to an irremediable state.

I shall now close my observations on this sub-
ject: And while I have been compelled to ex-
pose your inaccuracies, I trust I have at the same
time detailed the most important particulars of
a case, which must be interesting to the profes-
sion generally, inasmuch as it establishes the ex-
istence of an alarming disease at a period of life
which has been supposed by some to have been
incompatible with its occurrence, and hence has
deceived the young practitioner, and might con-
tinue to mislead and lull him into a security, al-
ways fatal to his patient.

It was my intention to have animadverted upon
some other cases in which our opinions and prac-
tices were at variance, and more particularly up-
on the case of Mr. CH^{ART}ER^N, but as this may

not prove *very gratifying* to your feelings, I shall postpone the consideration of it. And moreover I am unwilling to commence a subject which would lead me into details of some prolixity. Suffice it at present to remark, that the recovery of that gentleman, under the extreme circumstances in which I found him, has already exposed the incorrectness of your opinions, and the inactivity of the practice you adopted with him.

There is a subject, upon which I did intend to enlarge my observations, and to which I alluded when speaking of the "insulted rights and outraged feelings of the public;" I mean the opposition which you and others in practice here have made to the expressed wishes of your patients and their friends, who have desired the professional co-operation of myself and others, in cases of danger. To such consultations you have decidedly objected. Now, Sir, I would ask you and your abettors if you are sufficiently aware of the duty and dignity of the character of a Physician, and of the responsibilities connected with it? Do you place yourselves in society *exclusively* for your own personal consideration? Do you visit the sick only from pecuniary motives? Has his health, his comfort, his wishes, or his safety, no weight in the scale with your feelings or your profits? Or, are you apprehensive of detection or exposure, that you seem thus unwilling to submit your opinions and your practice to any investigation? Have you read the excellent advice of Gregory, relative to the qua-

*Shun one from
Haines*

vomiting and nauseating, prove useful, especially when employed early in the disease." But surely, Sir, you could not have been ignorant of the admissibility of a remedy which is so clearly pointed out in the initiary books of the schools. Your remark must have proceeded from other motives, familiar to your own feelings, corresponding with many of your other animadversions, and founded on a similar basis.

I have said and established my assertion, that the disease was not Ulcerated Sore Throat, proving thereby that you were wrong. I have also asserted that it was positively Cynanche Trachealis, or Croup, when I attended the patient. I will now proceed to show my authority for my opinion, and prove that I was right—this done, I will simply ask you whether the active and stimulating remedies of Cynanche Maligna, especially the heating gargles of Capsicum, would be harmless in Croup, or whether they must not necessarily *prove actively deleterious*.

The case in question was either an original idiopathic case of Croup, or was secondary to cynanche tonsillaris or common inflammatory sore throat. In either case, the remedies after the croupy symptoms had commenced, would be the same. But a very important question arises out of the consideration whether it was in the first instance cynanche tonsillaris, and secondarily croup—and this question is no other than this, whether the stimulating gargles for supposed Cynanche Maligna, applied to the already

highly inflamed mucous membrane of the fauces, may not have generated Croup by pushing the inflammation and extending it into the trachea. This Sir, I candidly tell you is my opinion of the case, and we will presently examine how far its history and symptoms corroborate it.

I shall begin with the nosological definition of
CYNANCHE TRACHEALIS.

“Respiratione difficili, inspiratione strepenti
 “voco rauca, tussi clangosa, tumore fere
 “nullo in faucibus apparente, deglutitione
 “parum difficili et febre synocha,” or difficult
 breathing, especially when drawing in the
 breath, a hoarse voice, ringing cough, scarcely
 any swelling in the mouth, the swallowing not
 much affected, and inflammatory fever. Now
 Sir, when I saw Mrs. S. there was very great
 difficulty of breathing, the inspiration was long
 and laborious, evidently from the diminished
 capacity of the trachea, as there was scarcely
 any visible enlargement of the amygdalæ or uvu-
 la, (tonsils and palate.) The voice was much
 impaired; the inspiration was long and labori-
 ous, marked by a peculiar crowing noise, evi-
 dently from the diminished passage of air through
 the wind-pipe, this diminished capacity of the
 tube, requiring a greater and longer effort on
 the part of the patient, when drawing in the
 breath, to receive sufficient for the full expan-
 sion of the lungs. It is this peculiarity in the
 breathing, which forms one of the strongest dis-
 tinguishing features in the disease. There was

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slight cough ejecting matter of a tough and viscid character—the posterior parts of the fauces exhibited a bright, red appearance. In some places in the vicinity of the epiglottis, there was a whitish substance, resembling the buffy surface of the blood, which could be detached by the handle of a spoon, and was separated by the efforts of vomiting, leaving a clean *un-ulcerated* but highly inflamed membrane beneath it. This whitish substance appeared to be a continuation of the croupy membrane, which, as frequent dissections have proved, lines the internal surface of the trachea. There was great restlessness, and propensity to remove from one situation and position to another. The pulse was rapid, varying from 120 to 140, the fever was actively inflammatory, and the blood when drawn, exhibited a buffy coat, which formed itself very quickly after the abstraction of it.—The friends of the lady whose case is now particularised, can confirm this account of the symptoms, as respects the breathing, the voice, the matter ejected by vomiting, the coughing, the restlessness, and the peculiar white and fatty surface on the blood, which was drawn. And as for the other important and diagnostic character I must refer you to the very explicit letter of Doctor Carter, which expressly declares that there was no ulceration, even under the adventitious membrane, when this was detached by a spoon. Compare these symptoms with the nosological description of *Cynanche Trachealis*; compare them with those cases of Croup, which

you must have seen in younger patients, and you must conclude that the disease in question was Croup. The symptoms prove it, beyond all controversy, and prove it Croup under the most violent and aggravated circumstances.

The occurrence of Cynanche Trachealis after the age of puberty is very rare; that is, the occurrence of this disease, marked by the same severity and fatal propensity, which characterises its accession in infancy—and some physicians, among whom was Cullen, seemed inclined to question the identity of the disease, when occurring in childhood, and in advanced age; yet such is the identity of symptoms, that it leaves no ground to dispute the fact. The seat of the disease, is the same, the activity of the inflammation urgent, and in both ages there exists the same imperative necessity for the immediate employment of active remedies. If there is any difference, it is only that which is produced by the greater susceptibility of childhood, during which period all inflammatory diseases run a more rapid course than in older subjects. And it is to this cause we may attribute the comparatively great mortality of disorders among children. But if some physicians deny the existence of Croup in advanced ages, others of equal authority affirm it. All agree that it is a peculiar inflammation of the Trachea. And one fact, properly authenticated, must quiet the question. This fact, I think, I have now adduced. And if you are unwilling to give it the name of Croup, call it what you please, but you *must* give it the

*Back
from leaves*

into our private contentions. Sickness in general, purifies the mind, and raises it above the grosser gratifications of our nature. A sick man suffering under pain or a decaying constitution, indulges no inclination to participate in feuds, which would inflame, and not alleviate his feelings—He sends for his Physician as the guardian of his health—he considers him his “*Lares familiaris salutis*,” he entrusts him with his life, without wishing in return to be entrusted with his private quarrels, or to be made a party *injured* by them. When he calls for our assistance, he fairly expects that every exertion will be made for the speedy restoration of his health; when we obey his summons, we as fairly subscribe to this reasonable expectation. His safety should be the primary consideration, and all things being done to the best of our abilities, and to the abilities of those whose co-operation may be required, we are then justly entitled to the pecuniary recompense, which would be due to professional exertion, sympathy and talents.

But there was a time, when you were all pleased to appreciate my professional opinion, and call my services into action. It is true, I was generally summoned by you to the sick beds of *the poor*. It is equally as true, that you indulged no squeamish feelings in privately consulting my opinions respecting the cases of your better patients—sed “*tempora mutantur*” et vos mutantini “*in illis*.” I was then a stranger, and less was apprehended; but I am now established in practice, and probably in your opinions I

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am enjoying too large a share of public confidence. There was a time, when the *jarring elements of naughty tempers* distracted the opinions and insulated the practices of some, who now compose your harmonised *triumvirate*—when like “Greek with Greek,” they contended their points of honour. It was during this *wreck* of confidence, and *crush* of reciprocity, that Mr. P*DD*CK would *not consult* with Doctor B*YD, that J*HN B*YD, M. D. would *not consult* with Mr. P. that Mr. P—K, would *not consult* with Doctor W—B, that Dr. W—B, would *not consult* with Mr. P. The same war of interest and jealousy was also urged against other Medical gentlemen of high respectability and extensive professional acquirements. Nor was Mr. C**K, “alho a very good young man,” considered sufficiently intelligent for the *Heir presumptive* to the hereditary practice of St. John. Indeed no Physician, Surgeon, Apothecary or Dentist, has ever approached this devoted city, unassailed by the ordeal of opposition. It would seem that this was a dedicated practice, appropriated exclusively to the prerogative and government of a single individual, claiming it by *right of succession*; and parcelling it out to those characters, who most readily subserve his interest and humour. But the tempest which formerly convulsed so many of you, has at length subsided, and is succeeded by a calm, as deceitful as the unruffled surface of the ocean, which is capable of being agitated by the slightest breath. I am now the unworthy out-cast, the hapless ex-

ile from your counsels—My prosperity is the target against which your envenomed arrows have been secretly directed; and as men are seldom jealous of inferiors, I do assure you, that your united opposition, has not only advanced my professional interest, but it has also excited my vanity and stimulated my exertions; therefore, if I were influenced entirely by selfish considerations, I would subscribe to your continuance of hostilities; but altho you and your colleagues may never consent to consult with me, for reasons best known to yourselves, and best buried in your own bosoms, believe me, when I assure you, that I should never feel the slightest reluctance or uneasiness to meet you in the apartments of my sick, should they ever require it. It always has been, and always shall be my invariable maxim to acquiesce with the wishes of a patient, in his choice of a consulting physician, even though he should actually elect my veriest opponent. That disposition must be truly culpable, which would be unwilling to surrender for a few moments the gratification of the worst feelings of a man, to the well-being of his patient, and oftentimes to the safety and interest of his best friend.

I shall conclude these remarks, which have already been lengthened out beyond my original intention, by observing that I think the public are in error, when they unresistingly submit to any encroachment upon their claims from the profession. A little determination on their part, would soon correct an evil, of which they so

loudly complain. When personal safety and the gratification of good feelings are allowed to be outweighed by the caprice, ill-humour, or interest of a Physician, it is a reflection upon the good sense of those individuals who tamely submit to it, and it must prove the cause of much subsequent uneasiness and self-condemnation to them, if in the event of death, they even *thought* more might have been done either to save the life, or alleviate the sufferings of their sick. It is an erroneous idea, if a Physician thinks he is authorised to act with partiality or prejudice in his medical character. When he offers himself for practice, he holds out a pledge to the public, and to every individual composing it, that he will exercise his best abilities for them when in sickness they require his attention; and after he has obtained the confidence of the community, he is bound to redeem the pledge, as his establishment in society is so far a preventive to the establishment of another who would act with professional liberality.

But it is necessary to observe, that altho professional men are too often in error, there is also frequently a fault, on the part of the sick and their friends, as for instance when they have previously employed one Physician, and during his attendance, they send for another, from whom they conceal the employment of the first. To this may be ascribed much of the unpleasant variance, which influences medical men. Altho any misunderstanding from such a source would be readily and satisfactorily removed by a tem-

*Turn again
two leaves*

fications and duties of Physicians? Or, do you feel so perfectly confident in your own sufficiencies, that you regard all other advice or assistance as supererogatory?—Whatever you may have thought, your patients have thought otherwise, and in those instances, wherein they have thought with determination, the results have not been illustrative of your infallibilities. But, Sir, altho we might be satisfied of the unnecessary alarm which agitates a patient, it is *our* province to comply with his wishes in all cases where farther assistance, or plurality of attendants is requested. It is our duty not only to administer to his bodily infirmities, but to soothe the uneasiness of his mind, which in many diseases exercises an important influence; and if this anxiety is unallayed, it must impede the progress of recovery in every case, and in some it must lead to irremediable consequences.

Every objection to consultation is a direct reflection upon the judgment of a patient, and an insult to his feelings, originating either from conscious ignorance, from a jealous disposition, or from a vindictive temper—for no Physician who felt assured of the propriety or sufficiency of his practice, would shrink from any inquiry into it; nor would he oppose the co-operation of another attendant in an obstinate disease, if he felt duly impressed with the nature of the charge committed to him. But when there is absolute danger, and the patient and his friends have urged their wishes for other advice, I must say it borders on barbarity to resist them and

argues but little for the heads, and still less for the hearts of those practitioners, who cannot sympathise with their patients in the gratification of a desire, in which they are bound to acquiesce, and who would sacrifice the best feelings of humanity to private jealousies, and in some cases the very existence of their patients to a vindictive spirit. I will not determine whether you have been actuated by any unworthy motive in your repeated refusals respecting myself: Let your own conscience, and the cases of Mr. K**T**R; of the late Mr. ALL*N, and others which I could enumerate and particularise, decide this question.

Do you and your professional abettors object to me, as an unqualified practitioner? If so, I assure you that I do not wear the hired honors of an obsolete school, as a sole and in itself an invalid authority to practice! Mine is not the degree of a mouldering college, vending its titled parchment to *unknown, unseen*, remote and absolute strangers, huckstering its fly-blown honors for paltry pecuniary remunerations; and retailing with indiscriminate profusion its mock dignity to support its impoverished treasury. I would not plume myself with such a document, and soar to an elevation beyond its power of supporting me.

Have you refused to consult with me in consequence of any unprofessional act on my part? If you answer in the affirmative, I shall reply, that you have been either greatly deceived by misrepresentations, or that you assert from inter-

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ested motives a positive inaccuracy. I am not aware of any act of mine, which violated that professional decorum, which as a gentleman and as a physician I shall always maintain. I was urged to establish myself in this city, by expectations of professional support, which proved delusive; and I came with a wish and inclination to act with liberal reciprocity. I relinquished a certainty with a large and dependent family, for the prospect which was held out to me in this place, and no sooner did I arrive and acquire some professional influence, than the friendship, which I considered sincere and honorable, and which I wished to preserve inviolate, without violating my own opinions and independence, was converted into secret opposition, and my conduct became the subject of unjust animadversion, and of the grossest misrepresentation: Time is now correcting it; altho many will continue to be biassed by malevolent insinuations and assertions, which I can never have an opportunity to refute.

If you and your professional adjuncts intended that your united opposition should mar my progress, and limit my success, I have the proud satisfaction of assuring you that your efforts have proved abortive: on the contrary, they have operated in my favour. Your real motives have been too apparent, and have discovered themselves through the flimsy covering you would have thrown over your professional fastidiousness. Your manifest uneasiness has afforded me frequent opportunities of triumph, if I could

allow myself to feel flattered by the victory.

Have you intended your objections as a private insult to myself? If so, I would have admired your manliness more, if you had offered it in any shape, that would not equally have insulted your unoffending patients, and trampled upon *their* rights and feelings. They have a claim upon you, beyond the pitiful influence of private animosity; a claim, which every liberal and enlightened understanding would consider paramount to all others; a claim, which calls for the honourable exercise of our duties as physicians, and as members of civilized society.

Medical men have a public or professional, and a private or domestic character to support. It is unfortunate that jealousy and discord have so frequently violated the duties of both, blending their feelings and operations, which should always maintain a separate existence. We have no right to carry our private quarrels into the apartments of the sick—the door, that opens to our view a suffering patient, should expose our better feelings, and when retiring we close it, it might then terminate all farther communication between contending individuals. In our character of Physicians, we ought to be controuled by every circumstance conducive to the welfare of the charge entrusted to us: humanity and reason should direct our conduct, nor should we surrender it to the government of caprice and temper, or what is worse, barter it to mercenary selfishness. It is ungenerous and unjust to enlist the trammelled opinions of our patients

Vostro quoad a d' m
John Lewis Esq

perate inquiry into circumstances, before any unintentional interference was harshly attributed to professional illiberality.

When any case requires the conjoint assistance of medical men, the patient and his friends have a right to insist upon it. I use the word "*insist*," because the abuse of consultation has made it requisite: they have the right to nominate and elect whom they choose. It is their duty, however, to act with openness and candour, and it is ours to comply with their wishes, and with our united and best exertions, to lay aside any private feeling, should it exist, that could in any manner militate against the recovery of the sick.

There is much that might be said respecting consultations, both as respects the patient and physician, and as respects the etiquette and proper conduct of Physicians to each other in the apartments of the sick: I shall however close for the present my observations, with the hope that no future circumstances may compel me to renew them.

I am, Sir,

Yours, &c.

R. BAYARD, M. D. &c.

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PRINTED BY R. CLAYTON AND SONS
STATIONERS-HALL-COURT
LONDON

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Page 8, Line 17,	for distinguish,	read,	distinguishes.
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17,	26,	tonsillas	tonsillas.
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21,	16,	inflammation,	inflammation.
29,	10,	affection,	affection.
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