

**Discussion on the reports of the Committee of the New York Academy of Medicine, to whom was referred the paper of Dr. Horace Green "On the employment of injections into the bronchial tubes and tubercular cavities of the lungs".**

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London NW1 2BE UK  
T +44 (0)20 7611 8722  
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# DISCUSSION

ON

THE REPORTS OF THE COMMITTEE

OF THE

NEW YORK ACADEMY OF MEDICINE,

TO WHOM WAS REFERRED THE PAPER OF DR. HORACE GREEN "ON THE EMPLOY-  
MENT OF INJECTIONS INTO THE BRONCHIAL TUBES AND TUBERCULAR  
CAVITIES OF THE LUNGS."

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FROM THE AMERICAN MEDICAL MONTHLY.

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NEW YORK:  
EDWARD P. ALLEN, 9 SPRUCE STREET.

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1855.

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NEW YORK ACADEMY OF MEDICINE  
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DISCUSSION

ON

DR. HORACE GREEN'S PAPER,

AT THE

NEW YORK ACADEMY OF MEDICINE.

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[From the American Medical Monthly, for August, 1855.]

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Notwithstanding the excessive heat, a large gathering of medical men took place, at the regular meeting of the Academy, held on Wednesday evening, July 18th, in the small chapel of the University. Dr. J. W. FRANCIS, the president, took the chair.

*Dr. Reese* stated that several members had not received the printed copies of the transactions, and as it was well understood they were printed for the purpose of giving every member an opportunity of discussing the subject intelligibly, which they could not do without copies, he moved a postponement of the discussion. Certainly it would be much more agreeable on account of the extreme heat.

The motion was overruled, however, and the Society went into Committee of the Whole, Dr. J. CAMPBELL STEWART in the chair.

*Dr. Rockwell* called for the reading of the Reports, as he had not received them in printed form, which was denied him, and he left the room.

*Dr. Griscom* proposed the adoption of the Resolutions appended to the Majority Report.



*Dr. S. C. Foster* called for the reading of the two sets of Resolutions, and they were read.

There being a pause, and the vote being apparently about to be taken, *Dr. Green* stated that he should like to hear some reasons given why these Resolutions should be adopted. He would wish before that was done, to give some reasons why they should not be.

*Dr. Detmold* thought that the reasons for adopting the Report and Conclusions were contained in the Report itself; that the silence of the Academy was a tacit consent to its propositions; that the reasons against it were to be found in the Minority Report. He thought discussion would elicit nothing new, and that no action need be taken by the Academy *formally*. There were four signers to the Majority Report, and one to the Minority, and he thought the opinion of the Fellows of the Academy was in that proportion. The Majority Report did not satisfy him perfectly, yet he was willing to adopt it. It had faults, but even those made it better in some respects. It was not written with sufficient care—it was not guarded against criticism. It proposed certain tests, which were not objected to by the Minority, and therefore they are perhaps correct; still they were not satisfactory to him. He would have liked that the Report should have presented one indisputable sign. The phrase “not satisfactory” often occurring, was enigmatical; but these were not radical faults. The Report has convinced him, that in the many cases where he had used the sponge himself, and seen its use by *Dr. Green*, that he had been mistaken as to where it went. The Minority Report had no such faults. It is an ably concocted paper, but it has a radical fault. It is not a Report. It is a Review of the Majority Report, so ably and fully done, that discussion was forestalled. As in a court of justice, it had even arrogated to itself the power of impeaching and throwing out testimony. It had completely ignored a case, where all acknowledged that the tube did enter the trachea—one peculiarly fitted for the proposed treatment. He said that *Dr. Anderson* gave his assent to the record of facts, but did not sign the Report, because he considered it was not complete—not that he dissented from it. The letter of *Dr. Stevens* merely gave a practical lesson upon the general use of Nitrate of Silver. Discussion will do no good—it will change no opinion. The subject will soon be taken up on the other side of the Atlantic, and unprejudiced persons, away from all personal feeling, will soon report dispassionately upon it.

*Dr. John Shanks* said: The subject of discussion this evening is one, which, if precipitately acted upon by this Academy, may, per-



haps, cause many hereafter to regret, that they had not more deliberately, more perseveringly, and upon a larger and more extensive basis of tests and experiments, founded their opinions. The Report of the committee based on the notes from the thirty-eight cases, through which the committee prosecuted their investigations, is, undoubtedly, the result of determined endeavors to arrive at the truth. No one, I think, could have listened to the reading of that Report, without being impressed with the belief, that the opinions expressed and deduced from the facts it contained, were the deep and solemn convictions of independent, candid, and truthful investigators. I must confess that the first blush of the impression which the reading of the Report made upon my mind, had a strong tendency to carry me away in opinion with the committee. But, reflection since has cooled the ardor of my first impression. When I recall to my mind, and review the events of the past, which accompanied the introduction to the public, or to the body more particularly interested, of almost every then new invention, and advance upon the knowledge and practice of mankind, in almost every relation of civil life, having science and art as its basis ; when I reflect upon the unmerited obloquy, through both oral and written reports, which was heaped upon the devoted heads of many of the authors and originators of these *then* called impracticable innovations, and self-delusive moon-stricken theories ; but which are *now* the well established, indisputable, irrefragable facts and data of science and art, upon which still farther advance and improvement can be more readily made ; when I consider, in short, the unbelief and contumely thus directed, which pursued these benefactors of their race throughout the whole course of their lives, and even in some instances long after the deposition of their remains in the silent tomb, over which, however, awakened and more enlightened posterity erected reverential monuments ; it would be absurd in me, and, as I humbly conceive, premature in any one to pronounce a decisive opinion on the questions before us, from the meagre and inadequate, though sufficiently honest and earnestly directed, investigations of the committee alone. It will be remembered, some years ago, when Prof. Horace Green first announced to the profession, the practicability of entering the larynx, that a hue and cry was immediately raised against the extraordinary announcement ; and that some distinguished professors of surgery and anatomy, even pronounced the *thing*, as they called it, an anatomical impossibility. Now, however, how do matters stand ? How many physicians will you find at home or abroad, who will confess that



they cannot enter the larynx with the tube and the sponge probang? And those who admit that they are conscious of having done so (and there are many such), are they to be considered as self-deluded, like Dr. Taylor of the Report?

Moreover, if there still remains any echo of that original hue and cry, surely the declarations contained in the Report of the committee will suffice to annihilate it, for it is admitted that they succeeded in entering the larynx—this Crimean Sebastopol, so to speak, of the whole field of controversy, which, when taken by surprise, or when entered by the necessary skill and tact, all the other problems connected with the subject, require but a little time and experience to effect their “satisfactory” solution. I am, therefore, not at all surprised that the English and French allies, Professors Erichsen and Trousseau, are still before the walls of Troy. So far, then, the Minority of the committee may congratulate itself on no inconsiderable advance, towards the general adoption of the truth of the remarks contained in its Report. But, it is said, that the rational signs consequent upon the introduction of the instrument into the larynx, were so alarming and imminent of suffocation, as to have led them (the committee) to the conclusion—how premature!—that the accomplishment of the introduction was by no means so frequent as it was generally supposed, and that in those cases by others, where it was asserted that the instrument entered the larynx; if these rational signs were absent, the instrument, instead of having entered the larynx, passed down into the œsophagus only. I hope the committee will excuse me, if I decline the acceptance of this oracular conclusion.

I remember, many years ago, listening to a lecture delivered to his class, by the distinguished and learned chairman of the committee on this Report. He was speaking of the introduction of the male catheter into the bladder, and, in the course of his remarks took occasion to eulogize the practice of a Parisian Surgeon, for the skill, rapidity, and address with which he performed this simple operation; and to say that it was alone worth a trip to Paris, to witness his execution of it. I must conclude, then, that that estimable gentleman, the chairman of the committee, has faith in the possibility of acquiring an eminent degree of skill and address in the use of catheters. Why, then, I would respectfully enquire, was there no allusion made to the possibility of the possession of this accomplishment by many of his contemporaries at home, in the catheterization of the air-passages,—a far more nice and intricate an operation; and presenting a field equally as interesting, and less explored, for the exercise of American genius and talent;



which,—I may say without any sacrifice of modesty, as I am not a native born American,—is second to none on the civilized globe. And why, I would again enquire, would it not be as reasonable to infer that the alarming and threatening symptoms of suffocation witnessed, were due to the absence of this accomplishment in their manner of operating, as to infer and conclude, that because these symptoms were absent in the operations performed by others, it was positive proof that the instrument had not entered the larynx at all, but passed down into the œsophagus instead ! unless, indeed, it is generally conceded that all science, and all art, are centred in the minds and hands of the majority of the committee.

*Dr. J. O. Stone* considered that, as one of the committee, he was called upon to reply. That it had been inferred, that the reason of the failure in passing the instrument into the trachea, was from a want of skill upon the part of the committee ; but the truth was, the committee surpassed the author of the paper, having, as may be seen in the Record, repeatedly succeeded, when *Dr. Green* had failed. *Dr. Stone* then mentioned the instances bearing upon this point. He thought that the committee had taught the author something, viz : that the curved probang would pass where the nearly straight one would not. He then restated the honesty with which he went into the investigation ; that from the overwhelming character of the Paper, the committee were necessarily very careful, and that “not satisfactory” marked their prudence in giving an opinion in instances where they should now speak more decidedly. *Dr. Green* gave no reasonable symptom why he considered the tube passed into the trachea ; in certain cases he said it was in the trachea, but he could not say why he knew it to be so. *Dr. Green* had brought no cavities to be injected. In the only case mentioned where the patient died, *Dr. Stone* allowed that he might have died at any moment ; that he did not lay much weight upon that case. The Minority Report, curiously enough, says it discards all the Bellevue Hospital cases, and yet it takes all the favorable cases and includes them in their estimates !

*Dr. Barker* said : He had listened with deep interest and fixed attention to the remarks made by the gentlemen who had preceded him, relative to the subject now under discussion. He had heard with undisturbed equanimity the various criticisms which have been offered on the papers which he had the honor to read before the Academy. But he had yet to hear the first argument against the possibility of topical medication after the manner proposed by *Dr. Green*. He had yet to hear the first argument against the *practica-*



*bility* of the operation, based on *science*, that is to say, based on the anatomy and physiology of the parts implicated in the operation. On the contrary, its practicability, under *certain* circumstances, and in a *certain* percentage of cases, is conceded—conceded by the majority of the committee, in their Report, and conceded by every speaker to-night. The question, then, comes up, under *what* circumstances is it practicable? Dr. Green says, after the parts have been properly prepared.

Dr. Watson asked if anything was said in the Paper of Dr. Green relative to such preparation.

Dr. W. Parker said there was nothing of the kind stated in the Paper which was before the committee.

Dr. Barker resumed: He did not desire to engage in the discussion of side issues, but he was ready to examine all points. The necessity for previous preparation of the parts was insisted upon by Dr. Green in his first work, published eight or nine years ago. It was also stated to be an essential preliminary, in the Paper which Dr. Green read before the New York State Medical Society, at their meeting on the first of February. Dr. Barker then read the concluding paragraphs of this Paper.

Dr. Green interrupted to say, that in his first Paper, read before this Academy, he did not think it necessary to allude to previous preparation of the parts, as he supposed all in this city understood his views on this point. But in his Paper before the State Medical Society, he had strongly urged the necessity of this preliminary condition, as some there might be ignorant of its importance.

Dr. Barker continued: The Records of the committee show, that when Dr. Green was before them, he distinctly stated this to be a necessary preliminary condition. Dr. Barker illustrated this part of his argument by referring to the preparation for operation for cataracts, by dilating the pupil with belladonna. Now, who will say, that the experiments of the committee would not have been successful in every instance, if the patients had been subjected to the proper preparatory treatment?

It has been proposed, that the committee of the whole, recommend to the Academy, to adopt the "conclusions" of the Majority Report. But no one has given any reasons why the Academy should adopt this course. One gentleman (Dr. Detmold) says that the reasons are contained in the Report itself. The first conclusion of the Majority Report is, "catheterism of the air-passages dates its history from the time of Hippocrates." Is there, in the Report, any reason



given for this conclusion? Does medical history furnish any proof of the truth of this statement? Will the Academy stultify itself by adopting such a conclusion as this, without either proof or reason? The second conclusion of the Majority Report is, "the best evidences of the passage of an instrument into the air-passages, are the rational signs." As an abstract proposition, this may be admitted; but as defined by the Report, is it true? The committee give the following as the rational signs: [Dr. Barker then read from the Report.] (Vid. p. 53, vol. iv., of this Journal.) Yet their Record shows, that in three cases, Wiley, Messmore, and Griffin, where the tube, as they admit, was passed into the trachea, these signs were absent.

*Dr. Stone* asked if *Dr. Barker* did not regard "breathing through the tube" as one of the signs of the passage of the instrument.

*Dr. Barker* replied: Yes, he accepted that. But the other signs were all absent, as their Record proves, in three cases where the tube was passed. Now, if it may be passed in three cases without producing these phenomena, why not in thirty or three hundred. Is there any ground for saying, "experiment unsatisfactory," merely because these signs are absent? The truth is, what the committee call "rational signs" of the passage of an instrument into the trachea, are merely the signs of irritation of the entrance into these passages, or of obstruction to the admission and exit of air, neither of which conditions are absolutely necessary.

As regards the third conclusion of the Report, it is sufficient to say, that it has already been proved, that the facility of the operation depends upon the state of the parts involved, and not upon the curvature of the instrument.

The fourth conclusion is, "there is no reliable evidence in the opinion of the committee, that the sponge probang has been passed through and beyond the vocal chords." The passage of the sponge probang did not legitimately pertain to the duties of the committee. But, said *Dr. Barker*, I am ready to discuss this point in the committee of the whole, where a large latitude in debate is admissible. *Dr. Barker* then mentioned five tests, which he considered "reliable evidence" of the passage of the sponge probang.

1st. The operation on the cadaver. This has been repeatedly accomplished, both in this country and in England, and, said *Dr. Barker*, if I am not misinformed, the secretary of the committee has seen it done.

2d. The tests given in the original Paper of *Dr. Green*, viz: where the sponge is attached to a pervious handle, respiration through the



tube; the extinction of a lighted lamp, by blowing through the tube; the inflation and collapse of a piece of bladder attached to the outer extremity of the handle, &c., &c.

3d. Seeing the sponge where there is an opening in the trachea. This has occurred in two instances, one is a patient of Dr. Green's, in whom tracheotomy was performed in a Dublin hospital some years since. The patient wears a tube, and the sponge has been repeatedly passed in contact with the tube. The other case is a patient of Dr. Carnochan's, who cut into his trachea while in the delirium of fever. The wound has healed, but there is an opening in the trachea. Dr. Green passed a sponge down *through* the vocal chords, and it came out through this opening.

4th. In some patients, the sponge, when passed down the trachea, can be distinctly felt, externally, near the upper edge of the sternum. It can never be felt externally when passed down the œsophagus.

5th. In one patient of Dr. Green's, there is a stricture of the œsophagus, about four inches from the pharynx, through which the sponge cannot be passed, yet it is passed down *somewhere* ten or eleven inches.

*Dr. Barker* said: He was ready to examine the other conclusions of the committee, but he had come to-night to listen, not to talk, and he should wait to hear some reasons why they should be adopted, before he would attempt to combat them.

*Dr. McNulty* stated that he had made many dissections, and investigated the subject thoroughly. He was prepared to lay his investigations before the Academy, and with their permission, he would do so. The gentleman then proceeded to demonstrate, with considerable volubility, the minute anatomy and physiology of the larynx, from a diagram, and also a preserved specimen of the parts, he had prepared for the occasion.

From the fact that nature had placed a greater number of muscles to close the glottis than to open it, he concluded she never intended it to be entered. And from the fact that the base of the tongue and the glottis were supplied by branches of the same nerve, he said it was impossible to take the parts by surprise and pass through the glottis, for the moment the tongue is depressed preparatory to the operation, the parts take the alarm and close, so that it is impossible to enter the larynx at all. He had used the sponge probang a great many times, and used to think he passed it into the trachea "pop goes the weasel right straight along." But since he had made these investigations, he was convinced that he never did it.



*Dr. A. K. Gardner* thought the gentleman had proved exactly the opposite of what he had attempted. He had not himself come to any definite opinion, but if these nerves were so sensitive, and the information they gave so instantaneous, it seemed plausible that the importance ascribed by the writer of the original Paper to previous modification of the parts, was all-important. The citadel might be taken by bribing the sentinels, by previously dulling the sensibility of these guardian nerves by the preparatory application of the nitrate of silver to the glottis, epiglottis, &c. The watchmen would thus sleep upon their posts, and Sebastopol might be taken.

Comparative anatomy might teach something ; at least, it would tend to show that if the trachea of lower species of creation would bear topical application, that of the man might. Chickens have a disease called "pip." It is probably an inflammation of the air-passages, accompanied with an effusion of coagulable lymph. From the stringy appearance, it is supposed by the ignorant to be "worms in the windpipe." Blunt-pointed wires, shaped like a corkscrew, and pledgets of cotton dipped in spirits of turpentine, have both been used as remedies.

*Dr. Sayre* said that he was amazed that any man should come before that Academy with a drawing and attempt to prove that it was an anatomical impossibility to enter the larynx, when every surgeon had been called upon to remove foreign bodies from the air-passages; and if foreign bodies can get there by accident, why cannot the surgeon pass instruments intentionally? So frequently does the accident occur, that a whole volume is devoted to the subject of foreign bodies in the air-passages, by *Dr. Gross*. He was satisfied that the tube could easily be passed. He had seen it done. He had witnessed a case of *Dr. Green's* where there was no doubt of this fact. The instrument was introduced without producing any of the alarming symptoms stated in the Majority Report. *Dr. Sayre* then closed the mouth, and held the nostrils shut, so that no air could in any manner enter the lungs except through the tube. He was determined to test this case thoroughly. The patient breathed thus for some ten or fifteen minutes. He then showed signs of suffocation, and *Dr. Sayre* was on the point of opening his nose and mouth, but *Dr. Green* said that the trouble arose from the tube becoming stopped with mucus. He then blew forcibly into the tube,—the patient was instantly relieved, and remained a considerable time longer in this condition, breathing without trouble through the catheter.

*Dr. Sayre* thought such evidence indisputable ; and if it could be



done once, then why not a million times. As to the introduction of the sponge probang, all he had to say, was that if a sponge was attached to the end of a tube, and the tube introduced, and respiration carried on for an indefinite period through the tube, and then the tube being withdrawn and the sponge found still attached to the end of the tube as at first, he considered that conclusive evidence that the probang could be introduced. In reference to the utility of the treatment, he had not made investigations, as he was devoted to a different branch of the profession; but he thought more time was required to report upon that part of the subject satisfactorily. He considered the Majority Report incomplete. Their investigations were neither sufficiently numerous nor earnest. They had given the signs by which it could be known whether the tube was in the trachea or œsophagus, and yet many of their cases are reported *unsatisfactory*. We want to know why they are unsatisfactory, why they cannot tell whether it is in, or not. They should have examined into the cases treated by injections, for chemistry made it easy enough to ascertain whether it went into the trachea or œsophagus, from the fœces. He wanted a more reliable report, one that would stand the test of time.

*Dr. Green* said: I thank the gentleman, Mr. Chairman, for the interesting anatomical lecture to which we have just listened. It is probable that Marshall Hall, to whom the lecturer has alluded, understood, as well as any man, the anatomy and physiology of the larynx, and the nervous influences belonging to this organ. He, one time, entertained a similar opinion, that the introduction of a foreign body into the larynx, as proposed, would prove fatal to animal life. This he declared when in this country; but he had an opportunity, subsequently, of seeing, first, a tube introduced into the trachea of a dog, by Prof. Brainard, of Chicago; and, afterwards, of witnessing at my office, the operation of cauterizing the larynx and trachea repeatedly; and this, his former opinion, he renounced, which renunciation was contained in a lecture that was published in the *North-western Medical and Surgical Journal* (vol. 2, N. S., p. 151).

But, as I stated, I have other remarks to make, and if the Academy will allow me, should like to offer them now. (Leave being granted, *Dr. Green* continued).

*Mr. President*: In the Paper which I had the honor to read before this Academy, at its session in December last, and which occasioned the appointment of this committee, whose reports we have heard, I announced at the conclusion of my thesis: "that the direct medication of the lungs, by means of catheterism of the air-tubes,



an operation not before performed, had been accomplished—that the operation may be performed by the dexterous surgeon, with ease and facility, and with perfect safety to the patient ; and that the results of this method of treating disease, whether employed in bronchial affections, or in the commencement of tuberculosis, had already afforded the most gratifying indications, that practical medicine will be greatly advanced by this discovery.” These propositions are still maintained.

Two important inquiries are included in the above declaration ; inquiries which it became the duty of your committee, so far as opportunity and observation enabled them to do it, definitely to settle. These questions, as understood, and stated by the committee, are :

1st. Can the passage of the instrument, as proposed by the author, into the air-passages, be effected ? and,

2d. What benefits are to be derived from the injections of nitrate of silver into these passages ?

These, Mr. President, it seems to me, are, very plainly, the subjects of inquiry that claimed the attention of your committee.

To the consideration of the first question, they have given time and attention ; but it must be evident to every one, that the second inquiry cannot be settled without occupying much time, and carefully observing many cases.

The truth of the first declaration to which I have referred, namely, that of our ability to introduce a flexible tube into the trachea, your committee have fully established ; for they declare, that in *eleven* cases observed by them, “the operation was performed to the entire satisfaction of the committee ;” and this was accomplished in patients, who, with very few exceptions, were under circumstances the most unfavorable for success ; as the testimony you have heard, has proved. If, however, with such embarrassments, success in eleven instances crowned our efforts (although we maintain that the operation was accomplished in a much larger number of cases), what shall hinder its repetition ; if beneficial, what shall prevent the perfect performance of the operation, in as many hundred, or even an unlimited number of cases, where all the required preliminary conditions are observed ?

With regard to the subject of the *peculiarity* of the instrument employed—whether “much curved,” “slightly bent,” or recti-linear—a question which really seemed to be, in the minds of the committee, one of mighty import, is a matter about which I am not disposed to differ with them in opinion.



The committee have found out, and admit, that the performance of the operation *is* possible ; and if they have also been able to devise any improvement in the form of the instrument, or in the method of operating, I shall be as ready as they are, to rejoice in the attainment. But to this subject I shall again refer.

There is another side issue, which the committee have forced into this investigation, that is altogether irrelevant to the main point of inquiry.

Although it is admitted that a tube, one-fourth of an inch in diameter, can be introduced into the trachea, yet, say the committee, "we have from this no reliable evidence that a sponge probang can be passed into the same canal." Indeed, the committee profess to have satisfied themselves, that the failures in attempting this operation, were an hundred per cent. In short, that it was not accomplished at all ! Mr. President, I shall not stop to argue a question that has been settled by a thousand unanswerable facts ! Why, sir, there are men on that committee, who have again and again performed that operation, and who know they have done it ! There are fifty members of this Academy, who have repeatedly passed the sponge into the larynx and trachea, and who can testify to its accomplishment. The admission of the passage of a tube, makes the denial of the introduction of a sponge probang through the same calibre, positively absurd ! If a tube one-half, or even one-fourth of an inch in diameter, can be carried through the trachea, cannot a sponge probang of an equal diameter, soft and easily compressible, be introduced through the same opening, and along the same canal—what shall hinder ?

Why, sir, at one of the meetings of your committee, after first obtaining from its chairman the admission, that the operation I proposed would be conclusive in establishing the fact of the introduction of the instrument into the larynx, I passed one sponge more than half an inch in diameter into the trachea, and leaving it there, quickly introduced another of the same diameter into the œsophagus, which last was passed rapidly up and down in the œsophagus, several times, without coming in contact with the first sponge, or disturbing it in the least degree.

Within a few days, since these reports were made to the Academy, I had an opportunity of proving in another way, the positive performance of this operation. My colleague, Dr. Carnochan, has under treatment a young man, who, a twelvemonth ago, in a fit of insanity, attempted suicide by cutting his throat. The wound was



never perfectly healed, for a small, permanent opening into the trachea still remains.

At the request of Dr. Carnochan, and in his presence, I passed, at the second attempt, and without difficulty, a sponge probang, a little over half an inch in diameter, "slightly curved," into the larynx, through the rima-glottidis, until it made its appearance at the opening of the trachea.

In another patient on whom the operation of tracheotomy had been performed, I introduced the probang, a few months ago, repeatedly in the same manner, in the presence of several physicians, through the trachea, down to the external opening.

But, sir, if my experience and my testimony are to weigh nothing, when opposed to the preconceived opinions of your committee, shall the testimony of such men as Bennett, of Edinburgh, and Watson, of Glasgow, and Cotton, and Hastings, and Alison, and Mackness, of London, and Bowditch, and fifty others eminent in the profession, in this and in other countries, all of whom have testified, not only to the positive performance of this operation by their own hand, but to its great utility in the treatment of disease. Shall their testimony, I say, not be received, because it is directly opposed to that of your committee? Many of these gentlemen have had most extensive experience in the treatment of disease, by topical medication, and several of them had expressed publicly before trial, their disbelief in the practicability of the operation, and yet, after being convinced of their error, they have had the magnanimity to admit it. One of the vice-presidents, Dr. Detmold, advises that we wait till we hear opinions on this subject, from Europe. We have already heard, sir, and I will briefly refer to the testimony of a few of these physicians.

Dr. Cotton, one of the physicians of Brompton Hospital, says, in regard to topical medication of the respiratory passages (p. 236), "my own views upon this subject differ from those I formerly held, and have even expressed; and I owe this change to the kindness of Dr. Horace Green, of New York, the justly celebrated advocate of this treatment, who, during a recent visit to our metropolis, convinced myself and others, not only of the possibility, but of the safety and usefulness of the practice.

"I had long been in the habit of using a solution of nitrate of silver, to the pharynx and upper surface of the epiglottis, by means of a soft brush in all the early cases, both of laryngeal and pharyngeal complication; and had frequently witnessed its good effect, not



only upon the part to which it was immediately applied, but upon the laryngeal structures also, attributing it, in the latter case, to an action excited in the upper respiratory passages, from continuity of the mucous membrane. But, I had never ventured to apply anything directly to the larynx itself ; not from any doubt as to its possibility, but from misgivings as to its effects and apprehension of its danger. For some months past, however, I have done so extensively in cases of chronic laryngitis, whether idiopathic or tubercular, and very frequently with marked success."

Dr. Hastings, in his work on "Diseases of the Larynx and Trachea," gives many cases in which he cauterized the larynx and trachea ; and of the treatment remarks, "I call it a discovery, because it was previously, and by most practitioners is still, believed to be utterly impossible to pass any foreign body into the larynx and trachea, without producing violent spasm, or even suffocation. Such opinions have often reached me, coming from men occupying the highest walks in their profession, who ought to be imbued with a sufficient degree of liberality, to prevent the condemnation of a practice, or, indeed, the denial of its practicability, for no better reason than that they do not understand it themselves."

And Dr. Watson, after describing minutely the manner of performing the operation, and the many preparatory steps to be taken, says : "I would not, in all probability, have thought it necessary to be so minute and pointed on this topic, had I not read, and read with great astonishment, in a system of surgery very recently published in this country, that the author 'has no hesitation in expressing his conviction, that the sponge has never been passed, in the living subject, beyond the true vocal chords.' This statement he founds on the structure and physiology of the parts concerned, and on 'repeated observations' which he has made in cut-throat cases, and on the dead subject."

"I have already shown how little reason he has to found such an opinion on the structure or physiology of the larynx ; and in regard to his 'repeated observations,' I can only express my regret that any teacher of surgery should be either so lamentably wanting in manual dexterity, or so inexcusably warped by preconceived ideas, as the above statement would seem to indicate regarding its author. Certain it is, as we have seen, that much larger bodies than the laryngeal sponges have been passed both upwards and downwards through the rima-glottidis of many living persons ; and every one can make trial for himself how easy it is to introduce such instruments into the



trachea on the dead subject. Over and over again, even since reading the learned professor's statement, have I performed this experiment, and I venture to say, that in all my *repeated observations* of this kind, I never experienced the very slightest difficulty. It is, therefore, sincerely to be hoped, that he performs with greater dexterity, and observes with less prejudice, operations upon other regions of the human body, both dead and living, than he seems to have done that of the passage of the sponge probang into the trachea."

"I need only now remark, in conclusion, that after the probang has been passed through the glottis, there is no obstacle to prevent its being carried down the whole length of the trachea." \*

Still, it is admitted that a *tube* of a certain form can be introduced, but the committee recommend an instrument to be used "bent with a curvature corresponding to a circle of six inches in diameter;" and they affirm, in their report, "that such an instrument" can be introduced, with much certainty, into the air-passages, "but the instrument selected by Dr. Green, as the one he is accustomed to use in his practice," they add, "and which is only slightly bent at its extremity," "fails in entering the air-passages in about ninety per cent. of the trials."

Throughout the Report, much stress is laid upon this particular form of the instrument, as if it was something quite new, and altogether necessary to the success of the operation. This is all very well, and of but little importance; but it would have saved the committee some trouble in this matter, as well as on other points, if they had taken the pains to examine my work on these subjects, the first edition of which was published nearly ten years ago. They would then have ascertained that an instrument of nearly the same curve was at first recommended and used by me. On page 280 of the work to which I refer, is the following: "The instrument which I have always employed for making direct medicinal applications into the cavity of the larynx, is one composed of whalebone, about ten inches in length. \* \* \* \* The extent to which the rod is to be bent, must be varied according to circumstances; for the opening of the glottis is situated much deeper in some throats than in others; but the curve which I have found suited to the greatest number of cases, is one which will form the arc of one-quarter of a circle, whose diameter is four inches." But I soon found that such an instrument, al-

\* On the Topical Medication of the Larynx. By Eben Watson, M.D., Lecturer on the Institutes of Medicine, in the University of Glasgow, &c. London edition, pp. 27-8.



though it could be introduced with more certainty within the larynx, yet it could not, when thus bent, by any possibility, be "thrust down between and beyond the vocal chords." When, therefore, it became necessary to reach disease further down, I gradually lessened the diameter and extent of this curve, until, after much experience, and many trials, it was ascertained, by having the head of the patient thrown well back, so as to bring the mouth as near as possible in a line with the opening of the glottis, that an instrument "with the small curve," or nearly straight, may be introduced any required distance into the trachea, "with much ease, and, ordinarily, with much certainty." And the assertion is here emphatically reiterated, that, after this manner, and with these necessary conditions premised, "the sponge-armed probang may be, and has been, in a thousand instances, thrust down between and beyond the vocal chords, and has been carried, not only through the trachea and its bifurcations, but has been passed at will into the right or left bronchial divisions." The day is passed, thank heaven and the spirit of progress, when hypotheses, or preëntertained opinions, can be received for facts in medicine.

That the table of rational signs, which the committee have enumerated as constituting a "rule, to which, ordinarily," they say, "there are no exceptions," to prove the introduction of the instrument into the larynx, is wholly unreliable, can be established by facts in both physiology and in practice. These rational signs, such as "suffusion," "turgescence," and "lividity" of the face; with violent spasmodic cough, and loud and stridulous breathing, &c., &c., symptoms which the committee positively aver are "the surest criterion of the success of the operation," these are the certain signs, not of the successful, but of the *mal adroit* operation! The *laryngismus* which occurred in so many of the patients, subjected to the experiments of your committee, originated in the neglect to employ appropriate preparatory measures, and in the presence of mental excitement, and direct physical irritation. The *causes* which were present in all these cases, are precisely those which Marshall Hall has enumerated as belonging to, and as being always productive of, laryngismus and trachelismus. They were, great *mental excitement*, and *irritation of the laryngeal nerves*.

Dr. Hall speaks of the following, as among the irritations, which, acting in "a reflex or diastaltic manner," produce laryngismus or spasm of the glottis:—

First, the *moral*, such as "excitement," "fright," &c.; and second, *irritation* of the recurrent laryngeal nerves; these, acting through the



medulla oblongata, induce spasms of all the muscles of the neck, and the result, he declares to be, "compression of the external and internal jugular" veins, followed by "congestion of the face, eyes, and neck," with "suffusion," "timidity," "lividity," and "distention of the veins," together with temporary "paralysis of speech."

Now, if the Fellows will turn to the rational signs as "tabulated," on page 230 of the "Transactions," they will find a remarkable correspondence between those there recorded, and the symptoms of *laryngismus* and trachealismus, as enumerated by Marshall Hall. In fine, complete *laryngismus* was produced in many of the patients operated on by your committee, in consequence of their unprepared condition, and by reason of the rough manner in which the operation was performed.\* They have therefore made the fatal mistake of adopting the symptoms which attend laryngismus, as the "rational signs," which, they declare, *must be present*, whenever the tube, or sponge probang, is made to enter the air-passages.

When your committee, Mr. President, are better acquainted with the true physiology, and the peculiar nervous organism, of the upper portion of the respiratory tube,—concerning which most erroneous ideas are entertained by many of the profession,—they will most assuredly find that these recorded rational signs of theirs are erroneous and unreliable; that they cannot be established as furnishing the "rule" they propose. They will find, that when the operation of injecting the air-passages is appropriately performed, the tube can be introduced into the trachea without producing any violent spasmodic action; often, without being attended by any severe cough, or by any other unusual disturbance whatever!

The declaration of this *truth*, in practical medicine, I make, as being positively established. For the disproof of it, I challenge all *fair* and scientific inquiry.

*Dr. Green* here again described particularly the way in which the operation should be performed, and spoke of the absolute necessity of having the parts involved in the operation properly *educated*, before the attempt should be made to introduce the tube into the trachea.

\* Whenever the operation was performed by any of the committee, or by *Dr. Taylor*, it was done, ordinarily, by thrusting one or more fingers of the left hand into the mouth of the patient, and "feeling for the epiglottis with the index finger;" retaining the finger in this position, the tube, stiffened by the wire, was passed over its extremity and the opening of the glottis *felt* for, with the curved end of the instrument. Of course "direct irritation" was thus communicated to the nerves of the larynx, and a spasm of the glottis produced, with great certainty.



*Dr. Beadle* inquired if the paper read before the Academy contained any such directions?

*Dr. Green* said it did not. His work, which was published nearly ten years ago, a copy of which, at the time of its publication, he had presented to the chairman of that committee, contained full and explicit directions on this subject; and he did not consider it necessary, at this time, to repeat these directions to the profession of New York. But, in the Paper which he read before the State Medical Society, two months after the reading of the one before the Academy, and which was a continuation of the same subject, these directions were given, because he was aware that there would be those present at that meeting to whom the whole subject would be new.

As copies of the Transactions of the State Medical Society were present, *Dr. Barker*, at the request of some member, read the following, as the directions given by *Dr. Green* in his Paper:—"Nature has so guarded the opening into the aërial passages, that the operation we propose, catheterism of the bronchial tubes, it will be found, is one difficult to be accomplished, and it should never be attempted until the parts implicated are *thoroughly educated* by the necessary preparatory operations. These operations consist in cauterizing successively the pharynx, the opening of the glottis and the larynx, for several days (for even weeks, if necessary), before the introduction of the injecting tube into the trachea and bronchi."

It was the neglect of these *preparatory measures*, said *Dr. Green*, together with the *excitement* produced by the presence of so many persons, that caused the failure in many of the patients operated on by, and before, the committee. In those cases treated at Bellevue Hospital, not a patient was in any degree prepared. A few applications of the caustic had been made to the pharynx only. In not a single instance had a solution of the nitrate of silver been applied to the epiglottis, glottis, or larynx. This was admitted by the young physician who made the applications. Consequently the peculiar nervous irritability of the opening of the larynx, had been in no degree allayed; and the result was, the occurrence of spasm, at almost every attempt to introduce the tube; and so with regard to the cases seen at his own office, the operation was performed with the utmost difficulty, because of the very great excitement induced in his patients, by the presence of so many strange Doctors.

*Dr. Green* was ready to perform the operation before any and every member of the Academy, coming singly and quietly to his office, and he pledged himself to its successful performance.



*Dr. Watson* inquired, and *Dr. Green* explained, what the latter meant by passing the tube, at will, into the right or left bronchial division.

*Dr. Beadle* desired to know if *Dr. Green* had not claimed to be able to pass the tube "at will" into the lungs, and inject tubercular cavities.

*Dr. Green* said: He had never made any such claim whatever, and he requested that those who were so much disposed to criticize and catechize him, would read with more care what he had written, and not lay to his charge that which did not belong to him. He had on no occasion said, that cavities could be, or had been injected; he had only suggested the inquiry, "what should hinder this operation under favorable circumstances."

*Dr. Beadle* referred to the title of the Paper read by *Dr. Green*, as proof that he claimed to inject tubercular cavities.

*Dr. Green* requested that what he had written should be read. It was read, and is as follows: "After accomplishing what has already been described, namely, that of introducing the elastic tube into the bronchial divisions; for it must have passed several inches into these if it entered the trachea—these questions occurred to my mind: What shall now hinder the introduction of medicinal agents through this tube into the lungs, or directly into the bronchi and their terminations? What will prevent the injecting, even of a vomica, under favorable circumstances, with appropriate remedies?" The favorable circumstances which were referred to in this inquiry, said *Dr. Green*, were such as when cavities communicate with bronchial tubes, and are not seated in the upper portion of the lungs, &c.

*Dr. Beadle*, still persisting in the attempt to prove his point, read from *Dr. Green's* Paper in the State Transactions, the following from page 224: "Between this period and the 6th of December, when the subject was brought before the Academy, there had been treated for a longer or shorter period, thirty-two patients, laboring under tubercular or bronchial diseases, by the direct introduction into the lungs of a strong solution of nitrate of silver, injected through the elastic tube."

*Dr. Green* said all that was true, but the lungs were not tubercular cavities!

*Dr. Watson* did not think it right to cavil at words,—the meaning of the author, he thought, should be received.

After several other inquiries, *Dr. Green* desired to know of the



chairman, if he could now be permitted to go on with his remarks. The chairman said he had the floor.

*Dr. Green* continued : With regard to the Report of your committee on the subject of the second inquiry, with which they were charged, I have but little to offer.

The propositions made in the Paper which was submitted to this Academy, and to which I have referred ; that this operation is entirely practicable, and of utility, are still maintained, with the additional declaration, that since the reading and publication of that Paper, over forty cases of bronchial disease, of spasmodic asthma, and of early and advanced tuberculosis, have been treated, for a longer or shorter period, after this manner of topical medication, in all of which, the tube was introduced into the trachea, in a greater or less number of instances, and a solution of the crystals of nitrate of silver injected through the tube into the bronchial divisions ! And it is still further maintained, and declared, that under this local treatment, those patients affected by the first two diseases, viz : chronic bronchitis and spasmodic asthma, have not only all improved more or less, but have in many instances been restored to health ; while, in tuberculosis, although the treatment has not afforded evidence that it will prove curative, yet in all these cases which have come under my observation, it has operated to lessen the cough, and to diminish the amount of expectoration. All these cases, Mr. President, might have been seen by your committee, for they were urged to visit my office daily, singly, or collectively, and to observe, and note, the effect, the progress, and the results of the treatment.

There are men on that committee, Mr. Chairman, in whose integrity of purpose and just intentions, I have the fullest confidence ; but, sir, they neglected to avail themselves of that information, which they might have obtained, and from which alone, correct opinions can be formed ; and allowing their judgments to be influenced by the expressed opinions of others, have subscribed their names to "conclusions," which are positively unjust, and altogether fallacious ! Had these gentlemen of the committee to whom I refer, complied with the urgent request which they will do me the justice to say was made them, to visit quietly, at my office, as a hundred other physicians have done, and see for themselves the performance of this operation of catheterism, and have observed its effects upon those who were the subjects of it, these gentlemen could not have been persuaded to place their signatures to that Majority Report. How, I ask, are they able to declare from their own personal knowledge,



"that the sponge probang has not been, and cannot be passed through and beyond the vocal chords?"

On what observations made personally, or in committee, can they aver, that these injections in a great majority of instances, "have passed directly into the stomach?" And on what evidence do they rely, when they testify, as they have done, by signing that Report, that the operation which has been approved of by more than fifty other intelligent physicians, who have witnessed it repeatedly, and have observed its beneficial effects, that this operation is one "fraught with danger as well as difficulty?"

If, as the committee assert, these injections in most instances passed into the œsophagus, instead of the trachea, this fact could have been ascertained, and it was the duty of the committee, as scientific inquirers, to have made the necessary examinations to establish this point, and not to have substituted *opinion* for truth. Dr. Heller, of Germany, has performed experiments which are conclusive, to ascertain to what extent the nitrate of silver, when internally administered, is taken into the secretions and excretions. He administered this salt in many cases of epilepsy, in doses varying from three to twelve grains, daily, for a period, in some instances, of three months. The blood and the urine of these patients were examined several times in many cases, but after the most careful examination, not the slightest trace of silver could be detected in either of these fluids. But the *feces*, Heller declares, contained in the form of chloride, the whole of the silver by weight, which had been administered. (Heller's Archives).

During the six months which intervened between the appointment and the Reports of your committee (and it was just six months to a day), they had abundant opportunities; no committee could have enjoyed better to observe in these more than forty patients, not only the certainty with which the operation is performed, but its effect upon disease in these cases.

In that Paper read before this Academy, are reported several cases of great interest, in the treatment of which these operations were frequently performed. Why have not the committee made some inquiries with regard to the results in those cases? Why not inquire respecting the patient, Mr. President, whom I had the honor of attending in consultation with yourself, and whose case, eighteen months ago, you must have considered hopeless; but who is enjoying better health, now, than at that period? Why not ascertain the condition of "Miss P——," the patient sent to me by Trousseau



himself, whose case, three years ago, was by him pronounced "incurable;" and yet, after having the injecting tube employed more than forty times, has returned to her home, in better health than she has had for many years? And the case, too, of "Miss V——," the patient placed under my care by Dr. Varick, who, under this treatment, has completely recovered, although she exhibited the symptoms of early tuberculosis? Why have not the committee inquired with regard to the results in her case, and in all these cases? inasmuch as these patients were well known to their attending physicians, and their cases were all reported fully in the Paper submitted to this Academy, and to the committee of their appointment.

But, not having done this in a single instance, having instituted no inquiries whatever, with regard even to those *two* patients, seen at my office, into whose air-passages your committee admit that the injections were thrown; having no knowledge whatever from personal observation, of the effects of the remedy as a therapeutic agent, I submit to the candid and unprejudiced portion of the profession, whether, as a scientific body seeking for the truth, they have done justice to the importance of the subject, or to the reputation of the author of the treatment?

I shall close my remarks on this part of the subject, with the words of Marshall Hall, in his late great work on the "Diastaltic Nervous System :"—

"It was my misfortune," says the discoverer of "the laws of action of the spinal system," "to submit my discovery to the judgment of the Royal Society, at a time when its council was influenced by one unworthy individual. It was rejected!" \* \* \* "*It was not the less the discovery of the function of the spinal marrow,*" he adds. Not the less a discovery, because rejected by the Royal Society. For *truth* is *eternal*, and although it may be for a time discarded, it is not thereby destroyed!

This method of topical medication, Mr. President, which I advocate, and which has already called forth such adverse and diverse opinions, with regard to its value, was neither hastily nor heedlessly adopted on my part. It came from no search after novelties, or innovation in medical practice; but it originated in a sincere desire to discover some successful plan of treating a disease hitherto ordinarily fatal; and it was the result of years of observation, of cautious induction, and of practical measures, conducted with the utmost care, and under a full sense of the attendant responsibility! Nor do I hesitate in this place to acknowledge, that, aware of the fallacy of



human judgment, no conclusion was adopted, not a single practical step was taken, without looking for that wisdom which cometh not from man, nor from unaided human judgment, however exalted ! And, *therefore*, it is, sir, that all along during this controversy, have I felt an unwavering assurance, that this practice, whatever may be the present "conclusions" adopted by the profession, with regard to it—that this practice will yet prove the initiatory step to a plan of treatment, which shall ultimately result in positive good to suffering humanity ! The peculiar method by me advocated may prove imperfect, or be altogether abnegated ; yet, shall others, following the lead thus given them, and avoiding the errors and mistakes which I may have made ; continue to improve, until the encouraging prediction uttered by the British and Foreign Medical Review, that "the results of this method of treatment, will lead to important changes in the prophylaxis and cure of pulmonary phthisis," shall be, at length, positively fulfilled.

Before I close, Mr. President, allow me a few words of autobiography ; and I trust the Academy will pardon the apparent egotism, when I assure them it is not on my own account I speak this, *but for the information, and consequent advantage, of my opponents.*

For nearly twenty years—nineteen last month—I have been connected with the medical profession of this city. During all this period I have labored honestly—perhaps injudiciously, at times, but honestly—to improve myself in my profession, and to do all in my power for the advancement of medical education and medical science. How well I have succeeded, I shall leave to the profession of the present and of the *future* to decide. But, in all this time—certainly during the last ten or twelve years—I have not advanced a single medical proposition, or taken a step in medical inquiries, that I have not been met by a certain portion of the profession in this city (and this is well known to many of you, gentlemen), not by a spirit of candid investigation, and fair and honorable inquiry, but by determined opposition and condemnation of any, and of all views by me advanced !

Not that such treatment has come from all the members of the profession, for I here take occasion to say that, from a majority of them, I have received only kindness, and all deserved consideration for which they have my sincere thanks. And I do not allude, Mr. President, to these facts in the history of medical ethics, or medical *politics*, in this city, with the intention of complaining. Not at all ! for I have no complaints to offer. If the gentlemen who have adopted this policy are satisfied that it is the best plan to advance the in



terests of the profession, and to improve medical science, let them pursue it.

I have here alluded to the subject, for the purpose of referring to another historical fact ; one which *may* have a greater bearing on the final issue in this controversy, than would, at first, seem probable. At the commencement of the Revolutionary war, four brothers, the sons of a physician of Massachusetts, and who belonged to a company of "minute men," left their home immediately after hearing of the "Lexington fight," and joined the American army. All these brothers fought in the battle of Bunker's Hill, and two of them fell with Warren in that engagement. The third brother lived until the battle of Monmouth, where he was slain, fighting for *truth*, and his country's freedom !

The fourth and last of this band of brothers, lived and fought through nearly the whole of that long struggle for freedom ; fighting by the side of Washington, and Green, and Putnam, and Stark ; at Bennington and at Saratoga, at White Plains and at Monmouth, and, indeed, in almost all the principal battles of that war ; and yet, surviving all, he lived to see his country free, prosperous, and happy ; and to raise to manhood, four stalwart sons, "native born Americans," all of whom, however, save the youngest, have passed away with the patriot father. He, the last remaining one, of that original stock, "still lives ;" and, it is but fair, Mr. President, that his opponents should know, after this more than "seven years" of warfare, that he belongs to a race who, when contesting for what is believed to be justice, and right, *will die with harness on, before they will renounce freedom of opinion, or desert the standard of Truth !*

Dr. W. Parker, chairman of the committee, felt called upon to say something on account of the personalities of the author of the Paper. Much had been said of the enemies of Dr. Green. Now, who are his enemies ? Certainly he was not one. He knew nothing of the systematic opposition spoken of. He could say there was none in the committee. It was as fair a committee as was ever made. When he heard the Paper read, he looked upon it as reflecting credit upon the author, and upon New York surgery. He thought it true, until he investigated it. He would say, however, he thought the author honest, and that he thinks he does what he says he does. But he is deceived. There is no mistake about it. It is as clear as the noonday sun. The Papers are given to the world, and it will soon be settled by their voice. The European world have no feeling in the matter. All he wants is the truth ! That's all. No doubt there is much



in teaching the throat, and he is willing to concede that injections can be thrown into the lungs, and the credit is due to our "associate member." He knows nothing as to the *cui bono*. Time must determine that matter. He said the reason they did not go to Dr. Green's office, was because they would both have been in a false position. They could not talk about, nor examine the operations, before his patients. That was why they went to Bellevue, for there more freedom could be had.

*Dr. Watson* said he had heard it said that patients whose lungs were said to be injected, were purged after the operation, and inquired if such was the case.

*Dr. Gunn* said that a lady had been staying at his house who was a patient of Dr. Green's, who was purged every time she returned from Dr. Green's office, where her lungs were injected, requiring opium to control them.

*Dr. Detmold* said such was the case with the patient operated on by the committee at Bellevue, *where they knew the injection was thrown into the lungs.*

Further discussion was here interrupted, by the lateness of the hour, it being past midnight, in the midst of "the heated term;" and on motion of Dr. Beadle, the committee rose and reported to the Academy that they had discussed the subject given to their consideration, and referred it back to the Academy.

An attempt was made to take a vote of the Academy on the subject, but to no effect, and finally, on motion of Dr. Beadle, it was decided to lay the subject on the table. The Academy then adjourned.

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## EDITORIAL.

### *The Academy on Pulmonary Injections.*

According to our promise last month, we give a very full and, it is believed, very accurate account of the discussion of the Academy, on Dr. Green's Paper and the Reports of their committee. Again our limits are too narrow to allow us to say what should be said, and we must be content to wait till next month before we discuss these proceedings. This we do, however, without very much regret, as there is no immediate haste for us to say what is necessary, and should the



Academy again take the matter from the table, still new topics may be entered upon. We add, however, a little testimony on topics touched upon by the Majority Report, not because we suppose it will gratify them, or their friends, particularly, but it may be of interest to honest enquirers for truth. The Majority, however, are not inclined to admit the testimony of any patient but Mary Norton, while one of their champions thinks so poorly of patients as to believe that they only echo the opinions of their physicians, as if a sick man did not know when he felt better.

Since this controversy commenced, Dr. Green has received letters from many physicians who, having been themselves the subjects of the local treatment, under his care, have kindly furnished him their testimony with regard to the performance, and the effects, of the operation. As some of these physicians are well known to many of the profession, and as their testimony cannot fail of being of interest to our medical readers, we shall append some extracts from the letters of a few of them. The first is from a letter written by Dr. H. A. Buttolph, physician of the State Lunatic Asylum, at Trenton, N. J.

Dr. Buttolph, who was several weeks under Dr. Green's care, and who reports his case in full, thus speaks of the treatment, and the operation :—

The nitrate of silver, applied by a sponge probang, at first to the fauces, then, as the excitability of the parts subsided, *through* and below the vocal chords, was the treatment prescribed. Of the fact of the passage of the sponge through the larynx, there can be no question. \* \* \* I will say, that I am certain that the introduction into the *trachea* of your sponge probang *No. 80 is possible*, and that I have increasing confidence that a large number of cases may be either cured, or relieved, by this treatment, more *certainly* and *speedily* than by any and every other means now in use. \* \* \* I am not a little surprised that professional men in New York should have given the subject of your improved mode of treating diseases of the throat and air-passages so little attention as not even to have become convinced of the reality of your operations.

I think, however, that this formal and determined effort to disparage the value of your work, will result in benefit both to science and yourself, and that the future will show that the sun did and would shine, even although a few eminent men asserted the contrary.

I am so in the habit of witnessing optical and other illusions and delusions in the human mind, as results of disease, that I can easily account, humiliating as it is, for similar phenomena when they proceed from pride, or prejudice of whatever kind.

Hoping that you will let "patience have its perfect work," I remain, yours, most truly,

H. A. BUTTOLPH.



The following is an extract from a letter addressed to Dr. Green, by Dr. W. Martin, of North Hero, Vermont :

I will briefly state the effects produced by an injection into my bronchial tubes of a solution of the nitrate of silver. The only sensation produced, was one of warmth, which continued three or four hours. My cough and expectoration were greatly diminished, and continued thus, until you made the second injection.

I think that I am now able to answer the question so often asked, "Does the tube pass into the trachea, or only go down the œsophageal tube into the stomach?" In my own case, after four injections, repeated every three days, I can say that I *know* that the tube entered the trachea, and the solution passed through it into the bronchi. I have the following very conclusive evidence to sustain my assertion :

1st. I felt the tube pass between the lips of the glottis, pass the vocal chords into the trachea.

2d. By an expiration, a quantity of the solution was blown through the tube to some distance.

3d. I tasted the nitrate in the matter expectorated, for two or three days after the operation.

Yours respectfully,

W. MARTIN.

Dr. A. McAllister, one of the most experienced physicians of Maine, in a letter written some months after his treatment, says :

The sponge was introduced a number of times into my trachea, and in every instance I experienced great relief. I have so far recovered my health that I have attended to my professional business, since about the first of February last, without the loss of a single day. I am now about fifteen pounds heavier than in November, when you first saw me. Then I had had a bad cough for two years, with a good deal of soreness and pain in the region of the lungs, but now I am apparently well. \* \* \* \* Finally, it would be hard to convince me, or any other man, who has not only seen it done, but had it passed into his own trachea a number of times, and experienced the beneficial effects of it, as I have, that we can be mistaken, and that it has passed into any other passage than that to the lungs.

Feeling all confidence in your ultimate triumph over all opposition, I remain, yours respectfully,

ASA McALLISTER.

NORTH HAVERSTRAW, July 16, 1855.

*Dear Sir,* Having noticed by the Medical Journals that a committee appointed by the "New York Academy of Medicine," for the purpose of reporting on the practicability of passing the sponge probang through the fauces into the trachea, have not only called this in question, but doubted the possibility of its being done ; permit me to say I believe I am competent to decide in my own case whether the probang entered the trachea or not, and I confidently affirm that repeatedly you passed, in my case, the sponge probang into the trachea;



and from its beneficial effects, I have been entirely relieved from a harassing and debilitating cough of a year standing, and which was continually getting worse, previous to my consulting you, so much so, as to oblige me nearly to abandon my practice, which I have been able since to resume, so far as my throat is concerned, with complete success.

Be pleased, therefore, dear sir, to receive the grateful thanks of one who has been so especially relieved by you.

Respectfully, your obedient servant,

WM. GOWAN, M.A., M.D.

To *Horace Green, M.D., LL.D.,*

Professor, &c., New York Medical College, New York.

SAUGERTIES, July 16th, 1855.

DR. HORACE GREEN :

*Dear Sir,* Being informed that there are eminent men in the medical profession who deny the possibility of introducing a sponge into the larynx and trachea, I embrace this opportunity of giving to you my convictions in relation to the operation upon myself.

They are such as to leave me no possible chance of doubting that you have on more than one occasion introduced the sponge, saturated with a solution of the nitrate of Silver, into my larynx and trachea, from which I have received incalculable benefit.

You are at liberty to make such use of this as you think best.

Truly yours,

D. D. T. HAMLIN, M.D.