

The present state of aural surgery, or, Methods of treating deafness, diseases of the ears, and the deaf and dumb : addressed to the Honourable the members of the Committee of Inquiry into the State of the Medical Profession / by W. Wright.

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THE
PRESENT STATE
OF
AURAL SURGERY;
OR,
METHODS OF TREATING
DEAFNESS, DISEASES OF THE EARS,
AND THE
DEAF AND DUMB.

Addressed to the Honorable the Members of the Committee
of Inquiry into the State of the Medical Profession.

BY W. WRIGHT, Esq.

SURGEON-AURIST TO HER LATE MAJESTY
QUEEN CHARLOTTE, &c. &c. &c.

LECTURER IN NATURAL PHILOSOPHY, CHEMISTRY,
AND ON THE ANATOMY, PHYSIOLOGY, AND PATHOLOGY OF
THE ORGAN OF HEARING.

LONDON:

T. HURST, 65, ST. PAUL'S CHURCH-YARD.

1834.

THE
LIBERTY STATE
OF
RURAL BURGESSY

J. AND C. ADLARD, PRINTERS,
BARTHOLOMEW CLOSE.

ON
AURAL SURGERY.

It is estimated that, upon a moderate calculation, there are at least ONE MILLION FOUR HUNDRED THOUSAND PERSONS more or less afflicted with diminution of the sense of hearing, or diseases of the ears,* and THIRTEEN THOUSAND SIX HUNDRED AND FIFTY DEAF AND DUMB PERSONS IN GREAT BRITAIN.† There are only eleven institutions for giving to the deaf and dumb

* See account taken by E. Schmatz, of Dresden, for 1830.—*Gazette Médicale*.

† By the historical sketch of the Asylum, in the Kent-road, the result of a table of twenty families is ninety deaf and dumb out of 154 children. From this, therefore, it would appear that the numbers mentioned above, though large, are not over-estimated.

the benefit of such education as they are capable of receiving, and in none of them is any kind of medical treatment allowed to be adopted, in regard to the deafness which prevents these unfortunate persons from participating in the comforts and advantages of social life; whilst, to meet the demands of this immense proportion of the population, more or less affected in their auditory organs, or suffering the total privation of the sense of hearing, there are not more than four or five professional men who devote their time and attention to the treatment of this class of diseases.

The value of the sense of hearing must be apparent to all, for it is the inlet whereby instruction is conveyed to the mind, and without the use of which in early life, those luminaries who have astonished, delighted, and benefited the country by the talented use of their acquired knowledge, would have been in a state of comparative imbecility. There is, indeed, no class of society exempt from deafness, or diseases of the ear. Amongst the higher ranks are to be found persons enjoying all the com-

forts wealth can give, who would cheerfully sacrifice a large portion of that affluence, to be relieved from a malady which mars their happiness, and often their usefulness. In the middle and professional classes, the same evil occasions numbers to abandon wholly or partially the business in which they are engaged. To servants of every description stupidity is ascribed, if this sense become at all deteriorated; and, in extreme cases, they are obliged to relinquish valuable situations, whereby they are incapable of providing for themselves, and often sink down to the station of paupers.

Indeed, no individual exists who may not become gradually or suddenly deprived of the use of the whole, or a portion of this sense. If the evil make insidious approaches, a variety of nostrums are resorted to, every one having a remedy to offer; the larger portion of which are either totally useless or injurious, as cases vary very much in their causes and symptoms, although the effects may be similar. If the person afflicted be desirous of consulting those who profess to confine their attention to

this class of diseases, he is frequently at a loss, if at all a man of common sense, as to whom he shall consult; the system of unprofessional puffing and advertising having been employed to such a disgusting extent by some who practise in this department. And at this moment, when inquiries are taking place, by direction of the Legislature, into the state of the medical profession, it appears necessary to submit for consideration the state of Aural Surgery, in the proper administration of which so many of all grades in life are deeply interested.

With a view to assist this very important inquiry, I have endeavoured, in the most impartial manner, to show the modes of treatment adopted by the various practitioners; and, in the observations which I have considered it right (according to my ideas of common justice) to make, I trust I shall not incur the imputation of descending from the rules of strict propriety, and a conscientious discharge of the duty which I owe to society. With this feeling alone I write; and, should any of my remarks appear severe, I hope it

will be recollected that the person who may have called them forth, by his conduct as a professional man, has only himself to condemn, should he have provoked animadversion by a departure from rectitude. Personally I entertain no hostility to any; but the opinions or practice of public men are the property of society generally, and, upon a subject like the present, in which such a numerous class of patients are concerned, I shall fearlessly, and without any technicalities that can be avoided, give a clear, dispassionate account of the state of this branch of science.

As to the old ladies, or others, who sell a farthing's-worth of salt, a little coloured oil, a phial of oxgall and tincture of castor, or any of the *pretended* specifics to cure deafness, I shall merely observe, in regard to those so devoid of common sense as to purchase nostrums, of these or any other description, "*Qui vult decipi decipiatur.*"

AN EXAMINATION of the external auditory passage is absolutely necessary, to enable any

practitioner to form a judgment of the state of that part of the organ; and the imperfect manner in which this is performed often consigns the person afflicted, to many years of unnecessary suffering and privation, through erroneous opinions being given as to the nature of the case.

Various aurists use different modes, which appear to them best, for attaining this object. Mr. Maule, I understand, dilates the auditory passage with a long pair of forceps; whilst Mr. Stevenson uses shorter curved forceps for the same purpose. Both these are similarly objectionable, as they give a very imperfect view of the state of the parts, so much of the sides of the passage being occupied by the blades of the forceps; independent of which, when there exists inflammation or ulceration in the auditory passage, such methods of examination are liable to inflict pain, and generally to nervous patients occasion unnecessary alarm. The late Mr. Abernethy mentioned, in his Lectures, a *speculum auris*, to expand the ear. Mr. Weiss, in the Strand,

invented a new instrument of this nature, very creditable to him as a machinist, but liable to the same, or greater objections than the forceps.

Mr. Curtis, sometime ago, advertised that, by the aid of a complex instrument, which he called an "*auriscope*," (consisting of a brass plate, with straps to go completely round the head, hooks, screws, and levers, whereby the ear could be pulled backwards and forwards,) he could obtain a sight of the passage down to the drum of the ear! See *Lancet*, No. 504, p. 154. More recently, Mr. Curtis has used an instrument, which, I was informed by the patient who had been examined by it, was like an opera-glass, by the aid of which,—in the case of a gentleman who consulted this aurist, thinking he had a piece of cotton-wool in his ear,—Mr. Curtis assured him that no wool was there; yet, some months after, I removed the cotton-wool from the bottom of the auditory passage of this gentleman, in the presence of his family! See *Lancet*, No. 504, p. 154.

I have for many years past used an inven-

tion of my own, whereby I can, in almost every case, not only see the drum of the ear myself, but shew it to any attendant friend of the patient; and this without causing the least alarm to the most timid, or the slightest pain. With a view to make this little instrument available to the profession at large, I have allowed several surgeon's-instrument makers to construct them of a similar form, lending to them one of my own for the purpose, at the same time explaining the manner of using it. I have formerly given directions in what manner to obviate the inconvenience when hair or down lines the auditory passage; but I *very seldom* find the orifice of the external auditory passage lined with hair, or even down, either in males or females, although a recent writer, in his "Anatomy of the Ear," appears to consider the "*pili auriculares*" as a necessary part, and assigns to them the general office of preventing dust, insects, &c. from entering and irritating this canal.

Some general practitioners use probes; a method of examination more uncertain than

any other, unnecessarily painful, and through which I have seen very serious and lasting injury occasioned. Recently, a plan of examining the ear, by means of a soft bougie, has been proposed; a method obviously deceptive to the practitioner, and inadmissible in the majority of cases.

SYRINGING THE EAR is an operation, if properly performed, wholly unattended with the least inconvenience to the patient. The late Mr. Abernethy, in his Lectures, talked of using considerable force in performing this operation, and stated, in the course of some severe remarks, that "*surgeons generally lost reputation by syringing the ear.*" From the examples I have seen, there can be little doubt of this observation being founded in fact, as I shall shew, in some illustrative cases. The instrument for performing this little operation has been much improved from what the ancient syringes were: I have added a long taper silver pipe, so as to make it still more effective, and I am thereby enabled, without any difficulty, to extract any sub-

stance which I have previously softened, from the auditory passage.

I have seen a syringe with a bulb at the end as large as a pistol-bullet, so as to stop the orifice of the auditory passage. This I was informed emanated from the *inventive* genius of a person practising as an aurist. What object this syringe was intended to effect I am at a loss to imagine; for, upon every principle of anatomy and hydraulics, it is so far from being *an improvement*, that it is absolutely an absurdity, and, in the hands of a careless or unskilful person, would inevitably injure the drum of the ear.

I was at a large provincial town last October, and an elderly gentleman applied to me, stating that he had been deaf nearly all his life; he had consulted several professional men, in London and other parts of the kingdom, who had, as he was informed, turned their attention to diseases of the ear; but, either through the imperfect mode adopted in examining his ear, or the injudicious treatment resorted to, his deafness continued to increase. At length, a general

surgeon, who was considered eminent in his own town, syringed the patient's ears every day, during six weeks: each application of the syringe produced intense pain, and no beneficial result followed. I saw him only six times, and, by the previous use of a lotion and proper application of the syringe, completely restored the sense of hearing, it being a mere simple case; and a competent operator would have saved the patient many years of misery, and the sacrifice of a valuable occupation, which he had been obliged to relinquish in consequence of his deafness.

Were surgeons more particular in regard to the proper form and construction of the syringes they use, and could once see them properly applied, much inconvenience to their patients would be avoided; but, unless instruction were given to them as to the manner of using even a well-constructed instrument, they will still go on occasioning pain, and rendering cases, originally of a simple nature, very serious, and difficult to cure.

I have a gentleman at this time under my

care, in whose left ear considerable ulceration has been excited, attended with nearly total deafness, in consequence of the employment of a syringe by the hands of an unskilful though well-known operator. The patient is, however, fast improving, and I doubt not but I shall effect his complete restoration.

Medical practitioners themselves entertain apprehension of pain, when it becomes necessary that they should have their ears syringed, as I witnessed about two months ago, in the case of a physician, who was introduced to me for my advice, relative to ulceration of the auditory passage, by another eminent gentleman of the same station in the medical world. On acquainting him that I must syringe his ear, he expressed considerable repugnance to the operation, as being certain to occasion considerable inconvenience. His friend, having seen my practice, assured him of the contrary; and he was agreeably surprised at the result.

I might go on to enumerate many other instances, from my books, but shall conclude this part of my remarks, by asserting that,

from the examples I have seen, I am completely satisfied that a syringe, in every respect similar to those I use, might be placed in the hands of a very large proportion of the general surgeons of this country, and they would not know how to employ it advantageously for their patient, so as to extract even indurated wax from the bottom of the auditory passage.

Another kind of syringe which I use, in some cases, to inject a medicated lotion, is formed of a ball of elastic gum, commonly called India rubber; to this I have also adapted a long silver tube. These are very useful, with a shorter tube, either of ivory or silver, for patients to convey remedial agents to the auditory passage, when disease exists there.

The EUSTACHIAN TUBES, or guttural passages from the upper part of the throat to the cavity beneath the drum of the ear, are, as it is universally acknowledged, of great importance to the perfection of the auditory sense; hence any aberration from the healthy

action of this part occasions, more or less, a diminution of the power of distinguishing the modulations of the human voice, and in some extreme cases, all sounds are inaudible. These passages frequently, from exposure to excessive cold, damp, or sudden changes of temperature, become obstructed, but such obstruction does not always depend upon any disease in themselves; for frequently the mucous membrane lining the mastoid cells becomes inflamed through these causes; the cavities of these cells are then filled with morbid lymph, and slight deafness is produced from this cause. In more extreme cases, and some constitutions, suppurative action proceeds in these cavernulæ, and this superabundance descends, in an acrimonious state, into the cavity beneath the drum, where it excites inflammation; thickening of the integuments follows, and the tumefaction, extending to the Eustachian tube, diminishes its capability for carrying off the accumulation. The quantity daily increasing, naturally becomes more dense in quality, and not only prevents the vibration of the drum, but also, by the consequent pressure against the sensi-

tive membranes of the oval and round aperture, as well as on the internal side of the drum, much pain is occasioned; and frequently the adoption of improper treatment is not only followed by partial or total deafness, but, in some instances, the most serious, or even fatal consequences succeed.

Deafness, from these causes, proceeds occasionally by almost imperceptible gradations, without any pain to indicate its progression; the coagulable lymph becomes more solid, assumes a caseous or cheesy consistence,* and the drum of the ear puts on a white appearance resembling a piece of sodden bladder; and, though the privation of the sense of hearing may be very great, no dangerous consequences are apprehended.

Inflammation, and consequent ulceration of the throat, either through thickening the integuments of the orifices of these tubes, or by adhesive inflammation, sometimes nearly or quite close them. To relieve the patient from

* I have a specimen of this substance, obtained on post-mortem examination, which has been some years in alcohol without any alteration in texture.

the diminished state of hearing arising from any of these causes has occupied the attention, and excited the ingenuity of professional men, during considerably more than two centuries; and various have been the imaginary discoveries of methods for affording relief to persons who, from the symptoms, were supposed to be thus affected; but the nature of these symptoms are not well defined; consequently, conjectural and arbitrary hypotheses, according to the degree of ability of the practitioner, or the view taken of the subject, too often supply the place of any definite reasoning.

One amongst many of these methods is to close the nose and mouth, then endeavour to force the air from the lungs, so as to inflate, as it is *pretended*, the drum of the ear. Though this has been advised by eminent men, nothing can betray greater ignorance as to the elementary principles of science.

Another method is to place a watch in the mouth, which is equally absurd.

If a tuning-fork be struck, and held near the mastoid process, but not so as to touch, and the person hear it, the disease is not in

that part of the auditory organ. This little instrument vibrates so strongly as to be visible; and if it touch, the sense of feeling, and not hearing, is affected; and the same is the effect if a watch be employed, and brought into contact.

The professional world has been too supine in regard to these matters, and, owing to that circumstance, together with the conflicting and crude opinions promulgated from time to time, there has been a large field left vacant, wherein empiricism might exert its baneful influence; and it is a lamentable fact, that very *ample* advantage has been taken of the opportunity.

To alleviate some species of deafness, probably that arising from closure or obstruction of the orifices of the Eustachian tubes, Riolanus, above two hundred years ago, recommended, in his *Opera Anatomica*, that the drum of the ear should be perforated. Julien Busson, in 1742, advised the same operation. G. Chesselden proposed making an experiment upon a criminal; but, so dreadful was the operation then considered,

that the commiseration of the nation was excited, and Chesselden did not perform it. M. Himley also suggested this method of treatment: it does not, however, appear whether he ever practised it; and it was reserved for the present Sir Astley Cooper to be the first, in this country at least, to carry the plan into effect. So great were the expectations formed of the probable benefits to be derived from this operation, the rationale of which was to let in air, and consequently sound, direct upon the oval and round apertures within which the fine and highly sensitive fibres of the soft portion of the auditory nerve float, that the Royal Society (30th November, 1801,) conferred upon Sir Astley the Copleian medal, as a reward for his valuable discovery.

Such was the infatuation for performing the experiment, that many physicians, and almost every surgeon, in town and country, who possessed sufficient nerve, attempted (without any consideration of the case before him, or judgment to form a correct opinion as to the propriety of doing so,) to perform the operation;

and thousands of persons had the drums of their ears perforated, or *sometimes*, by *mistake*, the *side* of the auditory passage, unnecessarily, and uselessly.

The expected benefits did not, in the most skilful hands, answer the expectations excited: variety of reasons were assigned for the failure. It was asserted, and with great truth, that the opening closed very speedily by those efforts of nature well known in surgery, and so prevented a correct judgment being formed as to its ulterior effects on the sense of hearing. Many instruments were contrived, therefore, to make such a wound in the drum as would not close, but all have hitherto proved ineffectual. A French surgeon came to this country about four or five years ago, and had with him an instrument, which, by turning a small handle, forced a taper screw through the drum; this screw, after a very few turns, suddenly went back with considerable violence into a tube, thus forming a lacerated wound, which it was erroneously expected would remain open. Mr. Weiss, in the Strand, made one for Mr. Guthrie, from the French surgeon's instru-

ment; but, as I was informed, it was merely a matter of curiosity; for any one acquainted with the delicate anatomy of this part, must be surprised that such an absurd idea could find entrance into the mind of any man claiming the least knowledge of science.

When a quantity of acrimonious matter is collected in the cavity beneath the drum, great pain is experienced, as I before mentioned: I should therefore recommend, in extreme cases of this description, that the drum of the ear should be pierced with a spear-pointed instrument, properly *regulated* and *guarded*, whereby the matter would pass into the external auditory passage, and the wound would heal after pus was discharged, which is better than that the morbid accumulation should pass into the mastoid cells situated in the protuberant bone behind the ear, and occasion, as I have seen, serious mischief, through the whole of the divisions of these cells being broken down by the caries which the acrimony of this matter produced. Many fatal results have occurred from this cause, and the incapacity of the medical attendant; but, in the

case of a lady from Wales, respecting whom I was in consultation with Sir Astley Cooper, about four years ago, the progress of the caries was arrested by proper treatment, and she has been, for a considerable time past, completely well; though it is seldom cases more serious, or dangerous, present themselves.* In the Reports of the King and Queen's College, Dublin, are accounts of analogous cases: one terminated fatally, and the treatment was, in my opinion, so improper, that no other result could have been expected; the other was saved by mere accident. See more on this subject in my last work on Varieties of Deafness, p. 163, *et seq.*

By the wish of Sir A. Carlisle, and a much respected patient and friend, who was determined to have the operation of perforating the drum performed, although I assured him and his family no benefit could

* My patient informed me that Mr. Curtis had been consulted by letter on this case, when the tumour behind the ear was daily enlarging, and the symptoms became alarming. Acoustic drops, and a stimulating ointment to rub on the mastoid process, where the tumour was situated, was what he prescribed.

be derived from it, I exerted all the mechanical ingenuity I possessed, to form an instrument different from any I had, capable of inflicting such a wound as would not easily close; and, as I found it was very inconvenient to have the hands of an assistant in the way, to hold the ear, I also provided against that by another instrument. The drum was perforated by Sir A. Carlisle, in my presence, with a spear-pointed instrument: this closed in a day or two. I then, yielding to the request of my patient, used an instrument with three cutting edges; this also closed in about four days. I had one made with four cutting edges, and the perforation was more complete, as a larger volume of air could be forced out, and it kept longer open than any of the others; but not one of these operations produced the least advantage in regard to the sense of hearing, neither when the wound was recently made, nor at any time after.

It has been supposed, and with very good reason, that if any method were discovered for cleansing the Eustachian tube, when obstructed with mucus or other substances,

the drum of the ear would vibrate naturally, and the sense of hearing be thus restored to many now labouring under the privation of it. This has been a fertile field for inventions of a medical, and mechanical nature, in order to effect the desired object. Guyot, postmaster at Versailles, being deaf, proposed to the Royal Academy of Sciences at Paris, above a hundred years ago, a plan for cleansing the Eustachian passage, by a tubular instrument, passed through the mouth, whereby he *thought* he had received benefit; the Academy, after due deliberation, decided, as every one who considered the anatomy of the parts must do, that the plan was *wholly impracticable*. Mr. Curtis advertised that he had revived, with great effect, the plan of the *Sieur* Guyot!!!

Mr. Cleland, Mr. Douglas, and Mr. Wathen, in 1755, proposed cleansing the guttural passage of the ear, by introducing a tube through the nose; since which the plan has remained dormant, until I attempted it, in several instances, about 1818. M. Itard, at Paris, as appears by his elaborate work, has

also performed the operation; but the success of injections appear very questionable, both in his hands, and also in mine, although the part can be reached without difficulty through this channel. A Dr. Deleau, jun., at Paris, introduces a flexible tube through the nose, and when it is, as he conceives, in the guttural passage to the ear, he connects with the outer end of the flexible tube a large vessel containing condensed air, which, by turning a stop-cock, is made to rush into the Eustachian tube. To this plan there appears great objection; for the Eustachian tube being so small, the flexible tube must occupy the whole of its calibre: indeed, if it do not, the air would pass in another direction, and, consequently, the rush of air, if it answer Dr. Deleau's intention, would impel the matter forming the obstruction into the large cavity beneath the drum, if that be not previously filled with the same substance; and, if that cavity be already filled, this process would only tend to impact it more completely in its situation. I am about perfecting an apparatus upon a principle the converse of Dr.

Deleau's, whereby, I trust, I shall be enabled to place many cases of deafness, now deemed incurable, under professional control.

A general surgeon, a Mr. Tod, professes, in a work he has published, to pass an instrument through the nose into the Eustachian tube, and thence to its termination in the cavity beneath the drum of the ear, and, by external admeasurement, *says* he can ascertain when the instrument has reached that termination. I give him credit for believing what he states, that he succeeds in reaching the part. From the experience I have had in respect of this operation, I am quite satisfied, that, when Mr. Tod has been as many years in practice as I have, he will find the fallaciousness of his present opinions, not only in examining the ear by a probe or soft bougie, and taking a cast of it in plaster, and the above proposed operation, but also as to his violent remedial agents, upon which I shall further remark.

M. de Saissy, a surgeon, at Lyons, was, *according to newspaper report*, fortunate in curing several deaf people by injections

through the tube of Eustachius, into the cavity beneath the drum. Had this practice been well established, no doubt we should have heard more about it.

An electrician sometime ago imagined, or *wished* the public to *believe*, that he had discovered a method of employing electricity and galvanism as a "*mechanical stimulus along the course of the Eustachian tube.*" His method was, to introduce a wire into the mouth, and the opposite wire into the ear, and thus he imagined that he produced this effect. Now, every one acquainted with the mere elementary principles of science must know that the electric or galvanic fluid will always take the most *direct* course, and the presumption that the Eustachian tube can be affected peculiarly by this method is as absurd as the idea promulgated by a surgeon, in his own opinion a man of eminence, that electricity or galvanism could be directed, by the course of the nerves alone, to produce digestion after an animal was decapitated; for it was proved at the time, by a series of experiments, in which I assisted, in the pre-

sence of several very talented individuals of the profession, that, unless oxygen gas were supplied to the lungs by artificial means, no such result would take place.

Electricity and galvanism, with very few exceptions, being administered by persons of very humble education and acquirements, the most flagrant misrepresentations are made, either by interested individuals, or through their bigoted prepossessions, in some instances presenting a specimen of complete monomania, as to the *certain efficacy* of these two useful auxiliaries to medicine and surgery; which though, if persevered in for a sufficient time, they do sometimes (according to the manner in which they are employed,) act locally as stimulants to increase the action of the absorbent vessels, or, by another modification, reduce inflammatory symptoms, yet certain dependence cannot, as it is asserted, be placed upon them: nevertheless, we should not consider that we have performed our duty completely, if we do not give them a trial in obstinate cases. I have advised a succession of very small sparks drawn through flannel

from the mastoid process, where there was, from the appearances, a collection of coagulable lymph beneath the drum; and it has been decidedly of service in a few instances.

Dr. Manson published his opinion that IODINE, in various modifications, was capable of relieving deafness occasioned by thickening of the membranous lining of the Eustachian tubes, whereby the size of these passages were diminished, and, consequently, the capability for performing their natural functions. I employed iodine in deafness very extensively, long before Dr. Manson published his work, as an embrocation upon the mastoid process, as well as in applications to the auditory passage; and I think it has been of service in several, indeed many cases, but it requires attentive professional observation. I have also advised the internal exhibition of this newly discovered medicine, and progressively increased the doses to a considerable extent beyond Dr. Manson's maximum; but I have not been gratified with the success attending its use in

any form so decidedly as Dr. Manson anticipated in his work. I have corresponded with that gentleman on the subject, but do not find any more satisfactory evidence than he before communicated.

Some other new chemical preparations have been proposed as remedies: their names impose on the unlearned, and answer the purpose of quacks; but the afflicted are only deceived and plundered by the sounding names used by impostors, who *pretend* to have found remedial agents of great efficacy in some of these compounds.

I once saw a singular case where profuse hemorrhage from the nostrils had been previously stayed by the injection of a solution of sulphate of copper: the patient became totally and immediately deaf. There could be no difficulty in referring this case to a stoppage of the Eustachian tubes, through the blood being forced into them in such a state as this lotion must necessarily have produced. The patient was in bad health, and nothing in the way of operation but syringing through the nose, which I should have advised in the

case of a healthy person, could be attempted.

Mr. Stevenson adopted a practice of touching the tonsils, and adjacent parts, with either solution of lunar caustic, or some stimulating application. This was, it is presumed, upon the principle of counter-irritation. Amongst others, Lord Charles Wellesley became my patient, after having been subjected to this treatment; and respecting whom the information was conveyed, as an *on dit*, that he had perfectly recovered his hearing under the care of Mr. Stevenson, and had returned to Eton school. In this, and numerous cases, amongst which was a young gentleman, whose deafness had been occasioned by scarlet fever, it was, in my opinion, erroneous practice, and, as the result proved, not warranted by the nature of the complaint.

Mr. Curtis advertised that he could remove obstructions from the Eustachian tube by stopping the external auditory passage with cerate; and this, he stated, was upon the same principle as the effect produced on the ear by descending in a diving-bell. Dr.

Wollaston's remarks were here misrepresented or misunderstood. The connexion between the Eustachian tube and the external auditory passage is prevented by the interposition of the drum of the ear. When persons descend in a diving-bell, the air in the bell becomes condensed as soon as the machine touches the water, and the condensed air pressing against the drum of the ear externally, causes that class of deaf persons who are so from relaxation of the drum, to hear momentarily better, but the instant the equilibrium be restored, by opening the mouth or breathing, air, in the same degree of density, enters the Eustachian tubes, and the pressure on both sides becomes equal. What analogy there exists between Mr. Curtis's method, and the effect of descending in a diving-bell, perhaps he will, when he next advertises this mode of treatment, *condescend* to elucidate, for I have never yet found a person whose intellect was sufficiently pellucid to understand it.

In obstruction of the Eustachian tubes by collections of a mucous nature, I have advised, with much success, various descriptions

of gargles, according to my view of the case. The plan I adopted has been followed by other practitioners, but they do not appear, in any one instance, to have taken the anatomy of the throat, fauces, and Eustachian tube, into consideration. Since I first recommended a gargle, similar preparations to mine have been advised by others, but they have omitted to direct the position in which the patient must be placed to render it effectual. Even the German professor who advised a very stimulating gargle for the purpose, some years ago, lost sight of this essential point, without which no preparation of the kind can be serviceable.

Another method suggested itself by mere accident to the professional world, as connected with this state of the ear. A man, in Silesia, had an ulcer upon the lower part of the protuberant bone behind the ear: in order to cleanse the ulcer, a syringe was employed, and the injection passing into the mastoid cells, mounted by the syphon-like attraction, descended through them into the cavity beneath the drum, and thence down the

gutteral passage of the ear into the mouth. The man was deaf, and to his surprise became relieved. He caused a perforation to be made in the same spot on the other side, and was entirely cured of his deafness. This appears to have been an occurrence of an ancient date, for a similar case is mentioned by Riolanus and Valsalva. Most of the experiments of this operation have proved unsuccessful and distressing, besides being dangerous in their attendant consequences, and, in 1791, fatal to Dr. Jean Just Berger, physician to the King of Denmark. Dr. Jasser, a Swedish physician, was successful in one instance, about the middle of the last century; but I do not find any account that the operation has been tried in this country.

A modification of the actual cautery on the protuberant bone behind the ear, has also been adopted in cases where it was supposed, (from the superabundant, or diseased nature of the secretions of the cellular tissues beneath,) the deafness originated through that superabundance passing down into the cavity under the drum; and, being greater in quantity than

could be carried off by the guttural passage, prevented the drum of the ear from performing the usual vibration excited by the agency of sound, and so occasioned deafness. Dr. Deleau, jun. employs small cones of prepared cotton-wool, which, being placed on the part, are fired at the apex, and, gradually burning down, cauterize the flesh: the ancients used the down of the herb mugwort for the purpose, and the Chinese a substance they term moxa. Mr. Guthrie has used, in some affections of the eye, cotton-wool rolled up, and, by the aid of a blowpipe and small tripod, regulates the degree of stimulation. He kindly allowed me to have one made by his workman, and I think I have found that it has, in some instances, proved beneficial.

Blisters upon the protuberant bone behind the ear, continued for some weeks, must be intended, upon the same reasoning, to produce a derivation of morbid lymph or mucus, which, from catarrhal affections, may have there accumulated; but I much question whether many who prescribe them could furnish a scientific reason why they do so. Mr.

Curtis is in the habit of advising them very generally; and, being recommended in Dr. Hooper's Compilations for the Use of Students, they are frequently applied or prescribed without consideration, by general practitioners, more to shew that something is attempted for the relief of the patient, than from any expectation on the part of the adviser that they will prove beneficial. But if the patient has debility of constitution, nervous irritability, or tendency to eruptive disease, they often occasion much mischief, and numbers of persons have consulted me, after being subjected to a continuation of blisters during several weeks, from which they did not derive the slightest relief: indeed, there was not one symptom to warrant any such prescription, many being merely cases of indurated wax, to which it was the height of absurdity to direct this needlessly painful application.

I find embrocations upon the part, varied according to the apparent symptoms which may indicate their use, far more easy to manage, and infinitely superior in effect; as they can be persevered in for any length of

time considered necessary, without the slightest inconvenience.

Setons are recommended in some obstinate cases of deafness, but the insertion is generally at the back of the neck. I had a case, however, sent to me by a medical gentleman of Portsmouth, whilst I was on a visit at Southampton: the young lady had a puriform discharge from one ear. Thirteen different medical men of eminence as physicians and surgeons had been consulted; at length, a young physician advised a seton on the protuberant bone behind the ear: it was continued there a considerable time. Mr. Brodie was consulted; he said, *he should not have recommended it*, but, as it *had been placed there*, it would be as well to give it a trial. On the first visit to me I had the seton withdrawn; in a few days I destroyed the vitality of the fungous granulations at each orifice where the insertions had taken place, by a very simple application, and then obtained a sight of the state of the auditory passage, wherein I found fungous granulations, which alone kept up the puriform

discharge; for, on adopting proper remedies, they were removed without pain, and the discharge ceased.

From what I have already stated, it must be quite evident that patients suffer great pain, and needless privation of comfort, from want of proper discrimination in the application of blisters and setons.

Mercury was recommended and used by the late Mr. Saunders, under the impression that, as he had succeeded in six cases of deafness, for which no apparent cause could be assigned, so it was to be considered a specific for those presenting similar symptoms. According to Mr. Saunders's own admission, some of the six cases were such that no other known medicine could have relieved; but, in a great number of subsequent and successive analogous instances, the same method proved wholly unsuccessful; yet, with this example before the eyes of the professional world, they still order this baneful mineral if they find the deafness of an obscure nature, according to their judgment, and by its abuse many persons, whose dimi-

nution of hearing is but slight, are rendered totally and incurably deaf, or have the misery of continual noises in the head, too frequently the precursors of derangement of the mental faculties, or even sudden death.

The primary effects of this mineral poison are to increase the secretions: consequently, if persons who are under its influence expose themselves to sudden changes of temperature, a check is given to any increased circulation that has been excited in the lymphatic and absorbent vessels; inflammation succeeds, which causes a thickening and suppurative action of the mucous membranes, more particularly those of the throat, fauces, Eustachian tubes, cavity beneath the drum, and mastoid cells. It is a curious circumstance, that some persons who are partially deaf hear much better when lying in a horizontal posture, but gradually become deaf on resuming an erect position. The rationale of this, I think, is, that a larger quantity of fluid matter is in the mastoid cells than ought naturally to be there. When the person lies down, the cavity beneath the drum is

left tolerably free, and the proper vibration of that membrane is but little interrupted, because the fluid is chiefly in the numerous cavernulæ of the mastoid process; but, shortly after rising, it descends from these repositories over the inside of the drum, fills the cavity beneath, and impairs or destroys the sense of hearing. I have particularly remarked this effect to occur in persons who from some cause had previously been subject to the influence of mercury, and had not taken sufficient caution to guard against exposure to a cold or damp atmosphere, by the protection of additional clothing. When total deafness occurs through the use of mercury, in any modification, it is very uncertain as to relief being obtained.

MECHANICAL OBSTRUCTIONS of the auditory passage, by indurated wax, laminated or filmy excretions, foreign bodies, (such as cotton-wool, insects, or substances accidentally obtaining admission there,) are frequently misunderstood, through the defective manner of examining the ear; and the patient is

sometimes consigned to years of misery, inconvenience, and intense suffering, if the substance be hard. I have never yet met with any substance in the auditory passage which I could not extract without difficulty, or occasioning the least pain. I have heard of many instances of a serious nature which have occurred, one at a provincial Infirmary, where the ineffectual attempts made to extract a beetle from the auditory passage caused the death of a fine boy; and, more recently, (in November, 1830,) the case of a boy at St. Bartholomew's Hospital, who, as it was publicly stated, was never sensible after the attempts made to extract the head of a nail, *supposed* to be in his left auditory passage, and died the second day after the operations upon him; although, after death, no nail was found in any part of the auditory apparatus.*

Mr. Curtis does not *risk his reputation* by attempting to extract hard substances from the auditory passage, as he refused to

* See Lancet, No. 380, p. 380.

endeavour to extract a glass bead from the ear of a young lady, saying, he frequently had cases of a similar nature, but never interfered with them; and added, that it would do no harm there. (See *Lancet*, No. 505, p. 189.) Yet Mr. Curtis published, in 1827, that he had extracted a piece of slate-pencil from the ear of Thomas Maynard. The mother of the young lady is a woman of credit and respectability, and to her he said that he *never* interfered with cases of this nature. Had he become more nervous in 1830? or was the difficult case, *as he represents it*, of Thomas Maynard more worthy of a trial of his *skill*? or are *glass beads* substances that he will not attempt to extract?

Various ancient authors disagree with Mr. Curtis upon this point, and give cases of very serious derangement of the general health, through substances being left in the auditory passage; and I am of opinion, that no man of true science will join in the opinion given by Mr. Curtis.

M. Itard thinks, when seeds or fruitstones form the obstruction, we should abandon the

case, *à la chirurgie expectante*. From his previous statements, I presume he intends that we should await the *germination* of the seed or stone.

As to these substances germinating in the auditory passage, it is contrary to fact. I have taken out hayseed, grapeseed, peas, lupines, &c., but never discovered any of this prolific tendency. A fœtid, profuse discharge, occasionally painful, and streaked with blood, was almost universally the consequence, which ceased, soon after the removal of the exciting cause, by proper applications, with very little, if any, apparent change in the seed, &c.; certainly, nothing like germination.

I extracted lately, without any pain, from the auditory passage of a young lady, about four years old, a small, semitransparent, irregular pebble, about the colour of ear-wax. The parents were not aware of any substance being in the passage, but consulted me, on account of the child suffering from pain in the ear, and an eruption which had appeared round it, and was rapidly extending over the

face. The removal of this substance abated all the symptoms, and the child's hearing soon afterwards became, and remains quite perfect.

The late Mr. Abernethy recommended, that if a substance happened, by any accident, to get into the auditory passage, the patient should lie down, the affected side next to, and upon, a cushion; and, another cushion being placed on the opposite side, a succession of "thumping" the upper cushion was to ensue. All who knew Mr. Abernethy were acquainted with his eccentricities; but, really, this was so eccentric an opinion as to mechanical powers, upon which almost a country labourer could have set him right, that I cannot think his observations could have been correctly reported.

OBSTRUCTION OF THE EXTERNAL AUDITORY PASSAGE BY INDURATED WAX, is a very common cause of deafness, and the malady is attributed sometimes to nervous affections; or many other opinions, equally erroneous, are given by professional men, entirely through

the defective method adopted in the examination of the ear. These cases are very simple in most instances, and speedily relieved, although I have found cases where the wax had become so hard that it formed an irritating substance, and detached the cuticular lining of the auditory passage, acting in a similar manner as any extraneous body in that situation would have done which possessed the same degree of hardness; and I have even taken out indurated wax, which had occasioned considerable ulceration and discharge of matter, attended with much pain; all which ceased on the removal of the offending substance. These cases, it may naturally be expected, require more attention, and cannot be so *rapidly*, though, in every case I have yet met with during a public practice of twenty years, as *certainly* cured.

General practitioners often take great credit for curing simple cases of indurated wax; but a more serious species of deafness often follows, for want of a little subsequent attention or professional knowledge; and aurists occasionally have patients, who, from parsimony,

or neglecting the instructions given to them, incur the same consequences.

The cases of indurated wax, and laminated collections of fibrous substances, which I have seen, comprising all ages from six years to ninety, have been numberless: some had suffered a degree of deafness on one side, or both, for nearly the whole period of their life; others from one to twenty years; and one gentleman, the late Mr. Nicol, of Pall Mall, had been deaf on one side for above seventy-five years, with a constant noise in his ear, yet, at the advanced age of eighty-three, I restored him to perfect hearing, by extracting a laminated collection from the auditory passage, and he continued to hear well during the remainder of his life, by receiving my occasional attention.

Sometimes a great degree of irritation is produced in the auditory passage by these substances remaining there, or in consequence of an alteration in the nature of the secretions from the small glands lining the meatus, whereby the fine fibres of the hard portion of the auditory nerve, on the mere introduction

of cotton-wool into the ear, having become peculiarly sensitive, are so excited by the most gentle touch, that violent paroxysms of coughing occur: this arises from the connexion of branches of the auditory nerve, which, being in a state of irritability, communicates the sensation to the nerves of the throat. Judging thus of the cause, and knowing that æther, when vapourizing, forms hydro-carbonate gas, I have caused a patient to inhale it, and the irritability so immediately subsided, that I never found any difficulty afterwards in performing my duty.

I have also introduced this vapour into the auditory passage with decided advantage, in some cases, to allay irritation.

FUNGOUS GRANULATIONS form in the auditory passages, as a sequel of scarlet fever and measles, or in consequence of picking the ears, or through blows on the head; indeed, injudicious attempts to treat complaints of the ear have often produced this disease, accompanied with puriform discharge, frequently streaked with blood, and of various degrees

of fœtor. The late Mr. Saunders operated in these cases by pinching, and extracting as much as he could of the fleshy granulations, and afterwards applying lunar caustic. I formerly extracted these substances by the forceps, and gave to several persons greatly improved hearing by this method. These fungous substances, however, break away under the instrument, and I therefore endeavoured to find a remedial application, which might effect this object without any operation, (a most desirable thing to ladies, children, or nervous persons.) I discovered this desideratum in a very simple article, viz. dried alum, carefully prepared, which possesses the property of destroying the vitality of these substances in the auditory passage, without affecting the integrity of the sound parts, or occasioning the slightest pain to the patient. I made known to Sir A. Cooper, above twelve years ago, the new use to which I had applied this remedy, well known to most old ladies, as their useful auxiliary, when what they denominate "proud flesh" occurs in an ulcer. That gentleman sent me many patients, for

the purpose of proving its effects; and they were so well established, that I published a chemical analysis of the component parts of this substance, with a rationale as to its action; and I have lately had the pleasure of learning, through a very respectable surgeon, that Sir A. Cooper recommended it, as a *dernier ressort*, in a case, considered highly dangerous, of fungous excrescence in the nostrils, which it completely cured.

I had a case introduced to me, about nine months ago, by Mr. Wakley, the proprietor and editor of the *Lancet*. The patient was a young gentleman, who had a species of fungous polypus in each auditory passage, occasioned, as he informed me, through the repeated introduction of a piece of bougie, with some stimulating oil, by a person calling himself an aurist. The patient consulted Sir Astley Cooper, who declined making any attempt to extract these substances, giving as a reason, that it would be dangerous. I used the dried alum; but the excrescences partook too much of the polypous nature to be affected by it: I therefore determined to

endeavour to extract them, first stating my fears that they would come away in pieces, but that there was no danger in the operation: I extracted large portions from each ear. The patient went into the country before the cure was completed; and, although I recommended that he should not take any violent exercise, he being very young, thoughtless, and possessing in every other respect perfect health, became very inattentive to the directions I gave him, and did not benefit so much as he might have done. I shall certainly not interfere again with any case of the same nature, if I anticipate that the patient will be so little under reasonable control.

Mr. Curtis saw this case *sufficiently* often, and the fleshy excrescences were too obvious to escape notice. Why did he not do, as *he says he did* to Lucy Miers, in his published cases, use the *ligature* to one side, and the *forceps* to the other?

Cases of fungous polypi are fortunately not very common; when they do occur, considerable professional discrimination, experience, and attention, are required; but if these be

not obtained, and improper stimulating applications be adopted, or they be left to nature alone to work a cure, as some advise, a fatal termination too often occurs. Even the action of the sea-air operates upon many of these cases very prejudicially, as it also does in those of puriform discharge.

As an example of the former, a young lady, who had arrived from the country, and, with her parents, were upon the point of sailing for America, consulted me, the day of their departure, in regard of intense pain, which she had been suffering for a considerable time, and had increased during the journey to town. On examining the ear, I found fungous polypus there. I explained that the excitement of travelling had increased the pain, and pointed out the nature of the case, advising as earnestly as possible her continuance in England, and pointing out the danger of taking a voyage in her precarious state of health. All my advice was unavailing; she departed for her destination; but in less than three weeks death put a period to her sufferings, which had much increased.

POLYPI in the auditory passages are occasioned by the same causes as those producing fungous granulations. These I have never found it difficult to extract; and, by the aid of the usual instruments, which I have much improved, the pain of the operation is very trifling, as well as transient, when properly performed. The late Mr. Abernethy, in his Lectures, dissuaded his pupils from attempting to "*extract excrescences out of the tube of the ear, as he had KNOWN cerebral affections arise from the irritation of such operations.*" I published an answer to this, and some other observations made by the same gentleman, previous to his death, and sent him a copy of the work. As he is no more, I shall not repeat my remarks, but content myself with asserting, that there are many patients of mine, now alive, whose hearing has been most essentially benefitted by my performance of the operation, and in no one case have any of my patients experienced an hour's confinement or inconvenience.

I must here remark, that I believe there exists great disinclination and timidity amongst

those who call themselves aurists, to perform this operation: indeed, I do not know any who will attempt it. One of them had a gentleman from Southampton, who was deaf on one side, as a patient, during six months, and the only curative process he adopted was to touch the tonsils with caustic every, or every alternate day. The father of the patient became dissatisfied, and in 1820 sent his son to me. I found a polypus in the auditory passage of the affected side, which I extracted: in less than a week he went home well, and has continued so ever since. Now this case was either a specimen of the aurist's incompetence or timidity, or he disgraced himself by imposition and cupidity.

The same ignorance, or want of necessary confidence, very generally exists as to those matters; for I have had cases of this description from all parts of the country; and practitioners of acknowledged eminence in other departments have solicited me to operate, and condescended to hold the bason whilst I performed the operation.

PURIFORM DISCHARGE from the auditory passage is generally a consequence of inflammation, whether arising from exposure to sudden change of temperature, or to a moist and cold atmosphere; sleeping in a damp bed or linen; and a variety of other causes of a similar nature. From fevers of various description the origin of this disease may also be traced. When acute inflammation supervenes, deep-seated and *lancinating* pains are felt, of a most distressing nature; suppuration proceeds in the mastoid cells, and the matter descends into the cavity beneath the drum, where, its acrimony continually increasing, what is considered by the patient a favorable termination, is, when something appears to give way in the ear, the pain in a great degree ceases, and a discharge of matter passes out at the external auditory orifice of the ear. The supposition formed by the patient in such cases, that something has given way in the ear, is perfectly correct; the drum of the ear is generally the part ruptured; pressure being taken off the fine, highly sensitive membranes of the oval, and round apertures, in

consequence of the opening thus formed, comparative ease is obtained. When the patient is otherwise healthy, the discharge from the ear, which had been excited by some of these accidental causes, gradually abates, and at length entirely subsides; and this termination is more or less speedy, according to the proper medical or surgical treatment adopted, or the prudent use of domestic remedies. Should, however, the internal parts be materially injured, the flow of matter continues during a longer period; or, in scrofulous habits, a chronic puriform discharge becomes established, nearly interminable in duration; or, if injudicious methods be adopted, too frequently terminating in death.

Great experience and judgment are required in the treatment of these cases, so as to produce any satisfactory consequence; and the difficulty is so considerable, that one or two aurists of the present day advise patients afflicted with this class of diseases to leave them to nature; whilst another promises a cure within a certain period of time. Leaving

these cases without medical or surgical assistance, is contrary to every principle of sound sense and scientific knowledge; whilst, to fix any period at which the cure will be completed, is an utter impossibility, and the person making any such promise is guilty of great imposition.

I have in these cases, during many years, when there was no apparent exciting cause for the continuation of the puriform discharge, either through any extraneous body, fungous granulation, or polypus, being in the external auditory conduit, advised the use of internal medicine, never attempting to check the discharge by astringent lotions. M. Itard, in his work, confirmed my practice by his opinion, although our countryman, the late Mr. Saunders, depended on surgical manipulations and the application of topical remedial lotions. He as well as myself condemned and ridiculed the preposterous idea of leaving these cases to progress *onwards*, without any attempt being made to prevent the further destruction of such parts of the auditory organs as remained unimpaired.

Caution is, however, highly necessary, that, in the local treatment of this disease, no tinctures be used, nor any of that class of stimulants; neither would I permit the application of ointment containing mercury, and still less the exhibition of that mineral in any combination, under the *pretence* of its acting as an alterative.

BOILS frequently form in the auditory passage. When they are superficially situated, the pain during the time suppuration is going on is very acute, more particularly if the tumour be deepseated. Oils and tinctures are often advised in these cases by the lower grade of apothecaries and surgeons. Nothing can be more improper, nor more likely to occasion the formation of abscesses or fistulous ulcers, from which a constant discharge continues sometimes for many years together, and not unfrequently fungous granulations spring up through this cause.

In the latter end of 1824, and early part of 1825, this complaint was very common, and attacked persons of all ages. I had many

patients, including young children; one lady seventy-eight, and another ninety-five. Some of the newspapers advised a clove of garlic dipped in warm oil as a remedy: few modes of treatment could be more absurd.

The proper treatment is to *promote* suppuration, watch its progress, and, when the tumour shall have attained maturity, *assist* the efforts of nature. By this method, no danger is incurred of any subsequent unpleasant consequences, and the pain is of much shorter duration.

A species of chronic puriform discharge without any pain sometimes occurs, and continues during many years; or, if left to itself, probably only ceases with the extinction of the patient. The commencement of a considerable portion of these cases may be traced to some general relaxation of the system, or catarrhal affections, exerting a local influence over the glandular excretions, which, by immediate proper treatment, would be soon relieved. The patient, instead of judiciously calling in competent professional assistance, resorts to some old woman's remedy, or con-

sults the family apothecary, who, in nine instances out of ten, being wholly unacquainted with the subject, adopts some obsolete or improper application.

The last-mentioned cases, arising from relaxation, or catarrhal affections, if the patient be restored to health, sometimes abate, or entirely cease of themselves; the discharge gradually acquires more consistence, until at length, inspissating by the action of the air, it assumes the appearance of a yellowish caseous or cheesy substance, forming a mechanical obstruction to the entrance of sound, and, in a greater or less degree, deafness is the consequence; but, if judicious treatment be adopted, the sense of hearing is speedily restored, and a recurrence of the inconvenience prevented.

In the course of my practice, I have seen a few instances, in which, from the description of the patient, the case commenced with discharge, unattended with pain, and progressed in the manner I have pointed out: the caseous accumulation, having become perfectly dry, on rubbing the ear, and holding the head

down on that side, descended like a small shower of sand. I have observed that in these cases there was great derangement in the tone of the digestive organs, the patient continually labouring under constipation from four to six days at a time. One gentleman, who had been previously a patient to Mr. Curtis, for a considerable time, received a prescription from him, whilst thus situated, for some pills composed of extract of bark and sulphate of iron!! No topical applications alone could prove beneficial to patients of this class; but I have never found one who was not cured by the aid of gentle medicine and diet, thoroughly cleansing the auditory passages, and applying mild remedial agents.

A more white substance of this caseous nature is frequently found at the lower part of the auditory passage, more or less impacted against the drum. The deafness thus produced I have traced, in some instances, to have first shewn itself after measles, and in others through improperly picking the ears.

From the imperfect manner adopted in the examination of the ear, these cases are treated

by some aurists as nervous deafness; probably an absurd prescription for *acoustic drops* is given, and bleeding, blisters, or setons are resorted to; by others it is said the drum of the ear has become thickened, and a solution of lunar caustic is applied every day, for weeks, or even months, or the tonsils are touched with a similar preparation; whereas much more simple and safe treatment in general is sufficiently effectual, and the loss of a patient's time, money, and health is avoided, independent of the pain, and too often irreparable injury, violent methods inflict on the delicate structure of the auditory apparatus.

Wounds, or other injuries of the auricle, and imperforation of the auditory passage, are not of frequent occurrence; and no one can be considered deserving of the name of a *surgeon aurist*, unless he be competent to treat scientifically *all* diseases of the ears.

NERVOUS DEAFNESS, or cases so designated, are very numerous, and frequently very improperly so classed; for, as I have before mentioned, indurated wax, filmy excretions, and

the collections of caseous matter, cotton-wool at the bottom of the auditory passage, and many other causes totally different, have in past ages consigned numberless individuals to a state of almost uselessness in society, from their being hopeless of relief, under the opinion given, that the case was *nervous deafness*; when these very persons might, by the exertion of a little talent and honourable feeling, have been saved from the miseries of that unfortunate situation. In the present age, so much ignorance of the principles of true science prevails, such charlatanism and absurd practice is daily adopted, in defiance of even common sense and professional rectitude, that, generally speaking, but little advance has been made out of the darkness of former ages, in regard to the complaints of the ear.

Some persons have pretended that, by immersing the patient up to the chin in a warm bath, it would be a criterion whether the case were, or were not, nervous deafness. The rationale of this was, that the extreme fibres of the nerves, being excited by the bath, if the person heard better in that situation, the case

was hopeless. Another plan was to place a slip of dry wood to the teeth, and striking the other end with some hard body; if the sound were communicated by this means, it was inferred that there was a deficiency of energy in the auditory nerves. Mr. Tod proposes to strike a tuning-key, and apply it to the surface of the head, whereby the vibrations of that instrument would be conveyed to the brain. All these methods are erroneous; for I am quite satisfied, from long experience, that we have no means which can be depended on for judging *à priori* when the deafness originates from any deficiency in the energy of the acoustic nerves, nor of decidedly discriminating whether it arises from such deficiency in the hard portion, that which comes out externally, or the soft portion, which is concealed from human eyes, during life, in the vestibule cochlea and semicircular canals.

The hard portion is connected with the nerves of the teeth and other parts, and any instrument conveying vibration would produce the same effect on the bones, and sensation would be excited in the base of the

acoustic nerves in the brain, without any communication with the filaments of the soft portion of the auditory nerve, which is the proper and natural medium. No true prognostic of a cure, nor of the contrary, can be elicited by any of these methods; for I have seen many persons who, if these criteria could be depended on, were certain to obtain relief, and yet had, without deriving any benefit, consulted every person who was thought to have turned his attention to affections of the ear; and I have seen others in whom every favorable symptom, judged of by the foregoing methods, were wanting, yet their deafness yielded to a mild course of treatment, gentle medicine, alteration in diet, and sufficient perseverance on the part of the patient.

ENLARGED TONSILS are by some writers said to produce deafness: from the anatomical formation of the parts, the enlargement must be very considerable indeed, before such an effect be produced. I had a patient, about nine months ago, from Paris: he had consulted Dr. Deleau, jun., whose opinion was,

that his deafness proceeded from enlargement of the tonsils. The gentleman came to me, attended by a professional friend, who had resisted Dr. Deleau's wish to perform an operation on the parts, being convinced the doctor was in error. On inspection, there was most decidedly no reason for occasioning the patient such pain and inconvenience.

There are many cases of deafness on which similar opinions have been passed in this country, equally erroneous; and a practitioner published, that he had extracted the tonsils from a woman by a pair of forceps which he had *newly invented!*

THE DEAF AND DUMB are very numerous in Europe, Great Britain alone, it is said, as before stated, containing 13,650 of these individuals. They are regarded by some nations as imbeciles, on whom it would be mere waste of time and trouble to attempt the bestowal of education. In this country their cases were formerly regarded as utterly hopeless, and, at the public institution in the Kent Road, the committee of directors refuse

to allow medical or surgical assistance to be afforded to the children placed in the institution; although the most irrefragable proofs were offered, through his Royal Highness the Duke of Gloucester, about fifteen years ago, that, by the improvements made by myself in the treatment of extreme cases of deafness, I had succeeded in shewing that these cases were *not hopeless*, and that my methods of treatment were unattended with the slightest danger or pain; and I offered to attend the children *gratuitously*; yet the offer was rejected!

Since that period, I have other successful cases of the same kind to adduce, besides some in a progressive state, well authenticated by professional men of unquestionable veracity.

When we consider that a large proportion of human beings are suffering the privation of this most useful sense, the subject becomes of so great importance to society, that legislative interference would very properly be extended to this branch of the profession,—an investigation into the qualifications and capabilities of persons practising as *aurists*. The

difficulty might in future be obviated, the public benefitted, and this useful branch of surgery freed from the opprobrium quackery has brought upon it, if the suggestions in my petition to Parliament were adopted; but who, at present, could be found competent to form a court of examiners? No deceptive arts, emanating from any class of practitioners, should be allowed to have influence over the minds of personages filling elevated stations, so as to obtain patronage for men, of whose abilities they who thus patronize them cannot be capable of forming a judgment; for the popular world are frequently led away by the sound of great names, and are thus induced to form expectations of relief, only formed to be disappointed. Distinguished characters ought to be cautious how they lend their names; for, when they do so to incompetent persons, they become *particeps criminis* as to the evils which ignorant charlatans inflict.

In regard to the proper treatment of diseases of the auditory organs, there ought to be a degree of unanimity in scientific endeavours to ameliorate the miseries attendant on this class of complaints; and a most useful branch of

the profession should be rescued from the empiricism with which it has been disgraced.

But, to return to the subject of the deaf and dumb. I do not consider that those who are able to hear loud sounds, or articulate any words, though ever so imperfectly, can be truly classed amongst these unfortunate persons; they present cases of extreme, but not total deafness. Mr. Tod professes to have improved the sense of hearing very materially in some deaf and dumb persons: he mentions the case of a girl, aged ten, but acknowledges that she could hear the sound of a bell, and articulate several words. On an examination made by him with a *soft* bougie, he says, that a portion of the small bones, which ought to be on the *interior* of the membrane called the drum, were on the *external* side. This girl was so little, if at all benefitted, that she went into the Deaf and Dumb Asylum. Now, I contend that, if such malformation *really did* exist, there was no chance of a cure; but, from his method of examination, he could not ascertain any such circumstance, if even in existence.

Another case, of a girl, aged ten, in which no successful result was obtained.

A third, of a boy, aged seventeen, from which no satisfactory consequence was derived.

A fourth, aged eighteen, deaf and dumb from birth, to whom no relief was afforded.

In these cases pills of colocynth or aloes, calomel, and soap, were exhibited; perpetual blisters, rectified æther, tincture of the blistering-fly introduced into the auditory passage; *nitric acid* applied upon the oval aperture with a camel's-hair pencil; pouring-in of hartshorn, and a variety of other painful experiments, were made; not one of which could by any possibility confer the slightest benefit on the patient.

Although it is scarcely worthy notice, I assert that Mr. Tod could not touch the oval aperture, which is on the opposite side of the cavity beneath the drum, with the *aquafortis*, as he states, and no doubt imagines, he did; and that, even if he could do so, the acid must destroy the delicate structure, and consequent usefulness, of the part.

In 1812, M. Itard read to the Institute at

Paris, an account of a cure he had performed on a deaf and dumb boy, by perforating the drum, and injecting warm water; where, from the symptoms, a collection of coagulable lymph was reasonably supposed to be deposited in this cavity. The treatment mentioned would in extreme cases be worthy a trial, but cases of the deaf and dumb do not generally warrant the process.

Mr. Curtis, about 1817, brought forward publicly the case of Thomas Hamilton, as being born deaf and dumb, to whom hearing and speech were given by this *aurist*. Some of the medical journals at the time disputed this statement; and, in the clinical report published in 1817 by Mr. Curtis, this case is omitted. Why did he not insert the case of this boy? To make up for it, however, we have the cases of Mary Ann Hague, deaf and dumb through fever, cured by Mr. Curtis! Now, when total deafness occurs through this cause, there is, in most instances, a destruction of a great portion of the auditory apparatus, which neither Mr. Curtis nor any other human being can restore.

The next, Mary Haines, was born deaf and dumb; cured by Mr. Curtis!

The third, *Selina Wilmot*, cured by Mr. Curtis!

A plate was engraved, and some printed, of *Selina Hewitt*, Mary Ann Hague, and Mary Haines. Who is *Selina Wilmot*? Selina Hewitt, I know; and I call publicly on Mr. Curtis to bring forward unprejudiced professional men, who knew these parties previous to their coming under Mr. Curtis's treatment, that the cures should be substantiated by unimpeachable testimony, and the investigation of a competent tribunal.

Some person, professing himself to be a friend to Mr. Stevenson, in the *Morning Post*, of January 17th, 1827, stated that the daughter of the porter at Oatlands, who had been deaf and dumb from birth, was cured by the skill of Mr. Stevenson, to the great *gratification and delight* of his Royal Highness the Duke of York, then alive, but *deceased* when the *letter was inserted*.

I had as a patient the daughter of Mr. Worley, who had been master of the horse,

during many years, and even up to the death of the Duke; and I caused inquiry to be made also of the steward, and others forming the household of his Royal Highness at the time, but I have been unable to gain any elucidation of this case. As the matter has been made public, Mr. Stevenson will surely not shrink from giving such particulars as may corroborate his *friend's* assertion, or disclaim the honour attempted to be thrust upon him. God forbid that I should ever degrade myself, by attempting to deprive any man of his fairly acquired reputation; and if Mr. Curtis, or Mr. Stevenson, can prove the correctness of the statements made by themselves, or their friends, I shall be most happy to find that there are other modes of treatment, besides the mild and gentle methods I advocate, and adopt, capable of relieving these sufferings of human nature; and the interested parties will return from the inquiry with increased respectability and consequence in the eyes of their fellow-men: but, on the contrary, if assertions have been made, of cures being effected, which are incapable of being proved, let those

resorting to such methods of raising delusive hopes in the minds of the afflicted, and surreptitiously endeavouring to obtain a niche in the temple of fame, be hurled from the eminence on which they seek improperly to establish themselves, and meet with that contempt they will justly merit. In my petitions to both Houses of Parliament, I questioned the correctness of pretended cures of the deaf and dumb, and prayed for an investigation into the truth or falsehood of such representations.

ON DISPENSARIES it will be proper to make a few remarks. The late Mr. Saunders attended a great number of the poor; and there are few professional men in any department who can resist the claims on their charitable feelings. Sometime ago, an attempt was made by two surgeons to establish a dispensary for diseases of the ear, somewhere in the borough of Southwark. I never heard of the parties previously, and I believe the speculation failed. When I occupied a large house in town, and had ample convenience, I

appointed certain days and hours for receiving the poor; but I did so at *my own expense*. Amongst those applying to me for relief were numbers who had been patients at Mr. Curtis's dispensary, who did not obtain relief there, and therefore left the institution.

Just previous to this going to press, a youth was brought to me, labouring under such extreme deafness, that he could not hear a watch, if placed more than an inch from his head on either side. He had been a patient of the above dispensary during *nine months*, was *blistered*, and had *drops* to put into his ears; but derived no benefit whatsoever. On examining the auditory passage, applying a proper lotion, and syringing, I extracted a collection of indurated cerumen and filmy substance from both ears, with a piece of cotton-wool from one. The patient, within forty-eight hours, was enabled to hear a watch twelve inches off, and conversation, in a moderate tone, at any reasonable distance; in a week he could hear a watch, four feet on one side, and near two on the other, and he will eventually be completely restored: thus

evincing the necessity for an efficient examination of the auditory passages, and how unnecessary it was to occasion the pain of *repeated blisters*, or the inconvenience and loss of time consequent on such a long attendance at the dispensary.

From many similar circumstances, from the representations of those patients, and some public statements, I am inclined to think that many of the poor persons who attended at this dispensary were entered as cured or relieved, the result of whose cases were unknown, through the cessation of their attendance; consequently, that the numbers of those cured or relieved have been, from this cause alone, without considering any other, estimated very far beyond what the true numbers amount to who have been really benefited. Independent of all this, it must be considered, that it is obviously the interest of the projector of this dispensary to evince its usefulness; for by such means subscriptions from the humane are further ensured. The funds already obtained through private benevolence, charity sermons, fancy

fairs, bazaars, &c. are very considerable; whilst the expense, I know practically, of all medicinal applications, even for the 6330 patients said to be received during the first ten years, would be but very trifling. How the remaining surplus is employed, whether in advertisements of the skill of Mr. Curtis, printing books of cases, or in what other way, the subscribers best know.

A DIPLOMA from the Royal College of Surgeons does not, in the opinion of any man of sense, at the present day, necessarily confer on the possessor of it superior ability; but, when a practitioner comes before the public, and in a publication on the disease which he professes to cure, and whereby he endeavours to attract attention to himself, deliberately claims to have received his qualifications as a *surgeon* from the Royal College of Surgeons, he must be *perfectly aware* at the time whether he be publishing a *truth* or a *falsehood*. The probable object for making such assertion is, to impress on the opinion of the world that he possesses superior attainments to others prac-

tising in the same department, and, if he appear to move in a respectable station of society, few individuals will question the *correctness* of the *statement*; the subsequent accounts of his *new discoveries* in the way of treating patients, the *great numbers* of those *cured*, or other representations, which all pass current with the world. By these methods the patronage of illustrious, noble, and powerful personages is obtained.

Mr. Curtis, in a publication, about 1818, stated that he “*received his qualifications as a SURGEON from the Royal College of Surgeons in London.*” This assertion has been in other ways brought under public notice; amongst others, in Dr. Nesbit’s Biographical Memoirs of Physicians and Surgeons, the biography, no doubt, in most instances, furnished by the party. Mr. Curtis, in this work, is declared to be the “*only regular surgeon who attends to diseases of the ears in the metropolis;*” and a similar statement was made in the *European Magazine*, when the portrait of Mr. Curtis was published in that periodical. The name of Mr. John Harrison

Curtis does *not* appear in the last list published by the College of its members. Did he ever receive his qualifications as a *surgeon* from the College, as he claims to have done? and in what year did his name appear in *any* list sent out by the College? Will he state whether he presented himself to the examiners appointed by the College? and, if he did, when he last so presented himself? Mr. Curtis was *under-dispenser* in the little depôt for French prisoners at Stapleton; then in the same situation at Haslar Hospital; thence he was appointed to the small prison of Forton, as dispenser. The duty of a dispenser is implicitly to obey the directions given by the superior medical officers, in making up such medicines as may be ordered, but the dispenser himself has no voice in the medical or surgical management of any establishment, and the *under-dispenser* still less control.

Did not Mr. Curtis, at the end of the war, when Forton was no longer necessary, obtain half-pay as dispenser of that station? Whether he receives half-pay still, or not, may be seen by reference to the Navy List.

Mr. Curtis states that he left the public service in 1810; whereas the date of his seniority, as *dispenser*, is 13th November, 1810! If he did leave the public service in 1810, as *he states*, how was he entitled to half-pay? Other questions might be proposed as to his *resumption* of studies, &c., and *where*: but, probably, it will be better to postpone them until the present queries be answered.*

A very few years ago, advertisements were issued, and bills distributed in the streets, by some persons, pretending to cure deafness, and all diseases of the ears, under the name of Home and Co. Aurists, M.R.C.S., intending thereby to dupe the afflicted, by making them believe Home and Co. were

* A new mode of advertising a QUACK MEDICINE is adopted, commencing with a list of PATRONS, who are puffed as "*eminent medical gentlemen*," amongst which the name of J. H. Curtis is inserted, with his address, and the initials M.R.C.S.L., evincing his adherence to the pretension of being a member of the Royal College of Surgeons, London. Any person in doubt as to the fact, may have *full satisfaction* by application at Surgeons' Hall, Lincoln's Inn Fields.

members of the Royal College of Surgeons, which they asserted *they* were. The imposition succeeded for a time, but at length a public exposure took place, and Home and Co. were discovered to be a notorious quack, and his associate, who had for several years duped the public, in various parts of the kingdom, under his own name. This impostor was brought up, and continued for the greater portion of his life, as a common mechanic; his ignorance was only equalled by his impudence and falsehoods. HE, however, was not satisfied only with the assumption of having *received* HIS *qualifications from the Royal College of Surgeons*, but, in imitation of SIR Francis Columbine Daniel, whose empirical Medical Board duped hundreds of persons, by passing under the name of Cooper and Co. the ignorant believing, and being told, they were obtaining the advice of Sir Astley Cooper; so *this* charlatanic aurist and his confederate assured persons who consulted them that they would receive the assistance of Sir Everard Home.

Dr. Thornton, a licentiate of the College of Physicians, about 1823, professed to cure deafness by the "*Bethesda-pool mineral water*," as appears by printed papers which he circulated, said to be from the sheep-market, in the city of Jerusalem, and an ointment, which he stated to a patient was cabbage-stump ointment!

It is believed, from its effect on a gold ring, that ointment of the nitrate of mercury was *really* the unguent employed; and I had a case to relieve in which the application had produced a great disinclination to enter into conversation, with increase of the deafness.

Some time afterwards, Sir Everard Home requested me to meet him, and wished me to apply this ointment of mercury, only, as he stated, that his contained more nitric acid than usual, to the ears of a friend of his: I told Sir Everard what had been the effect in the above case, but at length reluctantly consented to give it a trial. The application soon produced excoriation of the auditory passages. On my declining any further experiment, so contrary

to my own opinion and practice, the patient himself applied it; in four days paralysis of the tongue came on, which continued during above twenty-four hours, the patient being for that time totally deprived of speech, and only restored by prompt and active treatment. Distressing noises in the head succeeded, and continued for several months, but subsided under a course of gentle medicine. Yet, even now, similar preparations of this mineral are frequently advised by general practitioners, in the form of liniments to the ears.

A most illiterate quack travelled the country, calling himself *Doctor*, and pretending to cure deafness of ever so long standing in half an hour: he died, and his widow makes her annual tour in Scotland at this period. Another *Doctor*, from Ireland, soon after entered the field, and for a short time advertised from Golden-square, that he could relieve deafness of all descriptions. A third *soi-disant Doctor*, from Val de Grace and Paris, also visited most provincial towns, blazoning his *wondrous* cures. Finding the title

of *Doctor* did not bring him so many patients, it is presumed, as he anticipated, he, in imitation of another, moving in a higher sphere, absolutely had the impudence to present himself at the College for a diploma, but was rejected, like his prototype; only this last had a triple stock of assurance, for he presented himself thrice, and was thrice rejected.

Books are published by most of the professors of different branches of the medical and surgical science, showing their *superior* attainments in that peculiar department. *When* these works are written with a proper knowledge of the subject, in a conscientious manner, and combining a desire to instruct those less conversant than themselves, the object is most praiseworthy, and never fails to obtain for the authors the esteem of the learned, and the good opinion of mankind: but even this legitimate method of gaining celebrity is invaded by the unprincipled: hireling scribes compile from the works of others, and dress up in new phrases the opinions formed, and

discoveries made, by talented men, after much consideration and laborious research. These compilers sell the work thus concocted to men too ignorant to write upon the subject, or even to know, till told by others, that it is a mere compilation and plagiarism. An illustrative anecdote will explain this more completely.

The late Dr. Nesbit, one of the luminaries of SIR Francis Columbine Daniel's Medical Board, and a man who lent his talents to many, for an adequate consideration, was engaged to write a work for a person who wished to start in a certain department of the profession with considerable *eclat*, as he had, through *sporting* interest, obtained royal patronage. Nesbit was unacquainted with the subject, but, desirous to obtain the golden price of his labours, copied in the most flagrant way the work of an ingenious deceased author. The work was presented to the employer as an original, who, not being competent to form a judgment, published it as his own lucubrations. A newspaper *exposé* followed: the

doctor and the *pretended* author quarrelled; the doctor was not paid in full, and he, in revenge, made a tour amongst the professional world, leaving his cards (of which I have one), offering to write for any, as he had done for this *imaginary talented author*, who had placed his name to the purchased work.

It then becomes necessary to puff the book thus made up, into notice: the inventive genius of some poor literary man is exerted to write reviews of it, which, by the due administration of the *primum mobile*, find their way into many of the venal periodicals, who duly laud the *authors* and their *judicious* remarks. By this means the work gets into circulation, and, a very small number only being printed, it soon runs to a second, third, or fourth edition. Strange as it may appear, some of these very works are even now, by arts of this description, forced into circulation. The trickery has been carried still further: a needy foreigner is found to translate one of these books into another language, which is used as an argument of its great utility

and celebrity. The public are duped by all this artifice ; the afflicted buy the books, and then consult the *pretended* authors ; and thus the projectors, aiders and abettors of the delusion, profit by their speculation, and each gain large sums by the credulity of the world.

Sic omnium deludunter dolis.

W. WRIGHT.

LONDON ; AUGUST 11, 1834.

APPENDIX.

COPY OF PETITION.

To the Honorable the Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled,—

The humble Petition of WILLIAM WRIGHT, then of No. 45, Great Marlborough Street, in the Parish of Saint James, and City of Westminster, Surgeon Aurist, and now of Fleet Street, in the City of London:

SHEWETH, That your petitioner has, during many years past, devoted the whole energies of his mind, and much pecuniary expense, to the study of those diseases which affect the organ of hearing, and occasion a diminution of that most valuable sense.

That your petitioner has adopted modes of treatment which have proved so successful, that persons of all

ages and conditions in life, even the most exalted, can bear testimony to their efficacy, and the absence of all pain and risk.

That your petitioner does not pretend to possess any nostrum or specific; at the same time he begs permission to state, that his mode of treating the infinite variety of deafness and diseases of the ear are peculiar to himself, yet founded on the basis of the true principles of surgical and medical science, apportioning to each case such treatment as the exigency of it may, in his opinion, consistent with a thorough knowledge of the anatomy, pathology, and physiology of the organ, appear to demand.

That diseases of the ear are not studied by general practitioners in medicine or surgery, and such has ever been the integrity, honor, and scientific treatment, which your petitioner has adopted towards the numberless patients who have been placed under his care by other professional men, that he has obtained the good opinion of the first medical and surgical characters of the present æra, many of whom have, with the most implicit confidence, placed themselves and dearest connexions under your petitioner's care.

That, in the year 1818, your petitioner had the honor

of presenting to her late Majesty Queen Charlotte, and other branches of the Royal Family, a young lady, who, being born totally deaf, was consequently dumb, in which state she continued, until, by the exertion of your petitioner's skill, she had the sense of hearing conferred on her, to which the faculty of speech succeeded. And, as a mark of her Majesty's approbation, she was most graciously, and in the most flattering manner, pleased to appoint your petitioner her Majesty's Surgeon-Aurist, and moreover gave your petitioner reason to believe that her Majesty would become the patroness of an institution for these unfortunate beings, in which medical and surgical assistance would be allowed to be rendered to them; but the decease of her Majesty prevented your petitioner from commencing such an undertaking.

That your petitioner was introduced by an eminent physician to the notice of his Royal Highness the Duke of Gloucester, patron of the Asylum for Deaf and Dumb, who was graciously pleased to communicate to that institution your petitioner's proposal to attend the children gratuitously, in that Asylum, to which the following resolution, dated 8th March, 1819, was forwarded to his Royal Highness, as an answer:

“RESOLVED, That as this institution is esta-

“ blished only for the purposes of instruction, it is the
 “ opinion of this committee, that they cannot, consis-
 “ tently with their sense of the confidence reposed in
 “ them by the parents, permit the pupils, received by
 “ them for education alone, to be subjected to any
 “ medical treatment whatever, in regard to their deaf-
 “ ness, while they are in the Asylum.”

Your petitioner has, in the course of the last year, after long perseverance, succeeded in giving the sense of hearing, and faculty of speech, to a female child named Mary Adam, who was sent to your petitioner, by a surgeon, resident in London, of high character and ability, she being then totally deaf and dumb from birth.

Your petitioner begs to represent to this Honorable House, that he has thus proved his success, in the first named case, was not a mere accidental affair, and that he has reason to think he is the first, and only person, either in this country, or on the Continent, capable of bringing forward successful and well authenticated cases of this description; for the modes of treatment which have been mentioned by others as having produced similar effects, could never have done so; neither have any such cases been authenticated in a satisfactory manner.

Your petitioner has had several other cases of Deaf and Dumb, in which he has succeeded in giving the sense of hearing in a greater or less degree, but he has not brought them forward, because they wanted the testimony of established and disinterested practitioners of character, and therefore your petitioner feared, lest he might be classed with those who have published cases, which have been wholly unsubstantiated.

That your petitioner has written and published several works,* in which he has endeavoured to point out the injurious tendency of some proposed violent methods of treatment being applied to such a delicate organ as the ear, and suggesting more reasonable modes of practice, which, if the reasons he adduced had been considered and attended to by other practitioners, many individuals would not at the present moment have to lament having been the subjects for dangerous experiments.

* The last of which, a Treatise "On the Varieties of Deafness and Diseases of the Ear, with proposed Methods of relieving them," (comprising the useful matter of former works,) dedicated to his Grace the Duke of Wellington, was published, March 1829, by Hurst and Chance, 65, St. Paul's Church-yard.

Your petitioner begs to represent, that the person who discovered a system whereby the deaf and dumb were enabled to utter sounds, which could with some difficulty be understood, and established other methods for the communication of the ideas of these unfortunate beings, was patronised by the Government under which he lived, as well as by most others in Europe; but your petitioner presumes to claim a paramount station in society, from having discovered means of obviating the evil altogether, and rendering those who would have been a burthen on the community useful members of it.

That your petitioner is of such an age, that, although his mind and talent are in their full vigour, yet he cannot expect to continue so for a very great number of years; that he has no one to succeed him in his profession, and, therefore, his methods of treatment, which have been proved so eminently successful, will be totally lost to the world at his death.

That if an institution were formed, to receive, under certain regulations, those born deaf and dumb, as well as persons labouring under diseases of the organ of hearing, the curative process for whom, in some cases, requires great perseverance and considerable time, young men might become pupils in such Establishment,

in order to receive the benefit of your petitioner's experience and instruction, whereby the cases of the deaf and dumb, which, he has proved, are not totally incurable, as well as other cases of deafness, and diseases of the ear, might, by gradual improvements in the modes which your petitioner has already so successfully adopted, become as easily relieved as any other malady.

That your petitioner has not the means of establishing an institution of this description, and, as it would be of decided advantage to the community at large, he presumes most respectfully to suggest, that it is a proper subject for the humane consideration of the legislative Assembly of a great nation.

That as diseases of the ear, although they render persons incapable of acting either as household servants, or in many other stations in life, with effect, yet do not incapacitate the unfortunate party from many species of manual labour, the profits of which, if carried on in the proposed establishment, would materially diminish the expense of food, &c. for the patients.

Your petitioner, therefore, most humbly prays, that this, his Petition, may be taken into consideration by

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 that is to say the Court of the
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