

**Stammering, and other imperfections of speech, treated by surgical operations on the throat / by James Yearsley.**

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*To the Editor of the Edin Med & Surg Jour*  
*with the Author's consent*  
STAMMERING,

AND OTHER

IMPERFECTIONS OF SPEECH,

TREATED BY

**Surgical Operations on the Throat:**

BEING

THE SUBSTANCE OF A PAPER READ BEFORE THE  
WESTMINSTER MEDICAL SOCIETY,  
MARCH 20th, 1841.

—◆—  
BY

JAMES YEARSLEY, M.R.C.S.

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—  
1841.

STAMMING

IMPERFECTIONS OF SPEECH

Original Observations on the Origin

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TO THE MEMBERS  
OF THE  
WESTMINSTER MEDICAL SOCIETY,  
IN  
RETURN FOR THE HONOUR THEY DID THE AUTHOR, IN INVITING  
HIM, THOUGH NOT A MEMBER, TO READ A PAPER  
TO THEM ON THE SUBJECT OF  
HIS DISCOVERY  
FOR THE  
RELIEF OF STAMMERING AND OTHER VOCAL IMPERFECTIONS  
BY  
SURGICAL OPERATIONS.



WESTMINSTER MEDICAL SOCIETY

REPORT FOR THE YEAR 1871-72  
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WESTMINSTER

## STAMMERING, &c.

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THE different degrees of Stammering and vocal imperfections form a class of maladies so distressing, that no apology is required for publishing any safe and rational means by which they may be alleviated. Persons who suffer from these affections, however otherwise fitted by the possession of talent to elevate themselves in society, are almost inevitably restricted to subordinate situations. A confirmed stammerer is not only himself rendered miserable, and a source of painful feelings to his immediate circle of friends, but the distressing spectacle of his infirmity obtrudes itself upon all who come in contact with him. It has lately occurred to me to witness Stammering of a more aggravated character than any I had before conceived to exist; in some cases the defect has almost amounted to total dumbness, the effort to speak proving so painful and prolonged, that the sufferers have practised writing their thoughts instead of attempting oral communication. In extreme cases the miserable deprivation has preyed on minds at all sensitive so deeply, as to produce a melancholy condition bordering on insanity. Many have confessed to me that they have often



felt urged to the commission of suicide by brooding over their unhappy condition, and have withdrawn from all companionship to weep that their thoughts should be constantly anticipated and spoken by others before they could give them utterance.

My attention became directed to Stammering, and the mode in which it may be relieved, during the course of an extensive practice in diseases of the ear. Within the last few years some thousands of patients suffering from deafness have passed under my treatment. In every case it has been a practice with me to examine minutely the appearances presented by the mouth and throat: by proceeding in this manner I have very frequently discovered a diseased condition of the mucous membrane, with more or less enlargement of the uvula and tonsils. Such cases have always claimed particular notice from the great difficulty with which they are relieved by the ordinary means. Often have I found considerable deafness with distressing tinnitus aurium, when there existed no other objective symptom than an irritable ill-conditioned state of the mucous membrane of the throat. This state of the mucous membrane in deafness has been cursorily mentioned by other writers, but its importance has never been sufficiently insisted on. As regards the tonsils, it should be observed that the deafness is not found in exact ratio with their increased growth as seen from the mouth, but rather with their hardness and extension upwards between the arches of the fauces, so as to compress the guttural extremity of the Eustachian tube. When deafness, accompanied by morbid alterations in the throat, has proved intractable under the usual remedies, it has long been my custom to excise portions of the uvula and tonsils, if either have



presented increase of size. This treatment has generally had the effect of removing or alleviating the ear malady; but in such patients I have frequently found, super-added to the deafness, a certain degree of thickened speech, the voice being muffled, and rapid utterance impeded; conditions which are immediately corrected by the removal of the cause in the enlarged tonsils. I performed my first operation, specially for the improvement of the voice, in July, 1840: Mr. C. B., a patient affected in some degree with deafness, applied to me with tonsils of surprising growth and hardness. In this case the voice was thick, nasal, and imperfect, evidently owing to the impediment presented by the diseased tonsils. The removal of these glands with the knife occasioned an immediate improvement in the tone and compass of the voice, which continued to grow clearer as long as I had an opportunity of observing the case.

From this time a new and interesting branch of practice opened itself to me; I found that the most varied affections of the voice and respiration may be produced by enlargement of the tonsils. In children especially, I have witnessed cases where for many years the voice had been thick and choking, swallowing greatly impeded, and the breathing so much obstructed as to occasion a habit of carrying the mouth open. During sleep the respiration is in such cases still more disturbed; a moaning noise is constantly present, accompanied by sudden startings, as if from danger of strangulation. All these troublesome and serious symptoms are with certainty removed by excising the tonsils, and giving freedom to the throat. In adults, the effects of this disease are somewhat different, and chiefly evident in a thick and drawling quality of the



voice ; a person thus situated always talks as if the back part of the throat and nose were plugged up, which is in fact the case. One of the minor miseries to which patients with these morbid growths are frequently subjected is the necessity of returning the morsel to the mouth to be remasticated before it can be received into the pharynx. We might expect, *à priori*, that persons accustomed to try the organs of articulation by public speaking would be most prone to these affections; and from very extended observations, I am convinced that a large number of clergymen and public speakers have the voice deteriorated by diseased growth of the tonsils. The larynx has usually been looked upon as the seat of these affections; but I feel impressed with a certainty that they may with greater justice be referred to the throat.

Early in December, two patients were under treatment for deafness at the Ear Institution, and in both cases I removed increased growths from the throat with the effect of improving the hearing; and it could not but make a deep impression on me to learn shortly afterwards that not only had the ear-affection diminished, but that both were entirely freed from Stammering, which had affected them from infancy. In neither of these cases was the stammering very remarkable; but the bare fact of its removal after the operations I performed, was sufficient to lead me to consider how far the same treatment might be successful in cases of a more inveterate character. With this view, I lost no time in seeking out cases of stammering and imperfect speech uncomplicated with deafness. One of the earliest cases upon which I operated was a respectable young man, named Butler, living at 14, Tottenham-street, Tottenham Court-road. I give a narrative of this case here because the ope-



ration was witnessed by some of the members of the Westminster Medical Society. This patient is twenty-four years of age; his stammer had existed sixteen years, and was invariably aggravated by easterly winds or wet weather. The impediment was, in this case, most severe and painful to witness; he frequently felt himself impelled to strike his hand forcibly against his side to assist the vocal effort; he rarely spoke without ducking his head forward so as to bring it nearly to a right angle with his chest. I removed the uvula, and the relief was instantaneous. Upon asking him how he felt, he raised his head and answered, "Pretty well, sir." After a moment's surprise at the readiness with which these words escaped him, he sprang up from the chair, exclaiming, "Oh, sir, I feel I can hammer away now." He talked afterwards with the gentlemen present without difficulty, and with only the most trifling hesitation. A few days after the operation, he received intelligence of the dangerous state of a near relative, which deeply affected him, and, for a time, occasioned a slight return of the impediment; but this speedily passed away, and he may now be pronounced quite free from his former malady.

Nearly two hundred persons, affected with every variety and degree of stammering, have passed under my notice; and I have carefully collected the following facts relating to this affection:—

A large majority present enlargement of the uvula and tonsils. Of the first fifty cases, I find I removed tonsils from twenty-nine, and probably the enlargement existed in others who were relieved by the removal of the uvula only.

A great proportion of stammerers are short-breathed. Of twenty whom I examined for the purpose, only two



could, after drawing in a long breath, expire for a greater time than fifteen seconds without inspiring again. The greater number expired from five to ten seconds only; whereas a person of healthy conformation can expire from thirty to forty-five seconds. Several, out of the number examined, presented the narrowing of the chest termed chicken-breasted.

In nearly all stammerers, I have seen the tongue of large volume, and lying farther back in the mouth than natural. When at rest from talking, they usually keep the tip of the tongue some little distance behind the teeth, instead of allowing it to touch them, as is commonly the case in those who are free from impediment.

The anterior palatine arch is frequently very strongly marked, appearing to brace the tongue at its sides very firmly. The posterior palatine arches present some remarkable features: they generally come down very near the base of the tongue, and are extended backwards; though, in one or two instances, they have come so far forward as to leave a considerable cavity between them and the back of the pharynx. In these cases the stuttering sound is naso-pharyngeal, and seems to ascend behind the palate, instead of coming forward between the teeth.

Among all the cases that have come before me I have never seen one where the patient could not easily touch the palate with the tip of the tongue while the mouth continued half open; no person can do it when quite open.

Without any exception, every inveterate stammer is accompanied by pain and uneasiness within the chest.

In proceeding to maintain the safety and utility of the operations proposed, I may state that no accident of any moment has occurred to me from their performance. In



only one case was the bleeding of sufficient importance to require any interference; and, in this solitary instance, no difficulty was experienced in restraining it. As far as the operations themselves are concerned, I do not pretend to advance any thing new. The only novelty to which I lay claim is the promulgation of the facts, that, *in the great majority of stammerers, the tonsils and uvula are in a diseased state, and may be removed with advantage, and that these operations may in particular be applied to the relief of stammering and imperfect speech.* It may be asked how it is that diseased conditions of the throat, associated with stammering, should so long have escaped observation? It may be accounted for by the fact, that the only persons who see large numbers of stammerers are *not* surgeons, but teachers of elocution, who, if they did happen to forget their favorite theory of *nervous influence*, and look into the throats of their *pupils*, were incapable of detecting any malformation congenital or morbid. One of the most celebrated of this class acknowledged to me his entire ignorance of either tonsils or uvula, their structure or uses.

All the best surgeons of modern times have sanctioned the extirpation of the tonsils in certain cases, though it has never been of frequent performance, as it deserves to become. Hitherto it has rarely been executed, except when the tonsils, from their enormous size, have interfered with deglutition and respiration, in which case they are often the source of extreme danger. Sir Astley Cooper practised and recommended excision. Sir Charles Bell inclines to the use of the ligature. I believe this mode to be very objectionable, unless where the tonsils are large and pendulous; and even then its propriety may be ques-



tioned. In practised hands the operation with the knife is but the work of a moment. The pain is trifling, from the callous and insensible nature of the morbid growth. There is no hæmorrhage that can possibly prove troublesome, and the wound speedily heals; while, in the removal by ligature, much time is required to cut through the tumour, and the patient is kept many days with an offensive fetor in his mouth. In a recent work, professedly written in favour of the ligature, the author, with a singular inconsistency, nullifies his own recommendation by acknowledging, in the only case cited, that after the trouble of applying it on the tonsil, he was obliged to have recourse to the knife in consequence of the inflammation and other inconveniences occasioned by the presence of the ligature.

Various instruments have been invented, remarkable for their ingenuity, but altogether useless and inapplicable in practice. The best of these is the guillotine knife, but, even from the manufactory of Weiss & Son, it is a clumsy and uncertain instrument. To that surgeon, therefore, who has not sufficient confidence in his operative skill to wield the scalpel, I would say, Do not attempt excision of the tonsils! The rage for substituting mechanical for manual dexterity is much to be lamented.

When myself engaged in general practice, and not as at present, limited to purely operative surgery, I very well remember that while any capital operation would have been hailed as a stepping-stone to operative reputation, I should have shrunk from excision of the tonsils, with a vague apprehension of the fatal consequences which surgical records have shewn to sometimes follow puncture of the tonsil glands in *cynanche tonsillaris*, and other dangerous affections of the throat. From the number of patients now



sent me by surgeons from various parts of the kingdom, I have reason to believe that the same feeling prevails almost universally. Very recently a case came before me which strongly confirms the opinion I entertain. The patient, a boy about fourteen years of age, had suffered for some years from tonsillary enlargements; deglutition, respiration, speech, and hearing, were all obstructed to a very painful degree. The removal of the tonsils was accompanied by rapid relief to all the impeded functions. The tonsils in this case were of enormous size, but so completely insensible as to occasion *no pain* in removing them. After their loss the patient was able to swallow, breathe, talk, and hear with freedom, when compared with the previous difficulty. Not only had these important functions been interfered with for years, but this youth had, as we might expect, a troublesome predisposition to sore throat and catarrhal affections. The father informed me that for two years, when probably a chronic inflammatory condition of the lining membrane of the pharynx co-existed with the enlargements, the bedside of the poor boy could never be left from constant dread of suffocation. Previous to my seeing him, he had been placed under one of the leading surgeons of London, who had been using caustic applications for upwards of four months with no other effect than to increase his sufferings.

I may state, that during a five-years' pupillage at the Gloucester County Hospital, containing 170 beds, where the surgeons were second to none in operative skill, and subsequently in several years of attendance at the hospitals of London and Paris, though I followed on the steps of Abernethy, Roux, and Dupuytren, I never witnessed excision of the tonsils. I am well aware the operation was recommended and practised by these eminent surgeons, but



I only mention the fact to shew that it was of infrequent occurrence.

Other means besides excision have been used to repress the diseased growth of the tonsils, but with very questionable success. Dr. Hodgkin, in his work on Mucous Membranes, expresses himself very decidedly in favour of the operation by the knife. He says, "attempts are often made to reduce the size of tonsils thus affected by the application of various astringents, and lunar caustic in particular has been strongly recommended; but I believe that the benefit derived from such measures is in most instances rendered imperfect by the deposition and consequent change of structure which inflammation has occasioned. In cases of the greatest apparent success, the relief may be merely transient. I have, therefore, no hesitation in giving decided preference to the method of excision as that which affords, with little trouble, a permanent and effectual remedy, and, at the same time, removes much of the probability of their relapsing into an inflamed state, to which they are very liable. It also renders of comparatively little importance the recurrence of inflammation, should it take place."

With respect to the division of the uvula, either a knife or scissors has been used. In my own practice, I invariably prefer a pair of curved scissors, and have never observed any ill results follow the operation. Dr. Benatti, who has practised the removal of the uvula, objects to it, on the ground that, after its performance, persons are more prone to become affected with sore throat. If this were the case, we might expect the same results to follow excision of the tonsils, which I have not only failed to observe, but have believed, with Dr. Hodgkin, that their removal lessens



the tendency to inflammation about the throat. Probably, as Dr. Benatti practised excision of the uvula chiefly on professional singers, it was in consequence of his removing *a portion* only of the uvula that he noticed the bad results he describes. I have assured myself of a singular fact, that much greater pain and constitutional disturbance attends the division of the uvula at its point than its entire excision. In many cases where I have removed a part of the uvula, soreness and swelling of the divided extremity and inflammation of the palate and throat have occurred to some extent, while no such results have followed in any of the numerous cases where I have removed it altogether. Whenever the stump of the uvula has been painful, I have found nitrate of silver the best application.

It will be asked, what are the uses of the tonsils and uvula in the animal economy, and what ill results may we expect to follow the loss of these structures? In regard to the tonsils, their chief use, without doubt, is to lubricate the morsels of food as they pass the fauces, and thus contribute to the facility of deglutition. This function of the tonsils is greatly increased in some of the reptile classes, who are able to swallow bodies of a size greatly disproportionate to the volume of the throat and œsophagus. In the human subject, these glands are frequently so small as to be scarcely perceptible on looking into the pharynx. It must be remembered, that I never practise excision of the tonsils when they present a natural appearance. I invariably limit myself to the removal of enlargements of them occasioned by disease; so that the operation cannot be said to produce bad effects by interfering with their healthy functions; while, on the other hand, I believe the removal of diseased tonsils, when no stammer is present, destroys a



most prolific soil for the production of quinsey and other descriptions of sore throat, besides improving the voice in clearness, and taking away the obstruction to swallowing and respiration, which must necessarily attend their enlargement.

The uvula performs no other known office than to assist in separating the nasal cavities from the throat at the moment of swallowing, vomiting, &c. In cases where the nasal bones have been destroyed by disease, so that the uvula could be observed, it has been seen to move during the articulation of words. Professor Müller states, that the soft palate and uvula are raised during the production of the higher notes in singing. It is a curious circumstance, and probably connected with this observation of Müller, that, after the perfect excision of the uvula, singers are able to ascend two or three notes higher in the musical scale than was possible before the operation. I have verified this in numerous cases, and the same effect follows the operation upon the tonsils, though to a less extent. I conceive that very many persons would be benefited by the absence of the uvula. In a large number it is relaxed and elongated, occasioning a constant tickling cough, and frequent attempts to get rid of the annoyance by swallowing. A gentleman, thus affected, consulted me some months ago, who had suffered from this kind of cough *for twenty years*; in his case the uvula was relaxed and tumid; its removal was followed by the immediate disappearance of the cough, which had so long remained unrelieved. He assured me he had used a hogshead of gargles. This relaxed state is produced by the frequent recurrence of catarrhal affections, in a climate where we are so much exposed to atmospheric changes, and vicissitudes of weather. Derangements of sto-



mach are another prolific source of this annoyance. It is the opinion of the most eminent physicians that consumption and other pulmonary disorders are often caused by the irritable uvula hanging down in the throat, so as to occasion a troublesome cough, and thus exciting disease of the organs of respiration, just as in various mechanical occupations, needle-pointers, stone-cutters, &c., tubercular diseases of the lungs are developed by the constant dry cough produced by the irritation of particles of dust in the throat and upper part of the larynx.

I now approach a confessedly difficult part of the subject, namely, the essential cause of stammering, and the mode in which the operations I have proposed effect a cure.

It has appeared to me, that in the great majority of stammerers the *isthmus faucium* (or opening from the mouth to the throat) has been of much less size than in the natural condition; the tongue generally of increased volume, particularly at its dorsum, and extending farther back than in the normal state; and the tonsils frequently so much enlarged that the base of the palato-glossal arch is completely lost in the encroachment of the tonsil upon its site. But the most constant changes occur in the uvula, or in the posterior palatine arches. The uvula is thickened or elongated, so as frequently to drag on the upper surface of the tongue. The pharyngo-palatine arch is often attached to the side of the uvula, much lower down towards its point than natural, giving the veil of the palate a webbed appearance, and bringing it towards the dorsum of the tongue. It is known, that, by an effort of volition, these parts may be placed in apposition, so as to make the division between the mouth and throat complete. By approximating the posterior-palatine arches, and pressing the tongue upwards



against them, the mouth may be entirely cut off from the larynx. I have often, when examining the mouths of stammerers, seen this state occur *spasmodically* from the different motions of the tongue. I have had instances when, after the removal of the uvula, the patient has referred the obstruction to the sides of the throat, pointing externally to the positions of the tonsils, and, when one of these has been excised, has still pointed to the seat of the other as the source of the remaining impediment.

Dr. Arnott believed that in stammering there was spasmodic closure of the glottis. In confirmation of this view, the voice of a stammerer has been compared to the escape of fluid from a bottle with a long and narrow neck, which either comes by jerks or not at all. As a more apt illustration, I would suggest its greater resemblance to liquid flowing from a bottle having a broken cork in its neck. I have been informed that Dr. Arnott does not at present entertain this opinion. Another great authority, Dr. Marshall Hall, refers much of the difficulty to the organs of articulation, especially to the lips, which certainly appear in many cases as if glued together during the attempt to speak. If either of these be the true source of stammering, we cannot, in the present state of our knowledge, satisfactorily account for its frequent disappearance after the operations, I have devised. I must confess I have treated some intelligent persons, who themselves believed the sole cause to lie in the spasm of the lips, yet in these cases relief has often ensued on removal of the uvula and tonsils.

Will the spasmodic closure of the fauces, by the obliteration of the isthmus, account for the singular phenomena of stammering? There are many circumstances which certainly seem to favour such an opinion. In the worst



cases of stammering, I have observed that during the attempt to speak they can in a moment part the lips if they are content to do so, without the utterance of sound. Stammerers are able to sing, which I conceive to be owing to the open state of the throat in singing, and they can also talk or recite if they will use *the singing voice*. Moreover, the muscular movements of a confirmed stammerer are such as we might expect to find in an obstruction to a canal lined with mucous membrane. It is well known that in the muscular spasms which occur in hernia, coughing, sneezing, vomiting, &c., the phenomena are only to be explained by referring them to the reflex action produced by obstruction or irritation in a mucous tract, and having for its object the removal of the impediment. Let us apply this principle to the explanation of stammering. The sufferer attempts to speak, is unable to do so, possibly from stricture of the fauces, and forthwith all the respiratory muscles are thrown into violent action. The face is contorted, the shoulders raised, the abdominal muscles act forcibly in attempting to raise the diaphragm, and the rectus muscle has been even said to have been ruptured by the violence of the exertion. If the attempt to speak prove ineffectual, the whole body is convulsed, violent pains are felt in the chest, and the effort is obliged to be relinquished. It is in these cases, violent as they are, that the most marked improvement is occasioned by operative means. May not the spasmodic action of the lips, evident in some cases, be considered as a part of the action excited by the shutting up of the fauces, rather than as being itself the cause of stammering?

I am far from considering what I have here advanced a distinctly proved; but notwithstanding the various reasons



that have been urged in opposition to my views, I am still of opinion that in stammering the impediment is seated chiefly, if not entirely, in the fauces. The fact that great relief is in many cases afforded by enlarging the *isthmus faucium*, has been witnessed by too many disinterested professional men to admit a doubt of its correctness. Some have explained the good effect of the operation by supposing that it produces a change in the nervous energy of the vocal organs, or that it acts by producing a powerful impression upon the mind. I am at a loss to conceive how some of the operations I have performed, and which have been followed by immediate benefit, should have effected this by merely altering the condition of the nervous influence, especially as some of the most successful operations have been attended by scarcely any pain; and, besides this, many cases have not only improved directly upon the operation, but have continued to mend progressively up to the present time. The greatest and most permanent benefit has been noticed in very obstinate cases, where the stammer was constantly present, and extended to almost every variety of sound.

I do not take upon myself to deny that Professor Dieffenbach's operations upon the tongue may act as he supposes, by modifying the innervation of the parts; but I can account for the results of the most successful of his admitted dangerous and severe methods *on my principle*, by the circumstance that the removal of a wedge-shaped portion from the whole width of the back of the tongue, must necessarily increase the area of the fauces, and in some cases, perhaps, more effectually than by operating on the uvula, tonsils, or soft palate. It seems to me confirmatory of this explanation, that simple section of the tongue, carried through its whole length and thickness,



except its investing membrane, does not produce an equal amount of benefit.

In support of the view that stammering is entirely dependent on nervous influence, and not as I have maintained on the joint agency of nervous and mechanical impediments re-acting one upon the other, it has been asked why do drunken men stammer? Is it in these cases stammering? I consider the imperfect voice of a man intoxicated as more allied in character and cause to the mumbling of an apoplectic patient, or the imperfect control possessed over the organs of articulation in extreme age or typhoid fever, than to true stammering. One bad stammerer, whom I relieved, assured me that when tipsy his impediment always disappeared.

It has been advanced that spasmodic or constant constriction of the throat, excited by the presence of enlarged tonsils, uvula, &c., cannot be the cause of stammering, because these enlargements so frequently exist without inducing such a concomitant defect. May not their presence excite disordered action in one case and not in another, just as worms in the intestinal canal shall in some instances, or at certain times, occasion convulsions, while in others no such results ensue; the different results from the same cause depending on difference of temperament and other agencies?

Stammering has been referred to the state of the *frænum linguæ* and the lingual muscles; but were it produced by immobility of the tongue from contractions of the muscles, the cause would be constantly in operation; whereas in stammering the words can at times be formed perfectly; but the material to form them in a continuous flow seems to be wanting; the difficulty occurs antecedently to the modulation of sound by the organs of speech, and consists, as



I conceive, in the impossibility of sound passing from the glottis to the mouth at the moment when closure of the throat exists. Dr. A. T. Thomson believes that much of the difficulty resides in lingual contractions. He has stated that he never saw a stammerer who could touch the palate with the tip of the tongue while the mouth remained open. In disproof of this I can affirm, that, of two hundred whom I have examined, not one presented the difficulty mentioned. When the tongue is at all bound down by the frænum, there may be a difficulty to enunciate a particular letter, as "r" or "th," which has sometimes disappeared after division of the frænum. This very day I have instantaneously enabled a gentleman to pronounce the letter "r," without the slightest difficulty, by division of the frænum:—

"Around the rugged rocks the ragged rascals ran"—

remained no longer an impossibility, after the performance of this painless operation. I should, however, hesitate before I divided the frænum *with the intention of curing stammering*. I believe, that if performed to any extent it would allow the tongue to go farther back into the throat, and thus increase the impediment. The case which happened in the practice of the celebrated French surgeon, Petit, may be instanced, in which, after division of the frænum, the tongue rolled back into the throat, and actually killed the patient by suffocation. Many distinguished physiologists have deemed that stammering on the guttural and vowel sounds never exists, but I have seen many such cases in my practice.

It has been objected to my operation, that I have not pointed out the particular forms of stammering to which it



is applicable. I do not believe it is possible to classify stammering with any exactness, the apparently varying forms being only different grades of the same affection running into each other; but this does not affect the propriety of attempting to remedy malformation of the throat, whenever it is observed.

Considerable discrimination is necessary to distinguish the parts which should be removed, and to what extent. In every case that comes before me, I endeavour to bring former experience to bear upon it, removing, as I see occasion, the whole or part of the uvula or tonsils, taking a small portion out of the pendulous palate, or making sections of the palatine arches on either side.

Probably there is no other surgeon in existence who has so extensively performed the operation of excision of the tonsils as myself. In the last twelve months only, on reference to my case book, I find I have performed the operation either for the treatment of deafness or stammering, in more than three hundred cases. Without laying claim to the discovery of a specific for all affections of the voice, I feel persuaded that many may be cured, and a large majority relieved by the operations I have proposed.

I have operated for almost every description of stammering, being deterred in those cases only where the stammer has been slight or trivial. It might be presupposed, that, if the operations have any value, their good effects would be most apparent in very aggravated cases, where the stammer is continually present and comes into operation at nearly every word. Such is really the case. In many, where there had existed an impediment almost equivalent to dumbness, the greatest immediate relief has been perceptible. I may say, without exaggeration, that some



patients have sat down before me *dumb*, and, after the operation, have gone away speaking freely.

In proof of the permanency of the relief afforded, I can state, that those longest operated on are most advanced towards a perfect cure. The most intractable variety of stammering, and upon which the operations prove least effectual, in the first instance at least, is a silent kind of impediment, where the sufferer goes on attempting to speak, without making any noise or visible attempt to articulate. These are comparatively rare cases, not more than three or four having occurred in two hundred.

The infrequency of stammering among women is very remarkable, and seems scarcely to admit of explanation. The statistics of my own practice accord very nearly with those of Colombat, being about five per cent. Several of the females who have applied to me have been relieved by the operation, as will be seen from the cases detailed.

The supposed nervous character of stammering I believe to be most erroneous, and applicable solely to a few cases, where the stammer leaves the patient sometimes for several days together, and then suddenly recurs. Before a proper appreciation of the results of obstruction of the Eustachian tube, three fourths of all kinds of deafness were denominated *nervous*, from the ignorance which prevailed of any more obvious cause for the malady. I apprehend the idea of *nervous stammering* to be almost equally unfounded. How much more rational and allied to truth would it be, to consider the nervous irritability as *an effect* of the infirmity, whether deafness, stammering, or any other human malady, rather than *the cause*! I fear the vague theory of *nervousness*, *nervous irritability*, or by whatever

name it may be denominated, has proved a sad drawback to the advancement of medical science.

In conclusion, I cannot but express my regret at having been, in some measure, hurried prematurely into the publication of my views, in consequence of the appearance in the professional journals of an account of another operation for the cure of stammering, of a totally different character and on a totally different principle to that of which I have treated in the foregoing pages. I must confess I was somewhat taken by surprise when the Memoir of Professor Dieffenbach appeared. I had been aware of my principal facts for two months previously, and was silently endeavouring to bring the subject to maturity. Professor Dieffenbach states, that he performed his first operation *upon the tongue, January 7th, 1841*; while I had performed mine *upon the throat, as early as December 5th, 1840.*





APPENDIX.



APPENDIX.



## CASES.

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### CASE I.

MEM.—W. LARKINS, aged eighteen, apprentice at the Queen's Printing Office, had been affected with stammering from infancy, the general articulation very bad, especial difficulty occurring with the labial letters. The attempt to speak is always accompanied by convulsive movements resembling *chorea*: in fact, he had been treated for St. Vitus's dance, five years ago, at St. Thomas's Hospital. There is no remission of the impediment at particular times: every attempt to articulate the most simple word is attended by great difficulty, which often increases so much as to render utterance impossible.

The tonsils and uvula are considerably enlarged, and the mucous membrane of the throat generally is in a state of subacute inflammation.

*March 9th.* Removed the uvula and the enlargements from both tonsils: immediate and sensible improvement took place, but not a removal of the stammering.

*March 14th.* The convulsive motions on attempting to converse are entirely gone. His mother accompanied him, and states, that the first day after the operation, she was fearful no relief had been afforded; but every day since, she has been certain of a progressive improvement. All who have conversed with him have, without an exception, noticed the alteration. He can now utter words without hesitation, which before caused him great and painful exertion. He had suffered for two or three years from severe pain in the chest, which was sometimes so violent as to oblige him to lie down for several hours: he had been attended for it by Mr. Town, Surgeon of Kingsland. No pain has been felt in the chest since the operation; and no stammering remains which I cannot attribute to the awkwardness of the lips and tongue, and the movements of these parts which have so long been associated with his former impediment. He states, that his articulation has always been so imperfect, that he has been



unable to learn to read; but now expresses his intention of immediately commencing to do so.

*March 27th.* Up to this time, W. L. has continued to improve.

## CASE II.

WILLIAM CHRISTMAS, Silversmith, aged twenty-one, residing at No. 52, King's-square, Goswell-road, had stammered from infancy. The impediment never intermitted: always struck the right arm against the ribs with considerable violence during the attempt to speak. At times, the exertion rendered the eyes blood shot, and the face suffused. "Had often been two minutes and a half unable to utter a difficult word, or even obliged to relinquish the attempt." In this case, the impediment occurred chiefly at the labial or dental letters.

*March 9th.* Excised the uvula. An immediate loss of all the convulsive muscular action connected with his former attempts to speak was observed. He expressed himself as free from his impediment instantly and entirely; an imperfect command over the lips and tongue alone remaining.

*March 14th.* Has continued daily to improve in the use of the lips and tongue since the loss of the uvula. A friend, who came with him, stated, that the removal of the impediment has been strikingly evident to those acquainted with its previous extent, and who have since had an opportunity of observing him. This patient can, in singing, ascend a note and a half higher in the musical scale than he could before the operation.

I have seen this young man several times since the last date, and there can be no doubt of the removal of the impediment.

## CASE III.

WILLIAM BRIGGS, 11, Gate-street, Lincoln's Inn-fields. Stammering in this case had existed from early childhood. He is now nineteen. Great difficulty in pronouncing the labials and gutturals. Always felt an obstruction in the throat, and pain in the chest, on attempting to overcome it. Four years ago had been treated for six months by Mr. Bell, a teacher of elocution, with slight improvement at the time, but afterwards became "as bad as ever." He shook his head convulsively from side to side, and had violent action of the muscles of the face while attempting to speak.

*March 9th.* The uvula was removed. Felt instant relief; and that the impediment had disappeared from the throat. He was able immediately to pronounce difficult words; as, "tetotaller," "Peter Piper," "memento," which before the operation had been very painful, and almost impossible.



*March 14th.* Has felt himself daily improving in the use of the voice. A friend, who came with him, bore testimony to the evident and remarkable benefit he had received. When asked to imitate the convulsive movements of the head and neck, he replied that he "had forgotten the way." There had been no return of the motion accompanying his former utterance.

*March 21st.* Reports that he has not been quite so well for the last two days, but is better this morning. The palatine arches being very strongly marked, I divided them with the effect of giving him still further relief; but as the tonsils are enlarged, I purpose on a future day to remove them.

*March 27th.* Reports himself improving from day to day, so that the excision of the tonsils is deferred.

*March 30th.* The improvement still continues.

#### CASE IV.

PHILIP BURNS, aged fourteen, No. 29, Little Eugene-street, Perold-row, Blackfriars-road. This unfortunate boy, from the very extraordinary nature of his facial and labial contortions, with pouting of the whole head, and screwing up of the muscles of the face, had been the butt and amusement of the whole neighbourhood. Persons were in the habit of getting him to repeat sentences for the purpose of making fun. In this case, the stammer extended to the gutturals and vowels; a loud and remarkable howl accompanying every difficult word from the exertion required to pronounce it. When he came into the room (by himself) to undergo the operation, he appeared as if mimicking; but an examination shewed that all his contortions were the result of real impediment.

*March 9th.* Enlarged uvula and tonsils removed. The boy was instantaneously freed from the howl with which his words were previously uttered. When he left the room, he could speak with much greater freedom than before the operation, though the stammer was still considerable. He felt relieved; and expressed himself by saying "The words don't hang in my throat now."

*March 14th.* Has continued improving daily since the operation. His employers have said, that they consider him, to give his own words, "ten times better."

*March 30th.* Presented himself with greatly improved articulation. He is anxious to have another operation performed; and as the diseased portions of the tonsils were not entirely removed, I purpose, at some future day to make a further excision; and I feel no doubt of ultimately conducting this case to a perfect cure.



## CASE V.

GEORGE NIXON, aged sixteen, No. 6, Phenix-street, Soho, stammered from infancy. After speaking a few words, he stated that he always felt something in his throat which prevented the issue of the words. In this case, the greatest difficulty occurred in pronouncing the dentals.

*March 16th.* I removed the uvula, with immediate good effect. The most difficult words are pronounced with ease; in fact, the stammer has entirely disappeared. No vestige of it remains, save a slight tremulous motion of the lips.

## CASE VI.

ALFRED DREW, 11, Brazier's-buildings, Farringdon-street, stammered from his earliest remembrance. In this case, "Yes" was the most difficult of all words to enunciate.

*March 16th.* The mucous membrane of the throat was in a thickened inflammatory state, the tonsils of large size, and the uvula elongated. I excised the uvula and tonsils, and the relief to the voice was instantaneous. "Yes" and "No" were pronounced without hesitation. This patient was able to converse freely and without tripping, and expressed himself as certain of being cured.

## CASE VII.

ROBERT CRAWLEY, aged twenty-seven, factory porter, in the employment of the firm of Mortimer & Hunt, the eminent silversmiths of Bond-street. The speech of this patient had always been imperfect. At four years of age he was unable to articulate a single word. When he did begin to talk, it was in a dreadfully stammering manner, which continued to increase as he grew older, and was, at the time he presented himself in Sackville-street, of a most painful and aggravated character. During his childhood his friends had placed him under various medical men, who had all failed to afford any relief to the impediment. He stated that he had applied to a surgeon very recently, who, after giving his case a week's consideration, declined to operate.

On examining the throat, I found both tonsils and the uvula in an enlarged state. I immediately removed the uvula and the tonsil of the right side, which produced an almost miraculous relief. He expressed himself as free from the impediment. On a subsequent visit, he informed me, that being aware of the decided opposition of his parents to his undergoing any operation, he had determined to say nothing to them until after its performance. Upon his return home, the day of the operation, he had occasion to speak to a younger bro-



ther, a lad about fifteen years of age, who, after looking very earnestly at him for a few seconds, ran to his mother, exclaiming, "Mother, how well our Bob speaks." This alone would be sufficient to prove the reality of the relief afforded in this case; but he tells me, that all who have come in contact with him have noticed the remarkable change that has taken place.

*March 30th.* Up to this present time this case has gone on most favourably; nothing can be more delightful than the ease with which he now speaks, as compared with his former difficulty.

#### CASE VIII.

WILLIAM JOHNSON, age twenty-three, 3, Buckingham-place, Marlborough-road. A most aggravated case.

*March 9th.* Uvula and tonsils removed. Speaking considerably improved directly after the operation, but still stammers very badly.

*March 13th.* Reports that hæmorrhage had taken place for some hours after eating. An isolated case. The stammer is rather worse than immediately after the operation; still the relief from the original state is so marked and decided, as to have attracted the notice of his fellow-workmen.

*April 4th.* Considerable improvement upon the original condition, but still a bad stammerer. The case is now under medical treatment, by which I trust ultimately to approach a cure.

#### CASE IX.

JOSEPH RAYNER, aged twenty-one, 8, Elms-lane, Bayswater, stammered since eight years of age, after an attack of typhus fever. Stammer most severe, so much as almost to equal dumbness. Was considered so unteachable at school, in consequence of his infirmity, that no schoolmaster would take charge of him. He has since taught himself to read. He is sometimes a minute or two engaged in the attempt to speak, and often obliged to relinquish the effort. Never ventures, unless obliged, to speak before strangers. Represents himself as feeling very desolate, from his infirmity. Had often been made fun of in the street and ridiculed by his shopmates. Had been under the care of various professional persons without any amelioration.

*March 16th.* Uvula removed with considerable benefit. The evening after the operation, he stated that he had never, in his remembrance, spoken so plainly as he does at the present time, though the stammering is now very distressing, moving the lower jaw violently in the attempt to speak.

*March 22nd.* Reports that the straining is considerably diminished, but the stammer is still most painful to witness.

*March 28th.* Stammer decidedly better than before the operation.



Is not able to expire more than five seconds. Ordered quinine. There was a peculiarity in this case, that he stammered with an open mouth and at the vowel sounds.

*April 4th.* Stammer very considerable up to the present time; but he describes himself as not feeling half the pain in the exertion to speak which formerly troubled him.

#### CASE X.

FREDERICK WEST, aged twenty, No. 1, St. James-street, Cannon-street-road, St. George's East, stammered very bad from childhood; some times so bad as not to be able to speak a word.

*March 24th.* Uvula entirely removed, with instant relief.

*March 28th.* Reports himself quite well. Has only felt hesitation in speaking at one word since the operation; this was "susceptibility," from which he instantly recovered himself. Works at a copper manufactory. Since the operation, he has noticed that an effluvia which caused all the other workmen to cough violently, had no effect on him; previously, he was more susceptible than the rest.

*April 4th.* No relapse whatever; has only stuttered *once* at the *one word* mentioned above since the operation. May be considered perfectly cured.

#### CASE XI.

JAMES WOODRUFFE, aged thirty, 15, Martin-street, Blackfriars, stammered since eight years of age. Stammered very much indeed; sometimes was unable to speak at all. The tongue protruding considerably in the attempt to speak; "l" was the most difficult sound to pronounce.

On *Feb. 7th*, a gentleman, who is a follower of Prof. Dieffenbach, had divided the muscles of the tongue. The wound had quite healed.

*March 12th.* Uvula removed, with instant benefit to the voice. He immediately spoke with much greater freedom than before.

*March 17th.* Has continued improving since the time of the last operation. The palatine arches were this day divided with still further relief.

*March 21st.* Considers that my first operation afforded the most decided benefit.

To-day I divided the right anterior pillar of the fauces, which appeared to afford some relief.

*March 28th.* Very much improved; can converse tolerably well. There is a very large amount of improvement since his first application.

#### CASE XII.

*Tuesday, March 16th.*—JAMES BAILEY, sixty-two, Newman-street, Oxford-street, upholsterer, working for Miles & Edwards, stammered



from infancy, accompanied by convulsive movements of the body, and to such a degree, as to make him regardless of life. About two years ago, he found that, by a nasal insufflation, he could manage to say words which before he altogether failed in doing ; such as *captain, cork, cooper*, or words commencing with *t, b, &c.*

Removed uvula, with instant relief. On asking him how he felt after the operation, he answered me by saying, "Cork, cooper. Oh, sir, it is all right."

I have seen this patient since the operation, and his words flow forth with remarkable freedom.

#### CASE XIII.

STEPHEN COOK, twenty-two, 5 Augustus-row, Spa-road, Bermondsey, an engineer, stammered about fifteen years. States that it came on suddenly and without any assignable cause. Could never say "I have not," but always was obliged to substitute "I ain't." About ten years ago had great difficulty in speaking at all ; it is so now, sometimes, but less frequently. Uvula removed, with instant relief.

*March 24th.* Reports himself much better. Lost, altogether, the dreadful pain he used to suffer from the straining and exertion to speak.

*March 30th.* Continues to improve. All the workmen in the factory notice the alteration for the better. Has not had a fit of stammering since the performance of the operation.

#### CASE XIV.

*Saturday, March 20, 1841.*—ELLEN RILEY, servant, 9, Goswell-street-road—10, Bainbridge-street, Bloomsbury, stammered from infancy, particularly when hurried ; sometimes unable to speak a word. Removed right tonsil and uvula with immediate good effect. Expresses herself sensible of perfect freedom in the throat, and has no doubt she shall talk with ease.

#### CASE XV.

JOHN HARDY, 26, Tabernacle-row, City-road, stammered from ten years old. Stammering intermitted : very bad indeed. Stammering extended to every word.

*March 16th.* Uvula removed. Some improvement in the readiness and freedom of the voice. Felt pain at the epigastrium before the operation ; but, since this, pain has entirely disappeared, immediately upon the operation.

#### CASE XVI.

RICHARD GRANT, aged seventeen, 6, Bellevue-place, Blue Anchor-road. Stammering has existed from infancy, of the most painful nature, nearly approaching dumbness. Some days, he says, he has not



spoken twenty words in the twenty-four hours. Examined him twice before the operation, by means of a friend who brought him to Sackville-street. The first time he came he was unable to speak a single word the whole time; the second attendance he did, after immense exertion, pronounce his own name, but that was all he was able to speak. The stammering at times remitted a little, but never to any great extent.

*March 16th* Uvula and tonsils removed, a remarkable and immediate change was evident; five minutes after the operation he was able to speak with tolerable freedom. Reckoned ten without any interruption whatever. In the evening of the same day, this patient called and stated his parents to be overjoyed at the remarkable change for the better. Feels free in the throat; can speak without exertion, whereas he used to sweat profusely with the exertion necessary to talking.

*March 21st.* Reports himself decidedly improved.

*March 30th.* Up to the present time the progress of this case has been most satisfactory.

#### CASE XVII.

WM. ROGERS, 23, St. Martin-street, Pall Mall, stammered from infancy. The impediment of the most severe kind; the patient represented himself as feeling a sense of swelling and stoppage in his throat: used to sweat profusely in attempting to speak. Stammering intermittent, but extended to all words.

*March 16th.* Uvula and tonsils removed with immediate benefit; the impediment remaining is very slight, and not more than might be expected from the long existence of habit and the soreness of the throat after the operation.

*March 22nd.* Soreness of the throat almost gone. Is still sensible of considerable relief, but the stammer is still present to some extent.

*March 28th.* Talks much easier than at the last examination. Is certain that he still continues to improve. Prescribed quinine.

*April 4th.* Quite as well as last week.

#### CASE XVIII.

*March 19th.*—J. PARTRIDGE, 4, Milton-street, Cripplegate, has stammered from infancy; sometimes so bad that he could not speak a word, especially when flurried or when holding any argument, or speaking with a stranger. Removed the uvula and both tonsils. States that he can now speak freely and without any difficulty whatever. Finds that to-day he has been able to ask for articles in his business which before he could not have done without the utmost difficulty. "Was in the habit of projecting the tongue to get room for the breath to come from the chest." This habit is now entirely gone.



*March 24th.* Reports himself much better. Removed a portion of the palaten arch.

*March 31st.* Reports himself still better. To take quinine twice a-day.

#### CASE XIX.

JOHN BURROUGHS, aged twenty-one, 23, Wellesley-street, Euston-square, stammered from infancy. Had been growing worse for five years, until the last year, when the impediment diminished in a slight degree. Depression of spirits always increased the difficulty. Had the greatest hesitation in pronouncing words beginning with "b," or "c" hard. Had violent motions of the arms and legs, in attempting to speak; the lower jaw sometimes depressed with such violence as to occasion great pain. Often experienced pain at the epigastrium and under the sternum. Had at intervals attacks of difficulty of breathing, threatening suffocation, for which bleeding and blistering had been tried in vain. The stammering occasioned loss of breath: the exertions to speak were so violent as to cause profuse perspiration and great feebleness. Had sat down frequently and cried at his inability to talk. His infirmity oppressed him to such a degree, that the idea of committing suicide often entered his mind. Lived with a surgeon five years.

*March 12th.* The uvula was removed. He could speak words clearly the instant after the operation, which a few minutes before and all his life had been attended by great stammering and contortion. This patient, at finding the curse of his life removed, wept for joy. Another sufferer was present, hesitating whether or not he should submit to the operation; seeing which, Burroughs told him to go down on his knees and pray that it might be performed directly.

*March 16th.* The improvement has continued unabated up to this time. Has not had any difficulty of breathing, pain, or hesitation of speech since the performance of the operation.

*March 28th.* Up to this time J. B. continues quite well.

#### CASE XX.

*March 24th.*—ELLEN HOLLANDS, aged nineteen, 7, Russell-court, Bridge-street, Covent-garden, stammered since five years of age. In giving her name says, M—m—a Dollands, and convulsive action of the hands; and if standing, of the whole body. N—n—n—n—nineteen; for forty, says *thorty*; for fifty, *thifty*; for Peter, says *Thecter*. Removed uvula and left tonsil with no immediate effect.

*March 31st.* Reports herself much improved. Confirmed by her friend.

*April 4th.* The friend who came with her, but who does not live in the same house, states that she has seen her daily since the



operation, and every time of seeing has been certain of an improvement. She could speak quite freely, and with a very different character of voice to that she possessed before the removal of the uvula and tonsils.

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*For the sake of brevity, the Leading Features of the following Seventy Cases are alone given:—*

JOHN TOPLISS, aged nine years, residing at 1, Hopkins'-row, Westminster—Tonsils excised, *Dec. 5th*, 1840. Cured.

WILLIAM RUSSELL, eleven years, Temperance Coffee House, Broadway, Westminster—Tonsils excised. Cured. Slight thickness of speech only remaining.

HENRY HALL, aged twenty-five, 12, Parker-street, Westminster—Uvula excised, *Feb. 17th*, with instant relief. *March 28th*, Improvement continues. Considers himself well.

THOMAS FREEMAN, 119, Commercial-road East—Stammering, with thickness of speech. Uvula removed, *Dec. 15th*. Slight improvement. *Jan. 30th*, Reports himself better. *Feb. 9th*, The improvement has remained stationary.

GEORGE DREW, 19, Woolwich—Moderate degree of stammer. Uvula and tonsil removed, *Dec. 15th*. *Feb. 20th*, Unable to attend; but writes that he is quite restored.

WILLIAM GEORGE, 18, Boston-place, Lisson Grove—Stammered from infancy. Extreme difficulty with words commencing with 'b' or 't.' Uvula removed, *Jan. 30th*. Experienced instant relief. *March 18th*, Considers himself much relieved, but not cured.

HENRY MASON, soldier's son at Deptford, aged thirteen—Aggravated case of stammer. *March 9th*, Removed uvula and tonsils; and immediately lost all painful gesticulation. *March 14th*, Reports that he speaks with much more ease. His father accompanied him, and states that, before the operation, he had frequently seen his son bend "two double" while at play with his companions in the barracks. *March 30th*, The improvement still continues.

REDMOND BURKE, aged thirty-two, 10, Rawstone-street—Aggravated stammer. *March 16th*, Removed uvula and tonsils, with decided benefit. *March 24th*, His friend reports that my patient "speaks much freer."



EDWIN CAMPLIN, 13, Denmark-street, near St. Giles's Church, aged eleven—Operation performed, *March 9th*. *March 22nd*, The mother reports him much improved. The parish schoolmaster, ignorant of the operation, had noticed the surprising alteration in the boy.

CHARLES WAYMER, aged nineteen, residing at 12, Welbeck-street—Operation, *March 12th*. *March 22nd*, Reports himself much relieved. *April 6th*, Nearly well.

JAMES HARRIS, 5, Oat-lane, back of the Post Office—*March 19th*, Uvula removed, with instantaneous removal of all convulsive movements of the limbs, and the pain at the chest. *April 4th*, Talks infinitely better, and without pain.

FRANCIS TOOMBS, aged twenty, 2, St. Helena Place, Clerkenwell—*March 19th*, Operation performed. *April 4th*, Reports, "no improvement, but feels easier."

THOMAS RAYMOND, 62, Monmouth-street, Seven Dials—*March 16th*, Uvula removed : instant benefit. *April 4th*, Reports "the stammer much diminished, and wonderfully easier in the chest." Is a singer, and feels his voice much improved.

JACOB SILCOX, 30, Cirencester-place—Operation performed, *March 16th*. *April 4th*, Reports himself "relieved ; but still experiences great difficulty when attempting to speak in a hurry."

GEORGE LANCASTER, aged seventeen, 46, Castle-street, Borough—Not relieved in the stammer ; but no longer feels pain in the chest.

MARY A. SUCKLING, aged fourteen, Church-street, Croydon, step-daughter of SAMUEL JOHNSON, Baker—Aggravated case of stammer. Operation performed *March 29th*, with immediate good effect. *April 7th*, Reports "almost well." Significantly says, "My words are no longer tied down."

JOHN NIEL ROWSTON, 3, Charles-street, Long-acre, aged eighteen.—Had intervals of freedom from stammering, one of which lasted a fortnight. Had been troubled by tænia. *March 9th*, Removed uvula and parts of enlarged tonsils, with some relief to the stutter, and a great deal to the choreal motions, which were strongly marked before the operation. *March 19th*, Removed further portions of the tonsils, with increased relief to the stutter and convulsive movements.

SAMUEL DOWNTON, 7, Upper Marylebone-street, Fitzroy-square,



*March 9th*, Uvula and portions of the tonsils removed. *March 16th* No great improvement perceptible. *March 18th*, Palatine arch divided. *March 29th*. Considers the convulsions diminished. I propose to wait a week before more is done.

JAMES JOHN CARTER, 7, Gunpowder-alley, Shoe-lane, aged twelve. Stammered from his first attempt to speak; sometimes a minute in getting out a word, and oftentimes unable to speak at all. *March 2nd*, Tonsils excised—some relief at the time of the operation. *March 28th*, Has improved daily since the 2nd. His father declares him quite well. Talks, without the slightest hesitation; words can now be spoken freely, which, before the operation, occasioned the most obstinate stammering.

ALFRED WILLIAMS, 21, Skinner-street, Bishopsgate—Stammered very badly. *March 16th*, Uvula removed, with instant and marked relief to the stammering. *March 24th*, Reports that he speaks much easier.

JOHN HAMILTON, aged 45, No. 3, Dean-court, Old Bailey—Stammered badly from infancy; never spoke without an obstinate impediment; greatest difficulty with the letter "t." *March 17th*, Removed uvula, and divided the posterior palatine arches—five minutes after the operation he spoke with comparative ease. Quite free from convulsive motions. *March 30th*, Improvement has increased up to the present time.

NATHANIEL WILKINS, 25, Prospect-place, Globe-road, Mile-end—Stammered very badly; was able to relieve himself by prefixing a vowel sound to difficult words, the consonants being almost insurmountable. *March 9th*, Uvula and right tonsils removed with the effect of improving the enunciation. A slight amount of stammering still remaining.

ELIZA HOWARD, 2, Mead's-court, Old Bond-street—Very thick and imperfect speech. *Dec. 28, 1840*, Removed the tonsils; speaks infinitely clearer; much less "snuffling;" speaks easier to herself; no longer any uncomfortable sensations about the throat. Not a case of stammering.

Mr. BARR, aged nineteen, 25, Long-lane, Smithfield—Stammering from infancy. Operation of excision of the uvula, *March 7th*. Cured.

GEORGE TALKINGTON, 113, Charlton-street, New-road, aged twenty-four—Stammered very badly from infancy; chiefly on the letters



"n" and "t;" always obliged to precede these letters by a vowel sound. The labial letters also occasioned great difficulty. *March 24th*, Uvula alone removed—the results unsatisfactory. *March 28th*, No improvement; health in a bad state, and throat very sore; deferred any further operation; prescribed aperients and quinine.

WILLIAM DIXON, 29, West-square, Lambeth, aged fourteen—Stammered very badly from early childhood. *March 22nd*, Removed portion of one tonsil. *April 4th*, States that for many days the stammer entirely vanished, but this last day or two his voice has been affected slightly. *April 4th*, Removed uvula. No sign of the stammer can now be discovered.

CHARLES GEYER, 1, Cross-keys-square, Aldersgate-street—Stammered constantly from childhood. Choreal motions of the arms and legs. *March 20th*, Uvula removed; feels freer in the chest and throat, but no perceptible alteration in the stammer. The tonsils are enlarged, but the throat very sore from the operation. *April 1st*, At present no better. Ordered large doses of quinine.

MATTHEW STONEHOUSE, Groom to the Marquis of Normanby—Stammered from infancy very badly, and at nearly every word. *March 16th*, Uvula, which was very long, removed, and excision of both tonsils; the relief perceptible, but only to a limited degree. Had influenza a few days after the operation, which increased the soreness of the throat. A fortnight after the operation, the stammer was still considerable, but he felt certain of having received benefit. He has now frequently intervals when he can talk without stammering, which before was never the case. *March 25th*, Divided the posterior palatine arches on either side of the stump of the uvula, which had quite healed, and removed further portions from the tonsils. *March 29th*, Reports himself much improved since the last operation, and greatly relieved altogether.

WILLIAM WILKINSON, 51, Whiskin-street, St. John's-road—A silent impediment; can sing, or converse with a friend. Tongue of very large size. *March 30th*, Removed the uvula without any apparent advantage.

WILLIAM WILSON, 39, Carnaby-street, Golden-square—Sometimes gets better for a month without any assignable cause, and then suddenly relapses. *March 22nd*, Removed the uvula without any material alteration.



GEORGE ROBERT DAWSON, 6, Castle-street, Long-acre, aged fourteen—stammered from early childhood. Uvula and tonsils very large. Has a brother who stammers. *March 19th*, Uvula excised; parts of both tonsils removed, with immediate improvement. *March 4th*, Reports much better: this confirmed by my own careful examination.

W. WRIGHT, 16, Charlotte-place, Woolwich.—*March 26th*, Uvula removed, and tonsils excised, with great benefit; as long as he remained in the operating-room, no stammer was perceptible.

THOMAS MORRIS, 6, Baker-street, Walworth-road, aged twenty-six.—*March 23rd*, Removed uvula and tonsils, with slight improvement up to *April 4th*. Operations not yet completed.

WM. PERCIVAL, 39, Cochrane-terrace, St. John's Wood, aged eight years and a half.—*March 24th*, Uvula and part of the tonsils removed. Is in bad health. *March 28th*, Reported "better." *April 3rd*, Removed portions from the enlarged tonsils, which still encroached on the fauces.

JOHN SHEPPARD, Vase-yard, Stratford.—*March 30th*, The removal of the uvula, with some amelioration at the time, but not to a very decided extent.

FREDERICK SHIPTON, 1, Providence-place, Shepherd's Bush, aged eighteen.—*March 22nd*, Removed the uvula with very decided benefit. *March 28th*, Has improved daily since the operation. *April 4th*, Is better to-day than on any previous day since the operation.

GEORGE WILLIAMS, 24, Mitcham-street, Lisson-grove—stammered twenty-five years. *March 22nd*, Removed the right tonsil with benefit. *March 28th*, Excised the uvula with very marked improvement. *April 4th*, Not quite so well as the first day after the last operation.

JOHN POWER, 5, Bennett's-court, Drury-lane, aged twenty-two.—*March 23rd*, Uvula removed. *March 28th*, Presented himself considerably improved. *April 4th*, Continues as at previous date.

WM. SMITH, St. Ann-street, Limehouse.—*March 23rd*, Uvula removed without any benefit. *April 4th*, Still the same report.

JAMES WIGTON, 28, Marlborough-street, Greenwich, aged seven-



teen—stammered excessively. *March 9th*, Uvula removed with decided improvement. *March 24th*, Says the relief has continued to increase. *March 31st*, Reports himself almost free from impediment. *April 4th*, May be pronounced cured.

LUCY WARNER, aged twenty-three, 12, Wilson-street, Somers-town.—*March 24th*, Removed the uvula with advantage.

HENRY WOODWARD, operated on for excision of the tonsils the first week in November, 1840, with the effect of relieving extreme thickness of the voice. *March 15th*, 1841, Further portions of the tonsils removed with the effect of removing the small amount of imperfection which had remained up to this time.

GEORGE PAXTON, 4, Popham-street, Islington—stammered for upwards of sixteen years; experienced most difficulty in words beginning with *p* or *t*. The most violent contractions of the face, chest, and abdomen, sometimes occurred. *March 14th*, Operated on with considerable benefit. *March 24th*, Reports himself much improved. *April 4th*, Continues as well as at the last date.

GEORGE BAKEWELL, 2, Glo'ster-street, Vauxhall-walk, aged nineteen.—*March 21st*, The impediment being but slight, I merely snipped the velum at its attachment to the uvula. *April 4th*, Removed the uvula with apparent relief to the stammering.

JAMES PITT, 1, George-street, Westminster—stammers very badly. *March 28th*, Uvula removed; soon after he could count and speak words which he could not before. *April 4th*, The improvement in this case has not continued; but he is better than before the operation.

ELIZA GARDNER, 44, High-street, Islington, aged twenty—stammered from infancy, but never to a very great degree. *March 24th*, Removed uvula. *March 31st*, Reports herself a little better. Divided the right pillar of the fauces. *April 4th*, Says she is somewhat better since the last report.

CHARLES ANDERSON, aged twenty-one, 8, Newcastle-place, Edge-ware-road—stammered very badly from six years of age. *March 23rd*, Uvula and parts of the tonsils excised with considerable benefit. *April 4th*, Much better than before the operation, but not able to speak so well as while the throat continued sore. Made further excisions of the tonsils.



WILLIAM DAVIS, 11, John-street, Webb-street, Bermondsey. *March 29th*, Uvula removed without any perceptible difference in the stammer at the time. *April 4th*, Is positive that he has improved every day since the operation.

THOMAS COOK, 151, Drury-lane. *March 31st*, Removed uvula with instant improvement. *April 4th*, Presents himself greatly improved.

THOMAS MOULTER HAMPTON, Middlesex, aged nineteen. *March 30th*, Removed the uvula. *April 6th*, Reports himself slightly better.

THOMAS MADDON, aged forty-one, 24, Charles-street, Lisson-grove. *March 31st*, Uvula removed with immediate benefit. *April 3rd*, Reports himself decidedly improved; improvement noticed by all his friends.

HENRY BIRD, 17, Union-street, Whitechapel. *March 30th*, Uvula alone removed with immediate and material improvement. *April 3rd*, Reports himself much relieved.

SAMUEL WRIGHT, 18, Granville-street, Somers-town. *March 30th*, Uvula and right tonsil removed with instant relief.

JOSEPH POWLEY, 8, Carrington-street, May-fair, aged thirty-six. *March 24th*, Uvula removed. *March 31st*, Reports himself much improved.

FREDERICK COLLINS, 64, Hoxton Old Town. *March 31st*, Removed uvula and left tonsil with sensible benefit. *April 3rd*, Reports himself much improved—noticed by all his friends.

WALTER MILLAR, 9, Skinner-street, Snow-hill. *April 4th*, Uvula removed with decided relief to the stammer immediately upon the operation.

ROBERT GATEHOUSE, 5, Seven-step-alley, Rotherhithe. *April 2nd*, Uvula removed with some relief. *April 4th*, Reports himself much improved.

WILLIAM NEALE, errand boy to Mr. Townsend, paper-stainer, Goswell-road. *April 2nd*, Uvula removed. Spoke better immediately after the operation. *April 4th*, His mother states—the boy has been an object of wonder ever since the operation. Is able to talk



quite freely. Had squinting, which has not been affected by the operation.

CHARLES WALKER, 10, Ashwell-place, Fetter-lane. *April 2nd*, The uvula removed with the effect of almost entirely removing the stammer. *April 4th*, Reports himself infinitely freer and better.

MARY ANN LUCKLEY, Church-street, Croydon, aged thirteen—*March 30th*, Uvula and left tonsil removed. *April 3rd*, Reports herself much better.

CHARLES LINSEL, 65, Harrison-street, Gray's-inn-road—*March 23rd*, Operation unsuccessful.

WILLIAM WILSON, 39, Carnaby-street, Golden-square—*March 22nd*, Uvula and tonsils removed without producing any beneficial result.

W. W. RALPH, 11, Stephen-street, Rathbone-place—Uvula removed with instantaneous relief.

JAMES SMITH, 11, Stephen-street, Rathbone-place—*March 6th*, Excised the uvula, and immediate relief to the stammering followed the operation.

WM. YARROLD, 24, Bolton-street, St. Luke's—*March 7th*, Excised the uvula; much relieved by the operation.

JAMES BACON, 13, Swallow-street—Excised uvula and tonsils. This patient was improved by the operation. Up to *March 31st* his stammer continued to decrease.

ROBERT BIDGOOD, 50, Boston-place, Lisson-grove—One of the most aggravated cases I have met with. *March 10th*, Removed uvula and tonsils with great relief to the stammering. This man told me, that, on going home to his wife after the operation, she was so affected at hearing him speak plainly, that she immediately fell on her knees in gratitude for the alteration that had taken place. Bidgood wrote to me during the last week to state that he had gone on improving. He is now employed at his trade; before the operation, no one would employ him.

HENRY STENDON, 15, Commercial-road. *March 24th*, Uvula removed. *March 28th*, The operation unsuccessful.



WILLIAM YEARLY, 22, Hatfield-place, Edgeware-road. *March 15th*, Excised the uvula, and divided the palatine arches. *March 30th*, No good effect perceptible up to this time.

JAMES BARTON, at Mr. M'Dowall's Printing-office, Gough-square. Uvula and enlarged tonsils removed *March 9th*. *April 6th*, The stammer has almost wholly disappeared.

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MEMORANDUM, *April 6th*.

The results of treatment in fifty-two cases occurring in my *private practice* during the last four months, the particulars of which I do not feel myself at liberty to narrate, are—

Cured . . . . .	6
Great improvement, which, with many, will doubtless end in cure . . . . .	22
Slight improvement . . . . .	16
No better . . . . .	8
Total	52



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