

III. *A Letter from Dr. William Musgrave to Dr. Sloane, being an Argument for the more frequent use of Laryngotomy, urg'd from a remarkable Cure in Chirurgery; perform'd by Mr. John Keen of Roch in Cornwall.*

S I R,

I T cannot pass your Observation, that the erroneous Opinions, and unhappy Prejudices; entertained by Mankind, in matters of Physic; have occasioned great Calamities, and been of Pernicious Consequence to them.

It was no small number of Men, that some years since, lost their Lives, from an Aversion to the Jesuits-Bark: depriving themselves of the Use and Advantage of that excellent Drug, from a Reason merely nominal.

The like unaccountable Humour obtained a long time against the use of Opiates, and a Temperate Regimen in the Small Pox; by which single Method, the famous Dr. Sydenham has in all probability already preserv'd more of his Countrymen, than in the last ten years fell by the Sword, in *Ireland* and *Flanders*.

Of such destructive Consequence are Errors of this kind, when they become Fashionable and Establish'd; and of such Public Advantage is it to hinder their Growth, and taking Root in the minds of Men.

We are still Labouring under many Prejudices of this Nature; some quite excluding, others rarely admitting, even in the utmost extremity, most advantageous Methods of Physic. I will at present mention only one; that is *Laryngotomy*, and set forth the grounds

less Exceptions, and needless Fears, commonly express against this safe and useful Operation.

*Laryngotomy* is highly to be valued, for that in the greatest extremity, when a Man is in most imminent danger of Suffocation, and to all appearance within very few minutes of his last, by opening a new Passage for Breath; it gives speedy and certain Relief, and this when all other Methods fail: and without any considerable Injury from the Instrument. The Patient, in a Minute or two, is brought from the struggles of Death; to a state of Complacency, Ease and Security. In the large Field of Practical Physic; perhaps there is not any one Method that works so great a Change, for the better, in so short a time.

But however Beneficial this Operation is, in itself, we find it seldom practis'd; very seldom in Comparison to the occasions for it. That Gap which appears on the cutting a Throat, (the divided Parts being then drawn to their other more fixt ends;) together with the great Flux of Blood, when the Jugulars, and Carotid Arteries are also wounded; create in most Men a dread of this butcherly Operation; and make those, especially who are unacquainted with Anatomy, suspect all Wounds of the *Trachea*, as mortal; and oppose *Laryngotomy* under all the most urgent Circumstances.

This Prejudice is still of worse Consequence, for that Squinzies may be, as they often have been, Epidemical; (instances of which we have in *Panazol*, *Wier*, *Hippocrates*, &c.) in which Case this Operation becomes of more frequent necessity; and greater numbers of Men must perish for not admitting it:

In order to wipe off this Prejudice, (as far as Argument will go in this Matter ;) it may be affirm'd, that *Laryngotomy* is in great danger of Suffocation, allowable, and the Wound curable: for that, (to argue à fortiori) when the *Trachea* has been Cut through, the Parts have been joyn'd together, and the Wound cured.

Indeed, the *Encyclopadia Chirurgica* (Lib. 2. cap. 4) has these words, *Quæ (vulnera scil. Asperæ Arteriæ) ut plurimum periculo sunt plenissima; præsertim si vasa Jugularia simul sint discissa, aut ipsa Arteria integrè per transversum dissecta; quæ nullâ Arte denuò connectitur, sed Machinæ humanæ totalem affert destructi-onem.*

But, in opposition to this Voluminous Authority, I beg leave to present you, with the following Observation, sent me by an Ingenious Chirurgeon, Mr. *John Keen* of *Cornwal*, who perform'd the Cure. You have it under his own Hand.

*Nicholas Hobb*, of *St. Erador* in *Cornwal*, aged Sixty three or thereabout, was some time in *March* 1696. at a distance from any House set on by *Ruffians*, who first by a Blow on the *Occiput* knockt him to the Ground; then transfected the *Trachea* somewhat beneath the *Pomum Adami*, together with several of the adjacent Muscles, and some large Blood-Vessels; from which he lost a very great quantity of Blood, seen afterwards lying on the Ground. The *Ruffians* having Robb'd him, and thinking him either dead, or past all recovery, left him. After some time the Wounded Man recovers so much Sense and Strength as to thrust his Neckcloth into the large and gaping Wound, and by degrees to crawl Home to his own House, not far from the Scene of this Tragedy. In

In this lamentable condition I was sent for, and after examination of the Wound, and considering the great Flux of Blood, I was not more surpris'd at any thing than that the Patient was then alive. There seem'd to be no manner of hopes, not the least prospect of Recovery: however, in order to an attempt, I endeavour'd to suppress the Hemorrhage, and to join the divided parts.

*Lipothymies* came frequently upon the Patient, especially upon every little motion of his Body, and gave great interruptions to the Methods of Chirurgery, and lessen'd our hopes of a Cure. His frequent *Lipothymies* were after some time succeeded by Convulsions, and then indeed I thought his Thread of Life very near an end.

Another great difficulty arose from the parts of the *Trachea* being now at a vast distance from each other. The lower part being every turn of Inspiration sunk deep into the Neck as low as the *Clavicula*, and just appeared upon every Expiration.

To surmount these Difficulties, and particularly to secure fast hold of the lower part of the *Trachea*, I order'd a lusty strong Fellow, then present, to hold the Legs of the Patient over his Shoulders, and by this means raise them, together with the *Abdomen*, above the *Thorax*, *Collum*, &c. in which Posture the divided parts came so near to each other, that with strong waxen Thread I sew'd together several of them: but as to the Divisions of the *Trachea*, I secured them together by passing large Needles deep into the Flesh on each side, and twisting strong waxen Thread about them as in *labio fisso*. Over all, for greater security, I applied a Restrictive (*tax pulv restring. Clowes*) covering the greatest part of the Neck with a Defensive,

*Ex bolo cum albumine ovor.* advising the Patient to lie as quiet as he could.

The Patient now begins again to Speak, and as well as the Cough, difficulty of Breath, and his weakness would allow, softly, and with a low Voice gives an account of the occasion as above.

An *Arteriac* was then made up for him (to smooth the *Trachea*, and promote Expectoration) è *Troch. Pectoral. Batean.* (in aq. *Stephan* ʒiʒ. *Solut.*) ʒiij. *Syr. Tussilag.* ʒiʒ. *Balsamic,* ʒi. *pulv. Anis.* *Glycyrr. ana* ʒi. *Balsam. Sulphur. terebinth.* ʒiʒ. *Peruv. gut. vj. cum mellis opt. despumat. q. s. fiat Linctus per Bacillum Glycyrr. sapins ad libend.* From the use of which his Cough abated, and he discharged by Expectoration much Grumous Blood and other Matter.

As to the Convulsions and *Lipothymies*, I applied to his Nostrils *Spir. C.C. Succin. &c.* and Embrocated the back part of his Neck with a Liniment, *ex ol. Lil. Alb.* ʒi. *Tereb. Succin. ana* ʒi. *N. M.* ʒiʒ. *Ung. Nervin.* ʒvj. *Mis.* And then took leave, and upon my return the next day found the Convulsions had left him; nor had he from that time any return of them, or of the Syncope.

But on the fourth day the Stitches were torn open, the Wound appear'd large enough to admit a middle siz'd Hand: a great part of the *Oesophagus* appear'd in view much inflam'd and scratcht by the Instrument. The *Epyglottis* did not as usual, cover the *Rima* of the *Larynx*, so that I could easily see up into the Mouth, part of the Annular Cartilage was cut obliquely, and hung only by a little Fibre to the upper part of the *Larynx, &c.*

Indeed I met with frequent Ruptures, the wax Thread and Needles often fretting through the Flesh they

they held, and was by them put back in my Cure; but I as often repeated the said Stitches in manner and method as before-mentioned.

About the tenth Day the larger Blood-Vessels appear'd conglutinated and covered with new Flesh; the *Gula* of good Aspect, the Inflammation of that and all the Neighbouring parts gone. I now dress with Lini-ment *Arcei*.

On the Eleventh the symptomatic Fever was in a manner gone, and the Wound under the circumstances of good digestion.

In the mean time the Diet when he could swallow was of Mutton-Broth, Ale-Meat, Poacht-Eggs.

The Cough continuing a long time very severe, was at length overcome by duly adhering to the *Linctus* aforesaid, with repeated Boles of *Balsam. Lucatel. Conf. Rosar. Rub. horâ somni*, with a Draught of a Pectoral Decoction, used also instead of common Drink. To mitigate the violence of it, and procure him Sleep, the following *Haustus* was frequently used, and never fail'd our expectation. *R. Ol. Amygdal. Dul. Rec. Express ʒβ. Syr. de Mecon: ʒvj Laud. Lond. (Aq. Steph. ʒij. Solut.) gr. ij. fiat haustus horâ somni sumendus.*

About the Eleventh and Twelfth Days we plainly discovered little Portions of new Flesh arising not only from the Carneous Membrane incumbent on the Gullet, but also out of the Substance of the Cartilages themselves, both on the upper and lower parts of the divided *Trachea*. The external containing parts of the Neck began now to unite by Incarnation; new Flesh arising and apparently lessening the dimensions of the Wound every time there was a Laceration of the Stitches, insomuch that two Needles were now sufficient, whereas I used in the beginning not less than six.

fix. And those Carneous Portions both of the *Trachea* and Exterior parts, gradually joining and intermixing, became one solid *Cicatrix* from each end of the Wound almost to the middle of the Wind-Pipe, where the Air continued in some degree to have an Exit.

About the Fifteenth Day I removed several pieces of Bones which had contracted a Caries in the Cartilage (which in this old Man as in many others was grown Osseous) and were thrust out by the New Flesh.

He now Swallows with little trouble, Eats sufficiently, and nourishes in Proportion. The Aperture about the Twenty sixth Day was almost clos'd up, and in Four or Five Days more the sides of the Wound were perfectly join'd and Cicatriz'd, the *Trachea* performing its part in Respiration as at other times without any considerable inconvenience.

He speaks indifferent well, but is forc't to take care in swallowing, the *Rimula* not being exactly shut as before the Wound, which makes Liquor of any sort more apt to fall into the Canal, and so cause a Cough, Hoarsness, &c. He does not Swallow dry Meats as well as formerly, but in all other respects is as well as ever.

This Cure was in this manner perform'd by me *John Keen*, of *Roch* in *Cornwal*, in the Year 1696. as above.

This signal History affords Matter for much Observation; but the only use I shall at present make of it, is, that if, in a Person of this Age, (above Sixty;) if in a Wound whereby the *Trachea* was Cut through, and several of the Cartilages beaten together; the divided parts of the *Trachea* may be made to unite and  
grow

grow together, (as in the present Case ;) certainly then *Laryngotomy*; which is a much less dangerous Wound indeed, but little in Comparison to it: in violent Squinzies, in danger of Suffocation, from Causes of a like nature with them; may safely, and ought to be put in Practise. The Disadvantage is a slight-Wound easily cured; the Advantage nothing less than the Life of a Man.

*Exon, Dec. 28.*

1699.

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*F I N I S.*