surgery need not too seriously absorb our attention. The tendency of our special department is onward. Much good work has been done, and is being done. It is unfortunate, perhaps, that such charges can be brought against us by those engaged in general practice, as well as by those who confine their studies mainly to laryngology and rhinology. We would fain hope, nevertheless, that the necessity of pointing out such methods is becoming daily less important. Considering the large numbers of men devoting their attention to these special branches all over the world, we believe, exceptions notwithstanding, that the general tendency is in this healthier direction.

**PRESIDENTIAL ADDRESS DELIVERED BEFORE THE
OTOLOGICAL SOCIETY OF THE UNITED KINGDOM**

ON

THE INSTITUTION OF RESEARCH WORK AND A
PERMANENT MUSEUM IN CONNECTION WITH THE
SOCIETY.

BY THOMAS BARR, M.D.Glasg.,

Senior Surgeon to the Glasgow Hospital for Diseases of the Ear ; Lecturer on
Aural Surgery to the University of Glasgow.

GENTLEMEN, I desire first to thank you for the great honour you have conferred upon me in electing me for a second year to the presidential position. I can only trust that my experience of the first year may lead to greater efficiency during the second.

At the annual dinner I took the liberty, in replying to the toast of the Society, of giving utterance to certain aspirations which, if not capable of immediate realisation, are, I think, worthy of further consideration. As only a comparatively small number of members were present at the dinner, I have thought it well to put on record and somewhat amplify these in a short address.

My first aspiration is, *the institution of organised and systematic research* in connection with the Society. I would ask, gentlemen, is there any part of the body which presents problems so eminently demanding research as that with which we have to do?—difficult problems, complicated problems, we are sometimes apt to think insoluble problems. By means of organised and systematic research, we could grapple more closely with these difficulties and hope to solve at least some of them. As one subject well worthy of re-

search, I would suggest the further elucidation of the pathological conditions present in ear disease, especially in the dry non-purulent middle-ear forms, by more thorough clinico-pathological methods, so as to help in differentiating their varieties more accurately, this differentiation being, I think, one of the main conditions of advance in treatment.

I am probably correct in saying that, since the time of Toynbee, the pathological anatomy of the ear has not received adequate attention in this country. There is probably no region of the human body so habitually ignored by the pathologist in the *post-mortem* room, and, yet, there is probably no part where it is so important in the interest of progress that such an examination should be made, and that thoroughly. The difficulty of the processes involved in both the macroscopic and microscopic examination of the ear, and the apparent lack of any practical result commensurate with the trouble, have, I fear, deterred many. The British type of mind is essentially a practical one, and is impatient to see definite and immediate fruit. It may be held that the otologist himself should see to the examination of any specimen coming into his hands; but this is with the most of us impracticable, as the thorough examination of the temporal bone and organ of hearing requires more time and technical experience than fully occupied otologists can usually command, while the operative work which now falls to the otologist renders it perhaps undesirable that he should engage in *post-mortem* work.

Might it not, therefore, be possible to make arrangements with gentlemen at important centres, say young men having in view the practice of otology, and duly qualified by pathological training for the work, by which temporal bones, sent by any member of this Society, might be examined anatomically and pathologically and reported upon? Instructions might be issued to members how to prepare such specimens for safe transmission; forms of questions might be furnished to elicit the clinical history of the person from whom the specimen was removed, when that is possible. Our dissections and specimens have hitherto lost much of their value owing to the frequent absence of such clinical records, and, if such an investigation were to be profitable, this lack must, in future, be supplied. With the knowledge that specimens would be thoroughly utilised, members would be more on the outlook for suitable prospective cases, perhaps putting themselves in communication with physicians in general hospitals or in parochial or workhouse hospitals. In this way members might become aware of appropriate cases in such

institutions—such as patients suffering from fatal diseases, and at the same time the subjects of deafness or ear trouble. These, when known, might be carefully examined clinically, so far as the ear and hearing are concerned, with the expectation that, if brought to the *post-mortem* room, the temporal bone or other implicated parts might be removed and subjected to careful examination under the light of the clinical records.

No doubt it might be difficult to find young pathologists fitted for this work. Such a pathologist must be specially interested in otology, and all the better if engaged in clinical work with the intention of following up the specialty. What a splendid foundation would a year or two of this work form for the life-work of the future practical otologist!

I am afraid, however, that such a scheme, to be successful, would involve the expenditure of money. We have, unfortunately, no research fund, such as is possessed by the Odontological Society, but I believe there are sources from which funds could be obtained to aid in such research if any of our members, or even suitable gentlemen outside the Society, were willing to undertake the work under the supervision and co-operation of this Society.

My second aspiration is *the formation of a permanent museum of anatomical and pathological specimens, including also instruments, models, and appliances for the teaching of otology*, a place to which members might resort for leisurely inspection and study. Speaking as a member hailing from the distant provinces, such a museum would prove specially attractive. Those of us who live at a distance from London have sometimes a few hours to spare on the day of the meeting, as I had lately, when, having no museum to inspect, I placed myself under the courteous guidance of the Librarian and surveyed the premises of the Medical Society. I was conducted for the first time to our library, which I am bound to say presented a very modest appearance, “cabined, cribbed, confined” within the limits of a few feet of shelving. In looking, however, at its very limited proportions, I reflected that many great things spring from small beginnings, and that these meagre shelves might present the “promise and potency” of a future great library. I confess, however, that I did not keenly feel the lack of a great library, because, after all, most of us have very little difficulty in procuring, wherever we are, any book we may desire. I felt that the contents of a museum were the books I should have liked to peruse during my hours of waiting. There is no doubt that our department lends itself to the production of anatomical

and pathological specimens, both microscopic and macroscopic. The temporal bone itself is a perfect mine of possible specimens, without taking into account the neighbouring cranial, nasal, and pharyngeal cavities. We saw what could be done in the splendid collection of the memorable museum of 1899, a valuable and permanent souvenir of which is to be seen in the volume prepared by Dr. Jobson Horne and Mr. Arthur Cheatle. The only pity was that such a unique collection, gathered together with so much labour, was open to inspection for only one short week.

I am confident that, if we had a place for their reception, we would soon have a collection forming a great attraction to our members. There are many sources from which we might draw. For example, if research work were set agoing the museum would naturally become the home of the specimens resulting from research. Each of us, I am sure, would contribute something from time to time. Donations from outside workers would, no doubt, be forthcoming, when it became known that this is a feature of the Society. Legacies from private museums might also be looked for in time. It is even conceivable that the Royal College of Surgeons might hand over Toynbee's historical specimens, which would form a grand nucleus, as well as a stimulus to future workers. In such a museum I would look forward to a department for instruments, into which every member of the Society who might devise something new would be expected to place a duplicate. Other otologists, not members of this Society, might be disposed to do the same. Instrument-makers, both at home and abroad, would, I believe, contribute to such a collection, and would, no doubt, if invited, be willing to show from time to time, perhaps on the days of our meetings, new instruments or appliances, bearing upon our department. This would especially prove a boon to country members, who would thus be saved the trouble of visiting instrument-makers' establishments in search of new and improved instruments. Even models, diagrams, casts, etc., might appropriately find their places in such a collection and be helpful especially to those of us who are engaged in teaching. The possibilities of usefulness connected with such a scheme are almost limitless.

I hope, gentlemen, that this idea will soon take a concrete form, and that a room, or even a part of one, may be procured in the Medical Society's buildings, where we hold our meetings, or in the neighbourhood, and that a beginning may soon be made, even in a small way. If the gentlemen who did so much to make the London Museum of 1899 so striking a success would take this

matter in hand, our museum would soon become an accomplished fact, and from a small beginning it would ere long expand, and I would not be surprised were it ultimately to reach the dimensions of that of 1899—a permanent source of interest and education to all otologists.

Gentlemen, I do not invite from you to-day any expression of opinion regarding the practicability of these suggestions. I only ask you, especially the younger members, to think over them, and it may happen that at a future meeting more definite proposals may be laid before you. Dr. Hugh E. Jones, our senior Secretary, has already drawn out some excellent suggestions as to the collection, distribution and examination of specimens, and I hope that these may be considered by the Council at an early date.

REMARKS ON SOME ABUSES IN THE INTRA-NASAL SURGERY OF TO-DAY.¹

BY JOHN N. MACKENZIE, M.D., Baltimore.

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At the meeting of the British Medical Association, held in the city of Montreal in September, 1897, during the discussion of certain ultra-radical methods of intra-nasal operative procedure advocated by some of my English colleagues, I took occasion to protest in somewhat vigorous terms against the then indiscriminate and thoughtless employment of surgical measures within the nasal passages and the appalling and useless sacrifice of tissue and function which many of them entailed. While sounding a note of warning against certain methods which were surely destined to bring the modern surgery of this region into disrepute, I at the same time emphasized and deplored the fact that the sudden craze for operation that had developed across the seas had caught its inspiration and derived its leadership from this side of the Atlantic; and in response to the expression of surprise on the part of some of the members who had taken part in the debate that more serious consequences had not followed in its wake, I ventured to express the opinion (speaking with all reverence) that, in the absence of other and adequate explanation of the phenomenon, the apparent

¹ Remarks made at the meeting of the American Laryngological Association, June 2, 1904.