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THE PAST AND PRESENT OF LARYNGOLOGY.*

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Mr. Chairman:—I congratulate you—and fellows of the Section—on the degree of prosperity attained by this Association; and not only by the Association, but by the science it stands for. As we have been attracted to this work, believe it worthy of our best efforts, and have espoused it for life, through evil as well as good report, it is gratifying to know that others appreciate it also, and join our forces for the suppression of the greatest evil that, immediately and remotely, has befallen the human race—disease of the upper-air passages and their accessory parts.

It is not necessary, before a body of eminent specialists, to laud their labors or to commend the wisdom of their choice and the success of their work, but we may, with profit, consider what they and their predecessors have done toward perfecting an important department of medicine and surgery.

It has been said that history is the only study worthy of our time and labor. It is certainly an important part of a liberal education, but more than that, to know what *has* been is to know what *shall* be. By studying the past we learn of the work done by and appreciate the labors of our predecessors. We utilize their experiences, accepting the good and rejecting the bad. However depressing it may be to small minds to discover that much of their boasted wisdom is plagiarized, it broadens and strengthens the honest and progressive man to know the foundations that have been laid, upon which he may build. We justly honor our explorers, the discoverers of new worlds, new fields and new truths. He, too, is entitled to honor who

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makes best use of these discoveries, appreciating that discovery is but the beginning of progress and lays upon him new obligations to cultivate and improve them. It is the part of wisdom to gather up knowledge and carefully sift and winnow out the good and true. In doing so he will find plenty of chaff always, but it will be careless work that does not find good grain in paying quantity. Not the least important part of this process is to note the proportion of worthless material to that which experience and good judgment can use to advantage.

The term Laryngology, as defined by Elsberg twenty years ago, "Embraced all affections of the larynx, trachea, root of the tongue, vallecule and hyoid bone, tonsils, palate and uvula, pharyngo-nasal space, nasal passages, frontal sinuses, thyroid body, parotid and sublingual glands, the areolar tissue and other structures that make up the anterior portions of the neck." And, as if not sufficiently comprehensive, he adds, "As the mucous membrane of the throat is continuous with that of the whole alimentary tract; of the bronchi and their ramifications; through the pharynx and nasal fossæ with the sphenoidal, ethmoidal and maxillary sinuses; through the lachrymal ducts with the conjunctivæ; and through the Eustachian tubes with the mastoid cells and tympanum, diseases of *these* regions must sometimes be considered by the laryngologist."

"The connection between throat diseases and diseases of other parts of the body is so intimate that no one is competent to be a throat specialist who has not had a previous thorough medical education and considerable general clinical experience;" this is no mean accomplishment for any man.

In the twenty minutes or so allowed for this paper it will be impossible to do more than glance over the work done, not even mentioning the names of all who have studied and written upon the subject before us. We may read in the aphorisms of Hippocrates, the histories of Herodotus and of earlier Greek writers, references to nasal and throat troubles. Ever since there were noses, throats and ears they have been subject to diseases. The great Galen recorded his observations respecting coryza and other troubles that *we* are called upon to relieve; and so all the way down to the present century we may read—sometimes with amusement and amazement—the methods adopted by our professional ancestors to relieve catarrh. And, yet, honorable men of our profession and generation have asserted in this academy, that they knew catarrh could not be cured for they had tried their best and failed.

Hastily glancing backward, our attention is arrested here and there by conspicuous figures and epochal periods, the most important and

successful being well within the memory of men here present. Horace Green, the pioneer in American laryngology, great in all the essentials of greatness, a thorough cultivation, an honest purpose, confidence in his ideals, true to his convictions, brave, persevering, successful, was born the night before Christmas, 1802. "His genius and dexterity penetrated and dispelled much of the darkness which had hung over the subject of laryngeal disease. He lived to see his almost miraculous predictions verified, his researches confirmed and his bitterly criticised precepts and practice vindicated." He died of pulmonary disease in 1866.

A most important event in the history of our specialty was the invention of the laryngoscope. Garcia had succeeded in seeing the vocal bands by means of a mirror, but it was left for Johann Czermak to bring to our use a more perfect apparatus, first used in Vienna in 1858, but brought to New York the same year by Dr. Ernest Krackowizer.

I began my medical studies in 1858, and though not appreciating its subsequent advantage to me, I remember something of the commotion the laryngoscope wrought. Like many another excellent innovation, it was criticised and condemned by some, ignored by many of our profession and approved by a few. Among the latter, and one of the first to take special instruction from Czermak, was our own Elsberg. He instituted the first free throat clinic in America, and gave the first course of lectures here, upon laryngology, in 1861. He died in 1885, but not until his energetic labors had been rewarded by a great awakening to the importance of his loved specialty.

We may justly be proud of the achievements of many of our own fellows of this academy, but our time and purpose to-night will not permit us to review their work in detail or to speak of the magnificent work done by many other specialists in our own country and abroad.

It is interesting to look over early American literature relating to diseases of the nose and throat. In Elsberg's bibliography of published articles, from 1809 to 1878, I find that during the first twenty years, *i. e.*, to 1830, there were sixty-five publications, of which number thirty-one related to croup in its various phases; seven to the tonsils; seven to the larynx; six to foreign bodies; three to the palate; two to the uvula; two to "mouth disease," and one each to whooping cough, tumors, "nose polypus" and aphonia. During the next twenty-nine years, to 1858, when the laryngoscope came into use, there were five hundred and thirteen papers published, while in the twenty years following, to 1878, fifteen hundred and eighty-three articles, relating to laryngology in its broadest sense, were given to the world. We find no reference to nasal troubles till 1820, when Trowbridge

published in the *Medical Repository* his paper on nose polypus. In 1829 Arman published something on the same subject. Horner gave in the *American Journal of Medical Sciences*, in 1830, the first article we find on ozena and another article upon the same subject in 1835. During twenty-two years, of the seventy-five papers published, only three related to the nose—four per cent. In the next twelve years ninety-three were published, twelve of which were upon nasal diseases—about thirteen per cent. And we find more and more attention paid to the nose as the years passed.

The progress made in the last forty years has been largely due to *special study* and investigation of causes of disease, therapeutics and surgery keeping well abreast of the knowledge gained. It is hardly a debatable question whether it is better that a man should know something about all things or all about some things. Genius devotes itself to the latter, observing and recording details. Quality is more important than quantity. Thorough work has brought our specialty to the front and commanded respect from such as we would respect. Scholarly, experienced, enthusiastic workers have directed us in the past; there has been a self-sharpening system, stimulating emulation and rewarding devotion.

The purpose of this paper is not to criticise men or methods, rather it is a reminiscence, and we may commend honest effort though results be faulty. Imperfect work must be condemned, and we could find employment for all our time in pointing out defects in theories and practice in the immediate and remote past. Experience has taught each of us that because a thing is old it is not necessarily sound. Neither is the unseasoned *new* wholly reliable. We live in an age of investigation—an etiological period of the world. Theories are challenged, antiquated methods criticised, that which bears the sacred seal of age is subjected to tests, and prying eyes and searching investigation penetrate our petrified possessions. Ignorance is no longer a safe subterfuge.

Greater New York has more than one hundred hospitals and dispensaries, of which eighty are supposed to treat more or less cases of nose and throat disease. Of the 509,892 patients treated in forty-one hospitals, 391,550 are reported as "out patients," and of this number, 34,408 were treated in nine hospitals for diseases of the nose, throat and ear by two hundred and eleven surgeons. It would be interesting to know just the number of surgeons employed in all these hospitals, and the number of hours of service given by them to this work. Also, the total number of patients treated, and the results of treatment; the number of persons employed, and the time devoted to the care of patients, rooms and appliances; the value of all such

service, and of the buildings, instruments, apparatus, medicines, etc., used in this work. If we add to this the work done in private practice, and its value, the total would doubtless surprise us. Figures to represent all this might be approximated, I presume, but many hours spent in the search revealed only the figures given. Yet these are sufficient to impress upon us the magnitude and importance of our work.

It is an exalted privilege to be associated with men in so grand a work, to aid in relieving so large a proportion of all human suffering. It should be an inspiration to do better work, and prove ourselves worthy to bear the mantle that has fallen upon us.

There is great need for *perfecting the work in hand*, and while it is much more difficult to analyze the immediate present than all the past, our intimate surrounding is our field for work. To quickly grasp the situation and skilfully manipulate present opportunity can alone bring success, and success is a duty we owe to our predecessors and to posterity, as well as to our patients and ourselves.

What remains to be developed? The best that is in us, and infinite possibilities in the realms of the unknown. The forces of Nature have never been exhausted or even impaired. There are secrets to be revealed that are just as wonderful as any discovered. Nature loves her lovers, she is coy, but frank, and opens her stores freely to her sincere devotees. When Czermak brought out the laryngoscope, was there nothing to be done? Carl Koller gave us cocaine, but the marvelous virtues of supra-renal capsule remained unknown. O'Dwyer's intubation methods came to us in the last fifteen years. It is the unexplored that allures, the unknown that attracts. There are *bonanzas* in future possibilities. Enterprise is essential, there is no progress without it. But our zeal for the new must not make us unmindful of the old or overlook the helps we have. Routine work is monotonous and tiresome when we have no other motive than to get through with it. It has been said, I think by Tyndall, that every department of science is dependent upon every other department. This is true in medicine. No one department or specialty can stand alone.

I submit for your consideration and discussion the following questions:

1. What has brought you the greatest success in treating diseases of the nose and throat?
2. What is the greatest need, what do we most lack, in the successful treatment of these diseases?
3. Along what line of investigation, in nose and throat work, promises best results, the object being to relieve the greatest amount of human suffering?

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