All treatment by local measures, whether mechanical or operative (extraction of the stapes), has given very discouraging results. In view of the fact that local treatment, such as the air douche, catheterism, mobilization by massage, may, under certain circumstances, do mischief, they ought to be left off entirely when, after a short trial, no improvement in the hearing for speech presents itself. When, however, noises in the ear are present, the writer recommends, in agreement with most other authors, the regular use of electrical motor massage of the membrane, which, in many of his cases, has in a short time brought about complete temporary relief from the noises, and in a few cases permanent. Politzer treats the diseased process itself by the internal administration of moderate doses of iodide of potassium, 15 grains daily; and he believes that in cases where the loss of hearing has not reached too high a grade it has brought the disease to a standstill. The improvement stated to have occurred under the treatment by thyroid extract has not been confirmed by the observations of Denker, Siebenmann, and Brück. Siebenmann recommends the administration of phosphorus in daily doses of $\frac{1}{60}$ to $\frac{1}{15}$ of a grain in cod-liver oil (Kassowitz's solution), and states that he has stayed the advance of the disease in rapidly progressive cases. Denker, however, fears that the administration of such large doses involves the risk of the patient's suffering from phosphorus necrosis.

BRITISH MEDICAL ASSOCIATION.

Seventy-first Annual Meeting, held at Swansea, July 28, 29, 30, 31.

SECTION OF LARYNGOLOGY AND OTOTOLOGY.

PRESIDENTIAL ADDRESS.

ON THE POSITION OF LARYNGOLOGY AND OTOTOLOGY IN THE MEDICAL STUDENT'S CURRICULUM.

By PATRICK WATSON WILLIAMS, M.D., *President of the Section.*

GENTLEMEN,

My first and pleasing duty as President of this Section is to extend a very cordial welcome to those distinguished colleagues who, in response to our invitation, have come from afar and at considerable personal inconvenience to assist us with their ripe experience in the various questions we propose to discuss-

Indeed, it is the generous co-operation which our foreign *confrères* are always so willing to afford that brings home to us the practical importance of the topics that are here discussed, and the necessity for the more systematic training of medical students in the clinical examination of the nose, throat, and ear, so that every qualified practitioner may be familiar with at least their commoner diseases, and able to interpret those phenomena which in their pathological significance directly bear on general medical diagnosis.

The wish so earnestly expressed by an early Elizabethan dramatist—

“I would you had a window in your heart,
I might look through you”—

is only half realized to-day, but in our own territory is fulfilled by the special devices for which our medical forefathers must have longed. It is easy now to differentiate an enlarged turbinated body and a polypus, or to distinguish between the presence of ulcers or other intranasal affections and accessory sinus disease as sources of nasal discharge. We know, too, that nasal disease accounts for many cases of recurrent headache still often erroneously diagnosed as functional or organic nervous disease, while outbreaks of diphtheria are not very rarely due to the existence of latent intranasal diphtheria in a nurse, servant, or teacher.

Laryngoscopic examination as an aid to diagnosis in general medicine is not less valuable than the examination of the eye. How often does the existence of a vocal cord paresis or paralysis prove invaluable in the early diagnosis of central nerve disease, such as tabes dorsalis or bulbar paralysis, while every laryngologist knows full well that the larynx will frequently yield the one and only definite physical sign pointing to the existence of an intrathoracic aneurysm or other less common form of intrathoracic tumour. The distinction between a simple laryngitis and paresis of an otherwise healthy vocal cord is not a difficult matter, and yet from want of a little familiarity with the laryngoscope is often enough beyond the ken of the young practitioner.

Therapeutical success in medicine depends especially on the recognition of serious disease in its earlier and more tractable stages. The importance of taking things in time was voiced by Ovid in the well-known lines :

“Principiis obsta ; sero medicina paratur,
Cum mala per longas invaluere moras.”

Happily rendered by :

“Resist the young disease, who stays too long,
His leech, perchance, shall find the foe too strong.”
S. T. IRWIN.

We are no longer content to await the development of the grosser manifestations of advancing laryngeal tuberculosis before diagnosing the disease and adopting measures for its arrest. Every practitioner should realize the possible clinical import of simple hoarseness, and have sufficient knowledge of the larynx to be put on his guard ere the thickening of a cord, or the localized tumefaction on a vocal process, or in the interarytenoid fold, has either spread locally or has masked the existence of an early pulmonary lesion till it progresses beyond the possibility of cure.

If early recognition of laryngeal tuberculosis has done a good deal towards the successful treatment of this disease, far more is it essential in the radical extirpation of cancer, and I am certain that my colleagues who are about to address us on this topic must deplore the lamentable number of cases that pass beyond the hope of relief simply for want of earlier diagnosis.

At the medical examination for entry into the navy and army the teeth are carefully inspected. Many candidates are thrown out for some error of refraction that could be remedied by wearing spectacles, or for some defect in chest measurement of little importance in after-life, and so forth, yet, unless the candidate is obviously deaf, the existence of serious aural disease may escape observation. Quite recently a young gentleman came to me, directly after he had passed his medical examination for the army, on account of deafness, which he had noticed for six or seven years. He had nerve deafness, and could not hear the watch on contact on one side, while the hearing on the other was $\frac{1}{10}$ only.

I have but touched on one or two of the more striking points which show how essential is some elementary knowledge of laryngology in general practice, and to support my plea that it should no longer be left to the student's discretion whether he attends the hospital clinics or not. Practical acquaintance with obstetrics, diseases of women, ophthalmology, and dermatology is demanded of him, and in fairness to the student those who are responsible for the arrangement of his curriculum should remedy the existing defect.

Post-graduate teaching is an altogether different matter, and while invaluable as a means of extending the practitioner's knowledge of all the special and higher branches of medicine and surgery it is beyond the reach of many medical men, and therefore it should not be relied on as the chief, if not the only, means of obtaining elementary practice in the treatment of any regional diseases.

Contrary to the very general impression, specialism in medical

practice is not a recent development, for we learn from Ebers that in Egypt, as long ago as the thirteenth century B.C., there was a school of specialists attached to the College of Priests in Thebes. They were physicians to the king, and were consulted in all serious cases. "It was left to the principal of the medical staff of the sanctuary to select that master of the healing art whose special knowledge appeared to him to be suited for the treatment of the case."

It is an old saying that history repeats itself, although we cannot associate the term "science" with the semi-barbaric empiricism above which the healing art has never risen whilst tacked to priestcraft. Yet in this ancient Egyptian temple we observe that inevitable development of scientific progress which in latter days first separated the practice of medicine and surgery, and has now further subdivided each into its several special departments, which are represented in the numerous sections of our own annual meetings. The training of our medical student should certainly include the investigation and treatment of the simpler affections of all special regions, so that in due time he may undertake such cases in his own practice, while rendering him competent to act as did the High Priest of Thebes when serious difficulties arose—a function too often undertaken for themselves by the suffering public.

Wednesday, July 29, 1903.

DISCUSSION ON THE OPERATIVE TREATMENT OF MALIGNANT DISEASE OF THE LARYNX.

INTRODUCTORY REMARKS MADE BY SIR FELIX SEMON, C.V.O.,
M.D., F.R.C.P.,

Physician-Extraordinary to His Majesty the King.

THE history of radical operations for malignant disease of the larynx is of comparatively recent origin. The larynx was of old considered as an organ indispensable to life, a view not to be wondered at considering that its graver organic diseases, such as cancer, tuberculosis, tertiary syphilis, leprosy, external injuries, etc., if unchecked, practically always ended fatally. In accord with this state of public opinion we find that, until the demonstration by Professor Czerny, then Billroth's assistant, in 1870—viz., that dogs from whom, under proper antiseptic precautions, the