EYE, EAR, NOSE AND THROAT

THE DEVELOPMENT OF THE SECTION AND ITS MEMBERSHIP*

By J. W. JERVEY, M.D.,
Greenville, S. C.

Ladies and Gentlemen of the Section:

It is, I believe, both customary and proper that the Chairman of a section, or indeed of anything else, should, upon the assumption of his dignity and responsibilities, deprecate in as seemly a manner as possible his own aptitude and worthiness of the honor imposed upon him. This having been bestowed after a manner so altogether unsolicited, so surprisingly, so incomprehensibly, and, in short, so entirely unexpectedly, mere empty words must needs fail to express his choking emotions. For that matter, such vacant verbiage must even fail to hide—which is, I have been told, the true function of really cultivated and intelligent conversation—the surging tempest of feelings and ideas which arises to becloud his senses and betray his prolix humility on such an occasion.

Having thus clearly illuminated his own thoroughly deficient status he proceeds, with a wink of the eye and his tongue in his cheek—figuratively of course—to remind his colleagues that, lacking as he may be, still they had no greater perspicuity as to what constitutes what, than to put him where he is, which of course is a reflection soothing in the extreme to the inner consciousness of his fellows, who, ruminating upon his gratuitous expressions and insinuations, sooner or later come to think that perhaps after all there is more than a germ of truth in his remarks; and having gotten this far it is no trick at all to arrive at the conclusion that all he has said is really and truly true, and thenceforth they pay no further attention of any sort to him who was once, and only once, alas, their favored colleague.

Turn it over in your minds, gentlemen. This is the sad history of all chairmen and

presidents, is it not? They rise, so meteorically, to shine for a brief space. They set and—are sat upon, thereafter to be heard of no more. So is each chairman's address his very swan song, marking his passage from pristine to perpetual obscurity, across the searchlight beam, the flashing interim, of passing prominence and fleeting fame.

In the history of this, like many another similar institution, the chairman, or the moth, or the swan, or whatever you may wisely or wearily choose to call him, has ordinarily addressed the theme of his song to some scientific subject, either of supposedly general interest—which it usually is not—to the section membership, or of such a deeply and widely discursive nature as to force everybody's attention, however unwilling, lest per contra, everybody should appear unnaturally and pitifully and disgracefully shallow. You see what I mean, don't you?

So, after turning the thing over in my mind I determined that this time, at least—though, mind you, I don't say I haven't been guilty of it elsewhere—I would not be a party to any posing or attempted deception. I remembered, when the time came for preparation, that there would be no lack of seriously scientific subjects treated of hereabout in the next few days of our Lord; and besides, as courtesy and custom has decreed that a chairman's address is not open to the floor for discussion, he being, for the nonce, permitted to regard himself as an authority, *ex cathedra*, I felt that even if I projected a really serious treatise into this defenseless atmosphere it would be necessarily and indubitably robbed of all humor whatsoever.

So then, I shall turn my attention, and yours if you will, to a consideration of a few matters of vital no less than practical importance to the increasing welfare of our section, which by very reason of its great and rapid growth, is now, or if not soon will be, in need of some special care and expert nursing. To begin with, let us briefly review our history, from the time shortly after the reorganization of the Southern Medical Association under the

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able secretaryship of Dr. Seale Harris, then of Mobile, now of Birmingham, Alabama.

No records are available of proceedings prior to the Hattiesburg Meeting, in 1911, and it is there that we must consider the first impetus and stimulus given to our section. No program of this meeting can be found, but there were twenty members registered in attendance. At the Jacksonville Meeting, in 1912, the registered attendance was twenty-five. There were twenty-one papers on the program, fourteen of which were read. In 1913, at Lexington, Kentucky, forty members were registered. Twenty-seven essayists were on the program, but only fourteen presented their papers at the meeting. At Richmond, in 1914, fifty-four members registered, thirty papers appeared on the program and nineteen of them were read; and at Dallas, in 1915, there was a registration of one hundred and seven, while of the thirty papers listed for presentation, twenty-eight were actually read. This is a brave showing of a sturdy growth, and we may hope it will steadily continue in the years to come.

Each section of the Southern Medical Association is limited, I think wisely, to a program not to exceed thirty papers. It may surprise some of you to know that from the offerings following a single notification of this meeting, mailed last spring, our section could have had double that number of papers presented. In the absence of any rule to the contrary it was clearly necessary and right that the offerings should be listed and placed on the program in the order received, and this procedure your officers have followed as faithfully as they could, with certain needed rearrangement and change of place in order to present an intelligent distribution of subjects.

I wish to say and I believe we will all agree that we have always had heretofore, and including this meeting we shall find I am sure, a very high order of papers presented; but it stands to reason that among a large number of essays offered some will be more timely, more interesting, more practically important than others. Is it not then our highest duty, and to the best interests of everybody concerned to bring these more timely subjects and essays out

for consideration and discussion while not at all disparaging the worth and value of any that may be offered? Surely this would but serve to develop the best that is in and amongst us, which were an aim and object of the greatest propriety and of essential productivity. To accomplish this we should need the services of a carefully selected committee, to work under certain rules and principles, and, it goes without saying, without fear or favor. I earnestly recommend the suggestion to your consideration.

Another thought that should be of the keenest interest to our section is that however much we may be surrounded, enthralled and engrossed with matters of technical and ultra-technical relationship to our specialty, we should not for any cause or by any chance, lose that touch and kinship with the other branches of a great profession, by which alone we may aspire to better things, and having which to aid and encourage us there is no height that man can point to and say: "that is impassable". To this end I recommend that we adopt a fixed rule, if it can be so arranged, to have each year a joint meeting and symposium on some subject of mutual interest with one or another of the other sections of our Association.

My third and last suggestion has to do perhaps somewhat more with pleasure than duty; and yet it borders more than lightly on the line of duty. I refer to the desirability of increasing and extending the personal touch among ourselves. It is a pity, but I think it is true, that most of us of this, and no doubt of other sections, have in past years had as wide or even a wider circle of professional friends and acquaintances in the North and East than among our kin and kind. No doubt there have been good reasons why this should be so, but as we grow and develop, the less, up to a certain point, should these reasons continue to exist. We have our own problems stalking in our front yards and in our back yards, too, and we must use our common brains to settle them. To do this successfully the personal touch is highly necessary. I know of no better way of bringing this about than to get occasionally shoulder to shoulder, feet under the common board, and hear the clink of the festive knife and fork and a good story

and a hearty song over the edge of a sparkling glass—shall it be White Rock or Vichy? Alas! So I say let us arrange a fixture of an annual dinner or supper during the course of our meetings where we can for a brief season talk of "shoes and ships and sealing wax, and cabbages and kings" and immerse—*étude de mœurs*, a study in morals, as the French facetiously say when engaged in revelry—and submerge our scientific souls in floods of joyful forgetfulness, abandon and camaraderie. Think it over.

With these few words I am done. So begins and ends my first and last address as chairman of a section which I have come to love, and which I pray may ever continue to grow in grace and power of accomplishment. If it has seemed to you that at times my words were in too light a vein, I beg you to believe it has not been for any lack of appreciation of the dignity and honor with which you have clothed me for a short space. Such meager thoughts and expressions as I have been able to command are but the faint, flickering and inadequate reflections of the happiness in my heart at being given this opportunity to serve you.

DOUBLE CAVERNOUS SINUS THROMBOSIS FOLLOWING OBSCURE MASTOIDITIS

By W. T. PATTON, Ph.C., M.D., F.A.C.S.,
New Orleans, La.

The literature on this subject is not abundant by any means. Dwight and Germain append an extensive bibliography to their report of cases, and were able to find 178 cases, with their 4, making 182. I would refer those interested in the literature to this article.¹ The importance of the condition lies in its great mortality, only 14 of these cases having recovered. In septic cases the prognosis is always bad. Since this collection of cases others have been reported by Day, Lodge, Finlay, Ellett and several others.

The cause of this condition, i. e., septic thrombosis of the cavernous sinus, is any infected lesion in the area drained by the

ophthalmic vein or its branches. Pustules on the face, nostrils, eyelids, etc., purulent affections of the accessory sinuses, nasal, pharyngeal or buccal cavities, facial erysipelas, infected wounds of this region, etc., may be the cause. Also it may occur from mastoiditis through the lateral sinus into petrosals and then into the cavernous sinus.

The symptoms naturally divide themselves into (1) the local and (2) the general. The general symptoms are those of sepsis under any and all circumstances. The local symptoms may, following McEwen's scheme, be divided into (a) those due to venous obstruction and (b) those due to pressure on the nerves. Venous obstruction causes edema and chemosis of the affected area, viz., the orbit, the skin of the nose, forehead, cheek and sometimes the fauces, the pharynx and the neck. The exophthalmos, which is a prominent symptom, is due to engorgement of the tissues of the orbit.

Pressure on the nerves causes characteristic symptoms. The nerves involved are the second, third, fourth, sixth and the ophthalmic division of the fifth.

The visual disturbances are usually very marked, due to pressure upon the optic nerve and edema of the retina, while the motor disturbances are most pronounced in the parts supplied by the third. The dilated pupil, divergent squint and ptosis have been seen in cases reported. The ophthalmoscope shows dilated and tortuous retinal veins and edema of the retina. The disturbances due to pressure on the fifth nerve are variable.

A very important and characteristic symptom arises from the fact that while the trouble is unilateral at first, the thrombus soon spreads to the other sinus, and obstruction and other symptoms appear in the areas drained by it. The edema of the lids of the second eye, beginning at the inner canthus, and not due to direct extension, the parts at the root of the nose lying between the eyes being normal, is very characteristic.

The prognosis in septic cases is, I believe, uniformly bad. In one of the series reported by Dwight and Germain operation was performed, and they think the results are promising. Since the prognosis otherwise is absolutely bad, it seems

1. Boston Medical and Surgical Journal, May 1, 1902.