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THE SPECIALIST'S RELATION TO THE AMERICAN MEDICAL ASSOCIATION

AND A PLEA FOR GENERAL GORGAS' RETENTION
IN OFFICE *

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When I was elected to this most important and flattering position last year, I felt that there were so many others that could have served the purpose better, that I was sorry for it, but as the year has gone by, I have felt more and more that my privilege was a very high and sacred one, and have done the best I could to merit it.

Rarely, I think, has a chairman had matters of such importance to present to the section. I have two subjects of the greatest interest to all medical men, namely, the position in which the Army medical service at present finds itself,¹ and our relation to the American Medical Association.

SECTION DIFFICULTIES

The second subject that I bring to your attention is our relations with the American Medical Association. I say our relations, by which I mean those of otolaryngologists and ophthalmologists. It seems that, according to the categories of the Association, we are the only ones thought of as specialists; or at least that is the impression that I get from reading the proceedings of the House of Delegates in New York City last year.

So we, as specialists, have a problem to present to the Association. In fact, however, almost every practitioner at the present time, at least the successful professional men in the larger cities, are, in reality, specialists. The whole field of medicine now-a-days is an absolute physical impossibility for any one man to compass satisfactorily and permit himself to say that he can do it all.

The specialties now include not only gynecology and genito-urinary surgery, formerly considered in the same section, but also gastro-enterology, etc.

The number of sections in the present meeting is fifteen. Each of these sections may be said to be a special section; but for some reason, the Trustees

have not considered it so, and have selected us as men more or less outside the pale of interest for the general practitioner; and because our papers are "of no interest to the general practitioner," they propose to leave us out of THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

We shall be permitted to meet as a section of the Association, to transact as much or as little business as we please; but our proceedings are to be ignored, as they put it on the ground that the cost of THE JOURNAL has increased very greatly. Later, they passed a resolution declaring all section papers voluntary, and to be edited.

That the cost of everything has increased greatly is familiar to all of us—painfully so. THE JOURNAL has shared in this increase, which might also be shared by us, just as we share in bearing the increased cost of everything else. If the cost of THE JOURNAL is beyond the subscription price of \$5 at the present time, as a matter of business there can be no possible reason given why the price of THE JOURNAL couldn't be raised somewhat to meet the necessities of the publication at the present time. But that has not been the plan of action of the Trustees. They have elected to omit our papers, except when they see specially fit to publish one, and on second thought, to omit all other section papers they see fit.

At first thought, some of us might be indifferent to this rule, but on second thought, it seems to me that none of us can possibly be indifferent. We are medical men in sympathy with our fellow practitioners. We want to know what they are doing; and I can see no reason why we should not arrogate unto ourselves the idea that they should be interested, somewhat at least, in what we are doing.

THE CHARGE OF UNDUE TECHNICALITY

The Trustees have characterized our papers as too technical to be of interest to the general practitioner. They have also criticized the censorship exercised over the papers admitted to the program. We can readily understand that some papers may be very highly technical, and for that reason the author himself should consent to the publication, not of his full text, but of some small abstract which will point the way for the general practitioner, should he care to look the paper up. And if there is laxity in censorship, this not only might be, but should most decidedly be, corrected.

As a member of the section for a number of years, it seems to me that the papers presented before this body have been almost uniformly good, and worthy of presentation and of our time spent in listening to them.

* Chairman's address, read before the Section on Laryngology, Otolaryngology and Rhinology at the Sixty-Ninth Annual Session of the American Medical Association, Chicago, June, 1918.

1. Concerning this subject statements were made relative to the retention of General Gorgas as surgeon-general. These are omitted from THE JOURNAL since General Gorgas was retired in October, having reached the age limit. The complete text appears in the Transactions of the Section.

The idea of being outcasts from the pages of THE JOURNAL seems to me such a calamity for us that I feel that special emphasis at this time should be laid on what THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION is, and what are its possibilities for us.

Firstly, there is no journal in the country that reaches anything like the number of men that THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION reaches. It is the only general journal; all the other journals are more or less local affairs. A parallel has been drawn between our country and Great Britain. This doesn't seem to me to be exactly a thing permitting argument. The Trustees have declared that the British Medical Association publishes only abstracts, and finishes them up in a very short time, possibly a few weeks.

The policy of the *British Medical Journal* is to publish the abstracts and finish them very quickly. The reader of the paper then has the privilege of publishing them anywhere. Physicians have the well known *Lancet*, in which their material may appear. There is no journal in our country that in any wise compares with the *Lancet*. We are left, then, if we have the desire to appeal to the general profession, to one journal only, THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

It appears to me that this proceeding, by which we are ruled out of THE JOURNAL, is not only a disaster for us, but a disaster for the general profession. I cannot agree with the Trustees in their point of view, although I recognize by their names that they are a most estimable and intelligent body.

When they say that our work is of no interest to the general practitioner, they overlook the fact that almost all the general practitioners and general surgeons of the entire country at the present time will remove tonsils and adenoids if they have the opportunity of doing so, or at least they will try to remove them. They will also perform all the intranasal surgical operations that their intelligence permits them to suggest to the patient; and from an observation of such patients after having been operated on by the general men, we must all be struck with the idea that, if the general practitioner knew more about this work it would be not only to his advantage, but even more to the advantage of the patient. Many of the unfortunate results from which the patient suffers would be avoided. If the general practitioners are to continue in the practice of nose and throat surgery, then it behooves us from the same altruistic motive so emphasized by THE JOURNAL itself, as part of its plan of action, to educate the general profession as far as possible further along the line of the specialties for which they operate. Therefore, it is impossible to understand how any intelligent medical man can declare that the work of the eye, ear, nose and throat sections is of no interest to the general profession.

The Trustees have emphasized the fact that the papers are technical. Every now and then, it is true, there comes out a perfectly simple technical paper—a record of facts; but facts can never be properly valued at the time they are presented. Nevertheless, the record of a new fact is always justifiable.

A SPECIALIST'S DISCOVERY OF GENERAL INTEREST

Nothing can more clearly emphasize this point than the work of my friend, Dr. W. E. Shahan of St.

Louis, who, four or five years ago, began the investigation of the effect of heat on the eye. He determined the cornea would stand a certain degree of heat without detriment. He then took up the question, "What is the degree of heat at which the various organisms are killed in the tissues?" and by experiment he found that at a temperature of 156 F. the pneumococcus was killed within the cornea. He devised a machine by which heat could be very accurately controlled, and this temperature applied to the ulcers of the cornea. It is perfectly well known that the pneumococcus is one that destroys the globe in the great majority of instances.

Through this bit of observation, Dr. Shahan has determined that the pneumococcus ulcer, heretofore so destructive, can be satisfactorily controlled in almost any case, as I understand it; and when the ulcers are beginning to form they are stopped and cured. The number of eyes that have been saved by this practice is unlimited.

The discovery has been turned to use for other purposes also, in other departments of ophthalmology. All of this was published in THE JOURNAL.

It is impossible for me to understand how an observation such as this can fail to be of interest to the general practitioner. It seems to me that if facts of this type cannot interest him, he is an exceedingly poor, low-grade sample of his kind. That there were such practitioners some years ago is perfectly well known; but certainly, as the years go by, that number diminishes. The men who replace them are of a different type. They are infinitely better educated, and of infinitely wider interests, not only in medicine, but in human affairs at large. Furthermore, the minute their interest in such observation is aroused, the working method by which such an end-result is obtained, would be worth, I should think, an inestimable figure to them.

Many of us would like to do original work, and we admire the men who do; but when, on asking ourselves, "Why don't we do it?" we admit to ourselves that we have no ideas. To follow the working of such an idea as that of Dr. Shahan must surely be a help and an inspiration to all who have any aspiration toward original observation.

Previous to Dr. Shahan's idea, various efforts had been made to apply heat to the eye for therapeutic purpose; but the fact that it was not known at what temperature the cornea or bacteria within the cornea were killed worked for the failure of these attempts.

It seems to me that with the difficulty now confronting the management of THE JOURNAL, we should all be sympathetic.

As a suggestion by which all may feel that they have fair play, I see no reason why a certain number of pages should not be allotted to each section, and these portioned out as may seem best to the authors on the program, by officers of the section. This would relieve the editorial staff of much work and would relieve us of the feeling that our affairs are possibly in the charge of a staff that is not only inimical to us, but ignorant of our rights as scientific medical men. It would give each section the best opportunity to maintain the high value and standard of THE JOURNAL, independent of its able editors and trustees.

ABSTRACT OF DISCUSSION

DR. WENDELL C. PHILLIPS, New York: I have taken pains to find some remedy for the situation which confronts not only this section but all of the sections of the Association. Talking will never accomplish anything. We must take more active measures to get at the facts. There are two sides to the situation, and many difficulties present themselves to the trustees in the management of this great American Medical Association. I have been simply amazed at the responsibilities as well as the care and the thought that is necessary in order that the work of the Association may be carried on well and that we may properly represent the membership.

I will suggest this, that this section and, if possible, the Section on Ophthalmology, appoint a committee with instructions that they consult with the Board of Trustees regarding the question of the publication of papers and to give the proper publicity to the papers read before this section and the Section on Ophthalmology. If you will look over the program you will have no difficulty in seeing that even in THE JOURNAL it would be impossible to publish all the papers and discussions together with the other things we are expected to publish during the year. It simply cannot be done, so that some censorship and care has to be taken, and some papers must be eliminated. But I do feel that an effort should be made—and usually it can be done if it is done in the right way—so that the sections and the central officers may have a proper understanding and adopt the best possible plan. I may say, however, that in so far as the specialties have adopted special journals under the auspices of the Association, general satisfaction has been obtained.

DR. L. W. DEAN, Iowa City, Iowa: Last year the executive committee of this section was instructed to confer with the Board of Trustees in regard to the publication of papers read before this section, and there also is a committee from the section to report on the method of publication.

DR. WENDELL C. PHILLIPS: So far as I know no such matter has been brought before the Board of Trustees during 1918.

DR. GREENFIELD SLUDER, St. Louis: Dr. Phillips has been exceedingly helpful in giving us some needed information. The procedure by which we were outcast was one in which we had no part and in which we were denied a part. When I stated that the difficulties of THE JOURNAL should be considered sympathetically, I meant precisely what I said—I selected the term to the best of my ability.

Carbon Tetrachlorid Vapor as a Delousing Agent.—M. H. Foster, Surgeon, United States Public Health Service, in *Public Health Reports*, October 25, makes a preliminary report on experiments for the killing of lice in the clothing by the vapor of carbon tetrachlorid. Heat and hydrocyanic gas are probably the best agents for killing lice but require somewhat complicated apparatus for their use and can be used to advantage only where the work is to be done on an extensive scale. The object of the experiment was to find some agent that could be used practically anywhere and for small operations. It was found that carbon tetrachlorid vapor was effective after two hours' exposure with the clothing rather closely packed in a tin or other vessel that is air tight, in an amount of 25 c.c. The material to be disinfected should not occupy more than half or two thirds of the containing vessel. In the experiments only the lice were killed. The nits were only partly killed, but their hatching was delayed. The method used was simply to pack the material to be disinfected in the can, on top of which were placed several layers of filter paper on which was poured the carbon tetrachlorid. The can was then covered with several thicknesses of toweling and a loose cover placed over this. In some experiments, the lice infested material was wrapped up tightly in papers, etc., and various combinations of carbon tetrachlorid with gasoline, were tried. The unadulterated carbon tetrachlorid was found to be best and the lice were always killed in about the time mentioned. At the present price of carbon tetrachlorid, the cost for treatment of the clothing of one soldier will amount to from 1½ to 5 cents.

ACROMEGALY OF THE LARYNX*

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The literature of acromegaly contains but little reference to the larynx, which seems strange in view of the fact that in a number of cases alteration of the voice is mentioned. I hope that the herein recorded cases will lead to systematic examination of the larynx not only in every case of acromegaly but also in every case of hypophysial abnormality. It is to call attention to the necessity for this that the four cases are reported. Complete reports of all the cases would require too much space and would detract from the emphasis desired to be placed on the laryngeal phases:

Fig. 1.—Acromegaly of the larynx. The enlargement and thickening of the various prominences of the larynges are bilateral. The asymmetry seems rather a distortion, though at 4 is shown a larynx with elongation of one aryepiglottic fold associated with thickening of its fellow. The larynx shown at 3 was so suggestive of the typical acromegalic hands as to merit the appellation of "gingerbread larynx." The whole larynx by external palpation seemed symmetrically enlarged in all cases except the one shown at 2, in which the overgrowth was limited to the epiglottis.

REPORT OF CASES

CASE 1.—History.—A man, aged 43, complained of remittent shortness of breath of two years' duration. Breathing was noisy at night. Repeated "asthmatic" attacks culminated in a severe dyspneic attack two weeks before. A laryngologist arrived in time to do a tracheotomy and save the patient's life. A diagnosis of laryngeal cancer was made and the patient was referred to me.

Laryngeal Examination.—External palpation of the larynx revealed it to be of enormous size, the enlargement seeming even and symmetrical. Laryngoscopic examination showed a general overgrowth of the larynx. The epiglottis, aryepi-

* Read before the Section on Laryngology, Otology and Rhinology at the Sixty-Ninth Annual Session of the American Medical Association, Chicago, June, 1918.