BRITISH EAR AND THROAT CLINICS HISTORICALLY CONSIDERED.

BY RICHARD KERSHAW,

Secretary-Superintendent, Central London Throat and Ear Hospital.

“ WITH every increase in the world's stock of gold, the metal loses something of its value, while every addition to the world's store of scientific truth adds to the value it already had, and is a stepping-stone to the acquisition of more.” Thus spoke Sir William Jenner at the opening of the Seventh International Medical Congress held in London in 1881. With the advent of the Seventeenth Congress, which, after a period of thirty-three years, meets again in London, it seems an appropriate occasion to give some account of the method of action, and the result arising from that action, in regard to the provision which has been made in this country for the study and the relief of disease of the throat, nose and ear.

In this retrospect no excursion will be made into the fascinating history of antiquity, nor even into that of the far distant days when the sick were treated and housed in monastic or secular institutions, and when medical treatment was closely supervised by the priests, but it will be confined mainly to the rise and progress of otology and laryngology in modern medical institutions for which we have our own accurate records. The story which we have to tell dates from the beginning of the nineteenth century, at which time we find that there were special hospitals in this country for the treatment of eye and ear disease. The constructive period of hospitals, as we know them to-day, can hardly be said to have commenced until the middle of the century, whence began an era so full of creative conception and brilliant medical achievement, that long before the close of the century there was witnessed an entire transformation in the hospital world, and in every agency which had for its object the relief of the sick.

If a dip be made into institutional literature it will be found that in the year 1800 there were in Great Britain 154 hospitals and dispensaries supported entirely by voluntary contributions: 31 of these institutions were situated in London and in a very limited area; 68 were in the largest towns of the provinces; 41 were in Ireland; 14 were in Scotland.

In this list are included sixteen dispensaries (for out-patients) situated in London and thirty-six in the provinces. Some of these dispensaries found it necessary to enlarge the scope of their work, and this was carried out to such an extent that in the course of time and of financial affluence they developed into large general hospitals. At that time the special hospitals, which are still with us, and included in the foregoing list, were represented in London by four lying-in hospitals, two for the mentally afflicted, one for smallpox, and one lock hospital. Here and there in the provinces and in Ireland were to be found special institutions for the treatment of eye and ear disease, whilst the lying-in hospitals were for the most part attached to, or under the control of, religious communities. Many charitable agencies were also in existence to provide for the spiritual and educational welfare of the blind, and the deaf and dumb.

Behind us lies a century of hospital work; where do we now stand? Long before the dawn of the twentieth century we find that our previous list of medical institutions had increased from 154 in 1800 to over 1100

in 1900. Moreover, in this number are *not* included the hundreds of cottage hospitals which are now to be found in the outlying districts of our large cities and towns, neither has any account been taken of the numerous public and provident dispensaries—such important links of the hospital system—abounding in all parts for the treatment of out-patients.

In the first half of the century, that is from 1800 to 1850, 293 hospitals were founded, 46 of them being purely special hospitals, while in the last half of the century over 800 came into existence, 123 being special hospitals. The greatest and most noticeable increase took place in the decade of 1870–1880, when 166 hospitals were founded, 30 of them being special, of which 11 were for the treatment of the eye, ear, and throat.

It may well be asked what influence created this outburst of medical activity? It cannot be doubted that the most powerful of all factors, leading to hospital extension, was the vigorous growth of specialism brought about by the natural division of labour, as necessary in the practice of medicine as in the industry of commerce. When alluding to specialism in relation to medicine, Sir James Paget remarked, in his inaugural address at the Seventh International Medical Congress: "It cannot be said that in any of our sections there is not enough for a full strong mind to do. If anyone will doubt this, let him try his own strength in the discussion of several of them."

The institutions in which we are naturally most interested are those having for their object the study and the treatment of diseases of the throat, nose and ear, and we give a list of them in chronological order together with the names of the founders.

We do this for the purpose of showing the persistent enterprise of our predecessors, and to remind ourselves of those pioneers to whose zeal we owe so much and whose memory we delight to honour. It must not be forgotten that these men laboured under difficulties and oppression the like of which we have never experienced, so that our progress has been made under conditions of luxurious comfort in comparison with theirs.

1804. "*The London Dispensary for the Relief of the Poor Afflicted with Eye Disease*," the institution now universally familiar by the name of "Moorfields," founded by Dr. Cunningham Saunders, an aural surgeon as well as a distinguished oculist of his day. It is recorded that Dr. Saunders treated disease of the ear as well as the eye in this institution, which is not surprising seeing that he was one of the earliest British writers on subjects pertaining to the ear.

1814. "*Dublin Eye and Ear Hospital*," founded by Surgeon Ryall under the title of the "National Eye and Ear Hospital." To this institution came Sir William Wilde, who founded St. Mark's Ophthalmic Hospital in 1844, both institutions eventually being merged into the "Royal Victoria Eye and Ear Hospital." The original institution appears to have been at that time the only one of its kind in Great Britain where clinical and practical instruction in aural surgery was given to students, and if this version be correct, Sir William Wilde must be regarded as the earliest systematic teacher of aural surgery in this country.

1816. "*The Royal Ear Hospital*," London, founded by Dr. Harrison Curtis under the title of the "Dispensary for Diseases of the Ear." From its earliest days this institution has been situated in the vicinity of Dean Street, Soho, and has been favoured with Royal patronage throughout its career.

1818. "*Shrewsbury Eye, Ear and Throat Hospital*," founded by Dr. G. F. D. Evans as an ophthalmic institution: treatment of diseases of the ear under the same roof soon followed, and eventually that of the throat, hence its present title.

1820. "*Liverpool Eye and Ear Infirmary*," founded by Dr. J. O'Neill. To this institution in 1850 came Dr. John Nottingham, whose work on "Diseases of the Ear" was published in 1857.

1821. "*Leeds Eye and Ear Dispensary*." This institution during its career had a very large out-patient department, and six beds for in-patients. Mr. Thomas Nunnely was Surgeon from 1835 to 1864. In 1869 the institution amalgamated with the General Infirmary.

1834. "*Edinburgh Eye, Ear and Throat Hospital*," founded by local practitioners first as an eye hospital, and later in 1883 for the further objects indicated by its present title.

1838. "*Metropolitan Ear, Nose and Throat Hospital*," started as the "Ear Infirmary and Orthophonic Institution." Associated with this hospital in its early career was James Yearsley, who was followed by James Hinton and Peter Allen, the former leaving to take charge of the Aural Department at Guy's Hospital in 1863, and the latter to succeed Toynbee at St. Mary's in 1868.

1844. "*The Birmingham Institution for the relief of Deafness and Diseases of the Ear*" was founded mainly through the enterprise of Dr. Dufton, who in the same year published a work entitled "The Nature and Treatment of Deafness and Diseases of the Ear and of the Treatment of the Deaf and Dumb." This institution amalgamated in 1871 with the Birmingham Eye and Ear Hospital, and eventually the title became changed to the Birmingham and Midland Ear and Throat Hospital. Attached to this institution was Dr. Charles Warden, so well known to our older hospital staffs.

1844. "*Belfast Eye and Ear Hospital*," founded as a dispensary by Dr. Samuel Browne, Surgeon to the General Hospital in that city. His son, Dr. Walton Browne, is at the present time the Senior Surgeon of this much enlarged hospital.

1844. "*Dublin St. Mark's Ophthalmic Hospital*," founded by Sir William Wilde, for the treatment of eye and ear disease. This institution was eventually merged into the hospital previously alluded to as the Royal Victoria Eye and Ear Hospital.

1847. "*Kent County Ophthalmic Hospital*," Maidstone, founded by Lord Romney, the first President, and Mr. John Woolcott, F.R.C.S., the first Honorary Surgeon. Six years after the foundation of this hospital, it was agreed by the managers to treat ear disease as well as eye disease, but the first defined appointment of aural surgeon appears to be as recent as 1909, since which date has arisen a large ear and throat clinic.

1855. "*Manchester Ear Hospital*."

1857. "*Bradford Eye and Ear Hospital*," founded by Dr. Edward Bronner, whose son, Dr. Adolph Bronner, is now the Senior Surgeon at the same institution.

1861. "*Glasgow Ear, Nose and Throat Hospital*," founded by Dr. Paterson Cassells, one of the two Vice-presidents of the Section of Otology at the International Medical Congress of 1881; at a later date he was appointed aural surgeon to the Glasgow Royal Infirmary.

1863. "*Cork Ophthalmic Hospital*," now known as the Cork Eye, Ear and Throat Hospital, founded by Dr. Macnaughton Jones, who also founded the Hospital for Women and Children in the same city.

1863. "*The Hospital for Diseases of the Throat*," London, founded

by Sir Morell Mackenzie, the first President of the original Laryngological Association, and the founder in 1887 with Dr. Norris Wolfenden of this Journal.

1871. "*Belfast Eye, Ear and Throat Hospital*," founded by Dr. W. A. McKeown.

1874. "*Central London Throat and Ear Hospital*," founded by Mr. Lennox Browne.

1875. "*Manchester Hospital for Consumption and Throat Disease*," founded by Dr. Hodgkinson and Dr. Fletcher.

1877. "*Dublin Throat and Ear Hospital*."

1878. "*Brighton Throat and Ear Hospital*," founded mainly through the energy of Dr. Cresswell Baber and Dr. Scatliff.

1878. "*Tunbridge Wells Eye and Ear Hospital*."

1878. "*Newcastle Throat and Ear Hospital*," founded by Dr. Richard Ellis.

1881. "*Londonderry Eye, Ear and Throat Hospital*," founded by Drs. Donaldson, Bernard and Hunter.

1882. "*Hereford Eye and Ear Hospital*."

1884. "*Portsmouth Eye and Ear Hospital*," with the foundation of which Dr. Ward Cousins was so closely identified.

1886. "*Halifax Eye and Ear Hospital*," founded by Dr. Oakley.

1887. "*London Throat Hospital*," founded by Drs. Edward Woakes, MacNeil Whistler, George Stoker and others.

1888. "*Manchester Eye and Ear Hospital*," founded by Dr. David McKeown.

1889. "*Cheltenham Eye, Ear and Throat Hospital*."

It is interesting to note how frequently institutions started primarily for the treatment of diseases of the eye extended their sphere of action to the ear and throat. Only in one instance can we recall an old institution founded, and continued up to this day, for the purpose of treating the ear alone, but even in this institution simultaneous treatment of the nose and throat with that of the ear has been necessarily called for. In this day, when one hears so much of co-ordination and consolidation of medical work, the often-repeated suggestion as to the advantage of treating the eye, ear, throat and nose under one roof seems to be worthy of more than passing consideration.

Before taking leave of the special hospitals, some reference must be made to the educational side of their work, and if the following figures prove anything at all, they forcibly prove that these institutions—the pioneers of post-graduate teaching in this country—have been eminently successful as medical schools for special subjects. Have not the ophthalmic and the aural surgeons, and the laryngologists at the general hospitals, qualified for those positions in the special hospitals?

From records available for 1912, we find that 924 students enrolled themselves, for periods of three months and upwards, at twenty Metropolitan special hospitals, including those for the eye, ear and throat, skin, paralysis, women, consumption and cancer, whilst the number of medical practitioners attending, in a casual way, at these particular hospitals to witness the practice of the medical staff amounted to over 2000.

At two of the Throat and Ear Hospitals in London where special provision is made for systematic instruction the number of post-graduate students in 1912 was close upon a hundred, and the number of practitioners attending the lectures and the clinics from time to time was upwards of a thousand.

Here, then, is a rough outline of the activity of our specialism as

exemplified by the establishment of special hospitals. The remarkable progress made by these institutions brings with it a feeling of astonishment that there should have been at any time an attempt to arrest their growth and development.

Great as has been the activity within these institutions, greater still has been the apathy towards the establishment of special departments in the general hospitals. The cause of this apathy is, however, an old story familiar to all of us, and we like to think that it is now buried in the cabinet of medical curiosities. Let us therefore dwell on the more agreeable and the useful aspect of our specialty, resting content with the unmistakable testimony that every special department established in a general hospital is a tribute to special hospitals.

The earliest special aural department at a general hospital appears to be that of St. Mary's Hospital, London. It was inaugurated in 1851, six years after the foundation of the hospital itself. This department was placed in charge of Joseph Toynbee, F.R.S., whose work on "Diseases of the Ear" was dedicated "To the Governors who, by establishing aural surgery as a distinct department of study in their hospital and medical school, evinced a desire to elevate the subject of diseases of the ear to its due position, as a branch of professional knowledge, based upon clinical observation and scientific research."

In 1844, at St. Mark's Ophthalmic Hospital, Dublin—a purely special hospital—Sir William Wilde had an aural department, and there he adopted a systematic method of instruction to students. It is reasonable to suggest that the influence of the teaching of these two distinguished specialists was the starting-point of special departments, but the establishment of these departments was a slow process. There was always a prejudice on the part of the leaders of the medical profession against specialism, a prejudice which, fortunately, was mirthfully ignored by those who were fast breaking away from the crystallised orthodoxy of the sedate general hospitals.

Another element which delayed the progress of the specialty was the fact that aural surgery and laryngology, unlike ophthalmic surgery, formed little or no part of the student's curriculum, and a still smaller part of any qualifying examination: its study, therefore, was deplorably neglected. Is it, then, to be wondered at that the late Sir Henry Butlin, President of the Royal College of Surgeons, explaining the position of laryngology and otology when he entered the profession, should have placed on record the statement that—"The special departments in the hospitals were officered by men who were too often very ignorant of their specialties, and there were specialists who really knew their work, but were carefully excluded from the general hospitals."

Here and there are to be found isolated instances of an eye and ear department of earlier dates than those we have just mentioned: such, for example, is that of the Royal City of Dublin Hospital, which established, at the time of its foundation in 1832, special dispensaries for the eye and ear.

This combination of the eye and ear in one department has been continued down to the present time, and is an imitation of the procedure adopted by the earlier special hospitals which combined the eye and ear under one roof and frequently under the single title of "eye hospital." This combination is, in some districts, still in force, particularly in Ireland. The Kent County Ophthalmia Hospital has increased its scope by admitting diseases of the ear, nose and throat, but it does not appear to have added this designation to its title, in spite of the fact that in

1912 the attendance of aural patients was nearly as great as that of the eye cases, whilst the operations upon the ear were actually greater in number than those upon the eye.

Many years, however, passed before either the eye or the ear cases were treated in separate departments having an entity of their own, and even when separate departments were established, little or no interest was taken in them by the managers; they were badly equipped, and they were carried on in a perfunctory kind of manner with a sort of "Box and Cox" arrangement of attendance. In this way they crept along until the younger generation of medical officers, fresh from the special hospitals, brought with them newer ideas and keener enthusiasm than had hitherto prevailed, so that these departments speedily became recognised as not the least important part of the organisation of the hospital. A new problem now faces the managers—the necessity for additional in-patient accommodation for ear and throat cases.

The present infinitesimal allotment of beds for the ear and throat departments is ludicrous—in some cases the proportion is no more than one bed per thousand out-patients, whereas five beds per thousand are required. We anticipate that the next agitation will be to secure separate wards for each special department commensurate with the importance and the amount of the work carried on.

One of the many pleasant features of the present-day hospital system is the hearty co-operation which takes place between the general and the special hospitals; nowadays it is a common practice to transfer patients from one institution to the other, and we should welcome a development of this practice. In some of the large centres this well organised co-operation has rendered it unnecessary for the general hospital to establish a special department of its own. How much more useful is this collegial intercourse and goodwill than the former attitude of self-sufficiency.

Space prevents us dwelling any further on our theme, and we close it in the belief that our specialty has added something "to the world's store of scientific truth" and to the happiness of mankind.

A List of some of the Special Departments for Ear and Throat at the General Hospitals, with the Date of their Inauguration. It has been impossible to follow the foundation of these departments step by step, and therefore the list is not offered as a complete one, but it serves the purpose of showing the progress in different parts of the Kingdom. Many large General Hospitals have no Ear or Throat department on account of the near proximity of a Special Hospital to which patients are referred.

	Ear Depart- ment.	Throat Depart- ment.	
St. Mary's Hospital, London	1851	1864	Combined as
Mr. Joseph Toynbee, F.R.S., attached	1851-1864.		Ear, Nose and
Mr. Ernest Hart	1864-1868.		Throat, 1908
Mr. Peter Allen	1868-1873.		
Mr. George Field	1873-1899.		
Guy's Hospital	1863	1885	Combined
Mr. James Hinton attached	1863.		1902.
St. Bartholomew's Hospital, Rochester	1863	1863	Separate.

	Ear Depart- ment.	Throat Depart- ment.	
London Hospital	1866	1901	Combined 1913.
Dr. Hughlings Jackson, first Physician-in-Charge Ear Department, 1867.			
Mr. Rivington, first Surgeon-in-Charge Ear De- partment, 1867.			
Mr. Reeves, Surgeon-in-Charge Ear Department, 1869.			
Dr. Gardiner Brown " " 1876.			
Dr. Edward Woakes " " 1882.			
St. Bartholomew's Hospital, London	1867	1878	Separate.
Sir Thomas Smith } first Officers-in-Charge of			
Mr. John Langton } Ear Department.			
Sir Lauder Brunton } first Officers-in-Charge of			
Sir Henry Butlin } Throat Department.			
Leeds General Infirmary : 50 beds specially allotted to the Ear Department (1912)	1869		Combined as Eye and Ear upon the amalgamation of the Eye and Ear Dispensary : sepa- rate since 1912.
St. George's Hospital	1872	1872	Separate
Sir William Dalby in charge of Ear Department.			
Glasgow Royal Infirmary	1873	1873	Combined at first, now separate.
Dr. Paterson Cassells in charge of Ear Department, 1887.			
Dr. Steevens' Hospital, Dublin	1874	1880	Separate.
King's College Hospital, London	1876	1892	"
Dr. Urban Pritchard first Officer-in-Charge of Ear Department and Professor of Aural Surgery.			
St. Thomas's Hospital	1877	1877	
Sir Felix Semon, Physician Throat Department, 1882-1897.			
Dundee Royal Infirmary	1879		Ear and Throat com- bined.
Middlesex Hospital	1880		Combined.
Edinburgh Royal Infirmary	1883		"
Chester Infirmary	1885		Eye and Ear combined.
Mater Misericordiæ Hospital, Dublin	1885	1885	Separate.
Westminster Hospital	1886		Combined.
Leicester Infirmary	1890		"
Royal Infirmary, Bradford	1891	1891	"
Royal Victoria Infirmary, Newcastle	1893	1893	"
Liverpool Royal Infirmary	1893	1893	"
Liverpool Southern Hospital	1894	1896	Combined in 1911.
Addenbrook's Hospital, Cambridge	About	1894	Combined.
Bristol General Hospital	"	1894	Separate.
Sheffield Royal Hospital	1897	1897	Combined.
Southampton Hospital	1899		"
Reading Hospital	1900		"
Birmingham General Hospital	1902		"
Sir Patrick Dun's Hospital, Dublin	1906		"
Derby Royal Infirmary	1906		"
Bristol Royal Infirmary	1912	1906	Separate.
Radcliffe Infirmary, Oxford	1906		Combined.
Cheitenham General Hospital	1909		Eye, Ear, Nose and Throat combined.
Lincoln County Hospital	1913		Combined.