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ADDRESS.

THE OBLIGATION OF SECTION MEMBERS TO THE AMERICAN MEDICAL ASSOCIATION.

TOGETHER WITH A HISTORY OF THE SECTION ON LARYN-
GOLOGY AND OTOTOLOGY.

Chairman's Address delivered in the Section on Laryngology and Otol-
ogy, at the Forty-eighth Annual Meeting of the American Medical
Association, held at Philadelphia, Pa., June 1-4, 1897.

BY W. E. CASSELBERRY, M.D.

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The honored custom of an address from the chair affords opportunities for suggestion looking to the welfare of our organization which would not find expression in any set paper or general discussion. I might with propriety and no little pride point to the expansion in recent years of the department of laryngology and otology and the influence wielded by this Section of the AMERICAN MEDICAL ASSOCIATION in the development of these sciences. I might dwell on the advantage of the fellowship and acquaintance which is engendered by our annual assemblies, the opportunities afforded to associate the personality of the author with the subject matter of his essay and to hear his defense if criticised in debate. But our present gathering is in the nature of a semi-centennial reunion and it is fitting, in fact it has been suggested by the Committee of Arrangements, that in each Section a brief historic sketch should be presented in recognition of the past and as a guide for the future. In the case of our own Section, one of the youngest, this history need not detain us long, and before proceeding therewith I would refer briefly to another topic: "The obligation of Section members to the ASSOCIATION as a whole," which seems equally appropriate at this fiftieth anniversary, as it particularly concerns the future welfare of the ASSOCIATION.

I have noticed on the part of Section members, a wide-spread disposition to refrain from participation in the proceedings of the general meetings. A few are overcome by modesty in the presence of men better versed in parliamentary tactics and perhaps, in years, their seniors; many are so engrossed in the strictly scientific aspects of medicine as to be more than willing to leave in other hands its material prosperity, while still others affect a disdain of what they are pleased to term "association politics." These sentiments are neither fair to the ASSOCIATION nor to yourselves, for as members of the general body you are not only responsible for, but bound by its action. The program reserves time for attendance and I would urge upon Section members the forethought to qualify in advance as voting delegates, to interest themselves in these meetings and to exercise the franchise. There, are discussed those larger and wider subjects relating to

general medicine, surgery and sanitation, continued familiarity with which serves to broaden the mental trend, and there also are enacted resolutions pertaining to professional policy and ethical principles.

Some have decried the necessity for any "Code of Ethics" such as is formulated by the AMERICAN MEDICAL ASSOCIATION, but its observance in the past has maintained individuals in closer touch with the great professional body and facilitated on the whole the affiliation of State and county societies. But its purpose is unification, not discord, and while exemplary, in every article save possibly one, the unhappy fact remains that this single clause has served to estrange the members and sympathizers of a prominent New York medical organization, who honestly differ in opinion. I am not presuming to pass upon the propriety or impropriety of this clause, the point I urge being that in order to secure adjudication of this and other important questions by an actual or representative majority of the ASSOCIATION, the Section members should participate to the fullest extent in the proceedings of the general meetings. The very men who find their highest interests in the Sections, those most potent in promoting the satisfactory numerical and scientific status, which on this occasion we celebrate, are best qualified to judge of modern professional needs. On all important questions let them express a majority verdict and then let every member loyally acquiesce.

Historical Sketch of the Section.—For several years prior to the formation of the present Section of Laryngology and Otology at Cincinnati in 1888, the upper respiratory tract had been represented in the Section of Ophthalmology, Otology and Laryngology, but under this composite arrangement the subject languished, for at the Chicago meeting in 1887, where your present chairman first acquired membership, only three papers pertaining to it were read. Meanwhile an agitation headed by Dr. W. H. Daly of Pittsburgh, was in progress for the separation, not only of laryngology, but also of otology, from ophthalmology, and the coupling of the former together in accordance with natural affinities. There would have been no objection to the independence of laryngology, but one is curious to discover by what *finesse* the ophthalmologists were finally induced to part with otology in their organization, for at that time every ophthalmologist was also an otologist. I am indebted to Dr. Daly for the explanation. He says: "For some years I had labored to this end finding it quite impossible of accomplishment, but at Cincinnati, with the efficient aid of Dr. X. C. Scott of Cleveland, an ophthalmologist, or rather from his personal friendship for me, I got him to withdraw his opposition. Dr. Seiler was there and helped us much. At the election of officers there were fifteen or sixteen present. They thought I (Dr. Daly) should be the first president and I being very desirous of giving the new child a

good start in the world, was anxious to have Dr. Ingals for secretary, and I made no mistake."

In the official record of the fourth day of the general meeting at Cincinnati in 1888, is found this entry: "Dr. Wm. Porter of Missouri and others called up the amendment to the constitution offered by Dr. Carl Seiler in 1884 and now asked for by the Section of Ophthalmology. The action was agreed to and a new Section of Laryngology and Otology was created."

The first meeting under the new organization was held at Newport in 1889, where the auspiciousness of the occasion was noted in an excellent address from the Chair entitled, "Marking an Era in Laryngology." At that meeting Dr. J. H. Bryan of Washington gave promise of the fame he has since acquired in the treatment of affections of the collateral sinuses of the nose in a paper on "Abscess of the Antrum." Dr. J. O. Roe of Rochester was one of the first to note the importance of the lingual tonsil under the title "Glandular Hypertrophy at the Base of the Tongue," while Dr. Jonathan Wright indicated the pathologic trend of thought, which has since distinguished him, in a study of "Nasal Bacteria in Health." Drs. Lawrence Turnbull, J. N. Mackenzie, C. W. Richardson, W. Freudenthal and others were represented, altogether ten excellent papers being contributed at the initial meeting eight years ago. A glance at our present program shows growth; this number of ten has been multiplied by eight, certainly a satisfactory development.

In the following year, 1890, at Nashville, Dr. J. O. Roe presided as chairman and the late Dr. F. H. Potter as secretary. The meeting is memorable chiefly by reason of "positively the last appearance of the ancient controversy over the identity or duality of croup and diphtheria. Fortunately Klebs and Löffler, by bacteriologic studies have made it unnecessary to longer discuss that point. In 1891, at Washington, Dr. Chas. H. Burnett made an early report on the progress of aural surgery in an important direction entitled, "Excision of the Membrana Tympani, the Malleus and Incus as a means of Treatment in Otitis Media Catarrhalis Chronica and in Otitis Media Purulenta Chronica." Dr. Carl Seiler served as chairman and Dr. A. B. Thrasher as secretary. In the following year, 1892, at Detroit, Dr. Burnett presided and terminated his address with this excellent injunction: "Let us assemble here, impart to one another what we know and aid one another in the search for more truth, for in the words of Lessing, 'Not by the possession of truth, but by the search after it are the faculties of man enlarged, and in this alone consists his ever growing perfection.'"

The meeting at Milwaukee, in the year of the Columbian Exposition, under the leadership of Dr. E. L. Shurly as chairman and Dr. J. E. Boylan as secretary, is memorable for a faithful adherence to a lengthy scientific program, notwithstanding the distractions of the World's Fair in a neighboring city. Dr. Herman Knapp's paper on "Cases of Empyema of the Ethmoid Cells and Sphenoid Sinuses" was one of the earliest and most convincing contributions to the study of ethmoiditis, a phase of rhinology since recognized as of transcendent importance.

The assemblies at San Francisco in 1894, Baltimore in 1895, and Atlanta in 1896, over which Drs. E. F. Ingals, J. F. Fulton and G. V. Woolen, respectively presided as chairman, and J. F. Fulton, T. J. Gallagher and M. R. Ward as secretary, are all of such

recent memory as to render special mention unnecessary, except to testify to the enthusiasm, earnestness and equally high standard of their contributions to the great fund of medical lore.

Gentlemen of the Section of Laryngology and Otology now assembled in ninth annual session, may I trust that this brief record of our past may serve as an inspiration for the future. I see before me many familiar faces, men to whom I extend sincere assurances of appreciation for the high honor which they have conferred upon me, but I see also others, men who are identifying themselves for the first time with our Section, and to them I extend the right hand of fellowship with our warmest welcome. In the search for more truth, let us profit liberally by each other's experience and endeavor to realize Emerson's conception of power: "A cultivated man, wise to know and bold to perform is the end to which nature works."

ORIGINAL ARTICLES.

THE SO-CALLED BLEEDING POLYP OF THE SEPTUM.

Presented in the Section on Laryngology and Otology, at the Forty-eighth Annual Meeting of the American Medical Association, held at Philadelphia, Pa., June 1-4, 1897.

BY NORVAL H. PIERCE, M.D.

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I have been constrained to select this subject for my paper because in looking over the literature I have found but few instances of American writers having recorded cases of this pathologic condition. That the subject is important is proven by the circumstances surrounding my first case, the history of which is given below.

The patient was a male child, 6 years old, living in the southern part of Illinois. Six months before I saw him he had been operated on for a tumor of the septum, which had bled at frequent intervals for two months previously. The neoplasm was diagnosed sarcoma, was removed with a snare, and the toxins used. There had been the usual reactions and after two months the child was pronounced cured. But the bleeding having returned, the child was brought to me. On examination I found a tumor the size of a large pea projecting from the septum on the left side two mm. from the floor of the nose and about at the point where the triangular cartilage joins the vomer. The attachment was pedunculate. The color of the tumor was dark bluish, intermingled with red. It bled freely when touched with a probe. The tumor was removed with the cautery snare. The bleeding was unusually profuse, but was easily controlled by pressure. As I suspected the nature of the case I did not cauterize the base any further. The subsequent microscopic examination confirmed my diagnosis. It was what is known as a bleeding polyp of the septum or *fibroma polyposum fungoides teleangiectodes (septi narium)*.

The second patient was a maiden 15 years old, healthy and well nourished. She complained of discharge from the nose and recurrent hemorrhages which showed a tendency to correspond with her menstrual periods. On examination I found a tumor projecting into the left chamber from the septum a few millimeters above and a little anterior to the attachment of the former. It was the size of a French pea, markedly pedunculated and bled easily when touched with a probe. The tumor was removed, but not cauterized.