

EYE, EAR, NOSE AND THROAT

OUR OPPORTUNITIES AND RESPONSIBILITIES AS SPECIALISTS.*

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At the very beginning of this session I wish to express to you my deep appreciation of the honor conferred upon me by this section one year ago at Richmond, in electing me as your presiding officer. In discharging the duties of this responsible position I ask for your continued forbearance and cooperation.

When one considers the wonderful growth and development of the Southern Medical Association during its brief years of existence, particularly of the section to which we belong, we cannot but feel proud of our achievements. Looking over the record of attendance of former meetings of our section I find that at the Hattiesburg meeting four years ago there were registered sixteen members and five guests, while at Richmond last year there were fifty-one members and six guests present. However great our progress has been in the past, I am confident that in the future we shall have still larger gatherings and a wider sphere of usefulness.

We are fortunate today in holding this our Ninth Annual Meeting in the beautiful city of Dallas, in the great state of Texas, the first meeting west of the Mississippi. We are glad of this opportunity of meeting our confrères in this southwestern country, and we earnestly hope that at future gatherings in the eastern part of our southern country our friends made at this meeting will be found working with us in making our section still larger and better.

Your chairman wishes to express his ap-

preciation of the presence of those members who traveled great distances at no little inconvenience and sacrifice to meet with us on this occasion. To our honored guest who has come so far to present a paper to our meeting, I wish, in behalf of this section, to say: Thank you, and bid him a most cordial welcome.

The specialty to which we belong is one of the oldest and most highly honored. Our field of work is so important and likewise so intricate that it seemed desirable many years ago for certain graduates of medicine to limit their practice to diseases of the eye, ear, nose and throat. Since that time numerous other specialties have arisen, but so old and honored is the one to which we belong that still when the word specialist is mentioned without further designation one's mind is at once turned to the specialty of the eye, ear, nose and throat. The fact that the public regards us all as specialists or experts in our chosen field seems to place upon our shoulders added responsibility. The question naturally arises, "How can we meet this responsibility?" In the first place young men entering our field of work should be made to appreciate the fact that our specialty is not easy to master, and that not only a regular course of study in medicine is required, but likewise a general service in one of our larger hospitals is essential before entering upon the regular study of our special branches. The surgery of our specialty is now so important that the time has passed when one can attend a post-graduate school in one of our large cities for a period of six weeks or even six months and return as a qualified specialist. Varied colored and highly scented sprays are no longer considered all sufficient to meet the various conditions of the nose and throat which come to us for treatment. We are now called upon to remove surgically various obstructive conditions of the nose

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which interfere with normal nasal respiration and thus produce a train of symptoms not only disagreeable but harmful to the patient. The surgery of the sinuses of the head is now one of the most important branches of our specialty. Preventive medicine is now the order of the day, and in no department of our art and science has greater progress been made during the last few years. No one can, better than ourselves, appreciate the importance of prevention when we are called upon to treat a hopeless case of blindness or deafness. Deafness in the very young seems at times almost worse than blindness, for it is so often associated with deafmutesism. We have a wonderful opportunity of rendering a service not only to our patients but also to the community. The eye men have already done wonders in preserving the valuable sense of vision by emphasizing to both physicians and midwives the importance of instilling a few drops of nitrate of silver solution into the eyes of the new-born. We can also render a service to humanity by urging the importance of timely removal of harmful adenoids and diseased tonsils, which exert such a baneful influence on the organ of hearing. Likewise a timely incision of the drum membrane may prevent a complicating mastoiditis, and in this way contribute to the preservation of hearing. The infrequency of mastoiditis compared with a decade or more ago is, in my opinion, largely due to the more frequent and perfect removal of harmful adenoids and tonsils, and likewise the more prompt incision of the drum membrane in acute inflammation of the middle ear.

We should emphasize to general practitioners the close relationship between arthritis, rheumatism so-called, iritis, endocarditis, nephritis, etc., and foci of infection in the tonsils, the teeth, the sinuses of the head and the middle ear. They should also be reminded of the close relationship between certain types of bronchial asthma and a

sinusitis. This relationship has been emphasized by Babcock, of Chicago. We must make such a careful and thorough examination of a patient referred to us that we may not only render the patient a service, but likewise be helpful to the general practitioner. We must do our work so well that both the public and the profession at large will appreciate our services as specialists.

Our oculists must refract so accurately and carefully that the general public will find no difficulty in distinguishing between the value of their services and that of the optician. It is to be regretted that general surgeons in certain localities are still doing ear and throat surgery without credit to themselves or satisfaction to the patient. This, of course, has no reference to small communities where the services of a specialist cannot be secured. The anatomy of the temporal bone is so intricate, surrounded as it is by structures so delicate and vital that the general surgeon who has not given special attention to its study by frequent dissection may easily come to grief when he attempts operative procedure on the mastoid. The faucial tonsils are surrounded by very delicate structures, the anterior and posterior pillars, which are very susceptible to injury by the operation of tonsillectomy in the hands of those not qualified to perform this kind of special surgery. From the work done by Makuen on speech defects we can better appreciate the part played by the pillars, particularly the posterior in voice production. While it is desirable to remove all the diseased tonsil it is likewise just as important not to remove more than the tonsil.

It has seemed to the writer that we should advise the operation of tonsillectomy only after careful consideration. This operation as now performed is no longer an office procedure, and on account of its serious possibilities for the patient should make us pause before condemning every tonsil brought to us for removal. The size of the tonsil in a

child, as is so often erroneously considered by school inspectors and others, is not the most urgent indication for operation. A careful history should be obtained to determine how much harm they are causing, and not be guided entirely by their superficial appearance. Unfortunately the disease is often situated deep in the crypts of the gland and cannot always be determined on superficial inspection. However, there are certain surface appearances which to the trained eye show evidence of deep-seated disease. Careful inquiry should be made as to the frequency of "sore throat," and likewise the occurrence of attacks of rheumatism or any form of joint trouble. One should note particularly the condition of the glands of the neck, and likewise make a careful examination for a valvular lesion, especially in children. The urine should be examined for albumen and casts, a condition which is often traceable to diseased tonsils. This fact has been well emphasized by Loeb. The state of a child's general health as evidenced by a capricious appetite, poor nourishment and a lack of general vigor afford important indications for tonsil removal. Inquiry should be made as to a personal and family history of bleeding, and if suspected, the coagulation time of the blood should be determined. We have seen patients sent to Asheville under suspicion of tuberculosis on account of an afternoon rise of temperature, lose their temperature after tonsil removal. I am of the opinion that

the operation for adenoid removal is so relatively free from danger, and its effects so beneficial, particularly in preserving the organ of hearing, that it should be advised without the usual pronounced indications. The presence of adenoids requiring removal should not necessarily condemn the tonsils to removal.

Although the early and free use of antitoxin has lessened the frequency of laryngeal diphtheria, yet in neglected cases seen late in the disease intubation becomes necessary. We should be equipped and prepared to perform this life-saving operation. It is less spectacular, in a way, than the removal of a foreign body from a lower bronchus, but it is an operation which we are more frequently called upon to perform. There is no operation which will bring more satisfaction to the specialist and more gratitude to heart-stricken parents than that of a successful intubation. As is now well-known these are the cases requiring large doses of antitoxin preferably in the vein or muscles.

In conclusion, I wish to commend the specialty to which we belong for its singular freedom from that insidious curse of fee-splitting which is so unfair to the patient and so demoralizing to our profession. I am unwilling to believe that this relative immunity of our specialty from this offense is due to the small size of our fees, as not being worth splitting, but rather to the high ideals held by the members of the specialty to which we belong.