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THE PRESENT STATUS OF OTO-LARYNGOLOGY.*

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Fellows of the American Laryngological, Rhinological, and Otolological Society:

It is my pleasure and privilege to welcome you to Washington, that we may hold the sixteenth annual meeting of our Society. In extending to you a welcome, I wish also to thank you most sincerely for the high honor which you have conferred upon me in electing me your presiding officer. It is an office by no means easy to fill, when one glances for a moment at the names of my distinguished predecessors who have so ably and faithfully discharged the duties incumbent upon them while in this position, but it has been made pleasant and easy for me by the loyal, enthusiastic, and consistent support of you, its members. For this support I thank you most heartily.

We have with us at this meeting as our honored guest, Dr. James Kerr Love, of Glasgow, Scotland, the foremost educator on the continent of that poor unfortunate, the deaf-mute. We are singularly fortunate in having Dr. Love with us, and owe him our sincere thanks for having journeyed across the water to give us the benefit of his years of teaching and experience in this most important subject,—a subject which has been greatly neglected from the otological standpoint, except for the work done here and there by a pioneer like Dr. Love. It is the hope of your President and, I am sure, of all of you, that he will so imbue us with the spirit of the valuable work he is doing, and that we may gain such knowledge

*Address of the President, presented at the Sixteenth Annual Meeting of the Laryngological, Rhinological and Otolological Society, Washington, D. C., April 28, 1910.

from the interesting symposium arranged for this meeting, that all of us may be stimulated to do better and more conscientious work along these lines than we have ever done before. To you, Dr. Love, we extend our heartiest greetings, and bid you welcome to America and to our Society.

The scientific work done in the past by the members of our Society is second to none, and the original work of investigation as pursued by some of our members, notably that done by Jackson, needs no commendation from me. By his thorough, careful, and painstaking methods of investigation, he has placed the subject to which his name will be forever linked on a plane which is highest in this country and equals that of any investigator abroad.

Another member who has singularly distinguished himself along the lines of original research work during the past two years has been Loeb.

While it is pleasant to look back upon the work done by our members in the past, we must not forget for a moment the many fields of investigation that are constantly presenting themselves for original research work and study. Amongst the many may be mentioned the comparatively new field now being so diligently worked in by the investigators of the various vaccines. Let us be so stimulated by the work which has been done along these lines that we, as workers in the different specialties which we represent may seek a deeper knowledge of these sera, so that in the near future we may come to understand more clearly their action and; thus understanding, apply them in our daily work for the cure and prevention of disease.

The most important recent advance in otology has undoubtedly been in connection with the labyrinth. This advance has been due in greatest measure to the researches of Bárány, Alexander and Neumann. The acoustic labyrinth and the static labyrinth have been definitely differentiated; the pathology and symptomatology of labyrinthine disease have been carefully worked out, and a practical method has been devised whereby, with the aid of rotation, caloric, galvanic, and other tests, a diagnosis of the different labyrinthine diseases can reasonably be reached. It is difficult to overestimate the value of this work. While the otologist is most directly benefited, every branch of medicine is a gainer by this addition to our knowledge. The questions of vertigo and nystagmus have had new light thrown upon them, and their significance has been taken from the dim realm of doubt and placed upon a reason-

ably secure scientific basis. Apart from a mere increase of our theoretical information, there is an intensely practical side in connection with this work. The methods of attacking the diseased labyrinth by operation have been and are being studied; the operative indications have been established, and many lives will be saved which without such knowledge would be lost.

While the physiological and pathological aspects of this subject have been investigated abroad, the American surgeon, alert to understand and improve, has already taken part in this work, particularly with reference to the operative technic. It is not too much to hope that further study and investigation on the part of members of this Society will advance this most important and difficult work to an even higher and more practical plane.

Advances have been made in rhinology commensurate with those in our other specialties,—the most important of which are the diagnosis and treatment of diseases of the accessory sinuses. Increased knowledge has enabled the rhinologist to differentiate diseases of the sinuses and to institute appropriate surgical measures for their relief. A most important adjunct in diagnosis has been the application of the X-ray, and with this particular work the name of one member of the Society is prominently identified, that of Dr. Coakley.

The advance in laryngology during the past year has dealt almost exclusively with methods in technic in removing new growths and foreign bodies from the larynx, trachea, bronchi, and esophagus. By the invention of many new instruments for work in these special regions, most brilliant results have been obtained, and many cases have been relieved and cured that otherwise would have resulted fatally. Many of our members are now most actively engaged in this work, and it is hoped that still greater advances may be made in it in the future.

During the past year our Society has lost by death three of its members. Dr. Sprague, of Providence, R. I., contracted blood poisoning in the discharge of his duty while operating upon a patient, and lived but a few days. He was one of the most active members of this Society and gave to us valuable and frequent contributions from a large and ripe clinical experience. We shall miss seeing him in the meetings to come, and all of us who knew him feel that in his death the Society has lost one of its most valued members, and we, a warm and loyal friend.

Dr. McGahan, of Aiken, S. C., a member well known to all of you, died early this year. He was a former Chairman of the South-

ern Section, and one of the best known of our members in the South. His work in pulmonary and laryngeal tuberculosis was of the utmost value, and his many contributions on this subject are standard references to-day. His attractive personality endeared him to all with whom he came in contact, and his death leaves a gap in our ranks by no means easy to fill.

Dr. Peter Burnett, of Brooklyn, N. Y., another one of the members of our Society, died last June, after a short illness. He was well known to many of our older members and his loss is keenly regretted.

I now approach a subject which I consider of great importance from the standpoint of the specialist, and one in which I feel sure many, if not all, of the members of this Society feel as deep an interest as I do. The undergraduate schools of the country have kept well abreast of the times in providing instruction for the medical student in keeping with advanced requirements here and elsewhere. The first post-graduate school in the world was and is an American institution, but it is open to question if any one school has yet succeeded in laying out a plan for the education to the best advantage of physicians seeking instruction in our specialties. A well-equipped specialist, whatever his particular line may be, should, in the first place, be a well-equipped general man. His undergraduate course should be supplemented by a hospital training in medicine and surgery, and, following this, he should engage in the general practice of his profession for a period of years. This last proposition seems entirely reasonable when we consider that the diseases which we, in our special branches are most frequently called upon to treat are, in the main, but complications of other and general conditions. However much the diagnosis and treatment of these diseases may call for exact and minute knowledge, only to be acquired by special study and training, still the fact remains that the broad-minded well-informed man will surely be better able to care for his patients than the man whose field of vision is limited by what he can observe through a nasal or aural speculum. Moreover, in complicated cases it may be of the utmost importance to distribute values, that is, rightly to place cause and effect; and here there can be no question of the benefit, particularly to the patient, of a good general training. Service as an interne in one of the special hospitals is an excellent method of rapidly acquiring a large experience. Only a limited number of men, however, have the time and the means to take advantage of this method,

and it is a matter of experience that these men are most likely to engage immediately in the practice of their specialty without seeking the benefit that would be obtained by general practice, and this seems to be the weakest point in this particular method.

In the larger cities, the common custom of to-day seems to be that a young man, while still engaged in general practice, attaches himself to the staff of a clinic. Beginning at the lowest round of the ladder, he has no difficulty in gradually acquiring knowledge and experience. Under the supervision of his seniors he sees, and later shares, in the operative work. His reading is directed and he is able to pursue his cadaver work and take advantage of all the opportunities which large communities offer. By degrees the special work of such a man accumulates, and in due course of time is produced the excellent type of specialist with whom we are to-day most familiar.

In scattered communities conditions are entirely different. When occasion arises, the need for the services of the specialist is just as urgent as in the cities, but the facilities for his training are entirely lacking. The man intending to study a particular line under these circumstances must give up active work for a time and look for instruction in one of the large centers of population.

This brings up the whole question of so-called post-graduate teaching. There are several institutions in the country giving this class of instruction, and much of the work they have done in the past has been admirable; but many objections can be made to their methods, and suggestions offered for their betterment. The busy physician who feels the need of revising his work or of informing himself of more modern methods, and who becomes a student at such an institution, is a real post-graduate student. The work in which he engages is work with which he is already more or less familiar and work which he will pursue when he returns to practice. The teaching of this student is rightly almost exclusively clinical. On the other hand, the physician who seeks instruction, let us say, on the ear, is in an entirely different situation. As a rule, he has done little or no work in this subject, and is practically ignorant concerning it. This student is by no means a post-graduate student, so far as this particular branch is concerned, but is rather in the position of an under-graduate. The schools have failed to make this distinction, and have also failed rightly to provide for the instruction of this last class of students. Many of you are teachers in post-graduate schools and are familiar with

the type of student who, after a six or eight weeks' course, mostly spent in desultory work in the clinics and watching others operate, returns to his home, frequently with an imposing diploma, to practice on an unsuspecting community. That this procedure is wrong and should not be continued, cannot be disputed. Its correction is largely in your hands, and your President urges, as one of the real needs of the day and making for the betterment of our profession, that adequate arrangements be made for the instruction of our students, that the courses be lengthened within reason, that didactic instruction be faithfully carried out, that work upon the cadaver be insisted upon, that clinical work be encouraged, and, lastly, that no school give the mark of its approval in the shape of a diploma to any student who has not satisfactorily met all these requirements.

In the rapid and energetic growth of a Society such as ours, we are at times prone to overlook some of the principal objects for which such a Society was originally formed, thereby unconsciously doing harm,—first to individuals who wish to join our Society; and, second, to the Society itself, by causing barriers to be raised which tend to keep out the young man who should be welcomed into membership. To-day, our standard for membership is the highest of any special society in this country, if not in the world, and by no means do I wish to be understood as deprecating this; but what I do wish is to make this plea: When a candidate comes before the Council of this Society and is vouched for by men in the Society as to his qualities as a man and as to his scientific attainments in the profession he practices, then, I believe that, all things being equal, such a candidate should receive consideration on the basis of what he is and what kind of work he is doing rather than on what kind of a thesis he can write. Such a candidate may not be in a position where he is the fortunate possessor of large and varied clinical material; he may be far away from large clinical and special centers and yet, with the diminished advantages he has, in doing good, honest, faithful work, he wishes to advance in his specialty by becoming a member of a society, so that he may attend the meetings and learn of advances in his special field of work, and come in contact with the best men doing this work, by this contact carrying back with him to his work an enthusiasm and a knowledge to which heretofore he has been a stranger. I believe were we to be placed in the same position, under similar limited advantages, we could do no better. Let us then, in the future,

when considering such an application for membership, be guided more by our knowledge of the candidate's good qualities than by the fact of his ability or inability to write a classical thesis. An individual's knowledge is greatly increased by what he can learn from others, and free discussion in a Society like ours has been of untold advantage to every member; and it is just this that we have occasionally been denying to the young candidate.

In closing, I wish to speak of the excellent work done by our various Sections during the past year. Your President was, unfortunately, able to attend but one of these meetings during the year, and he regrets very deeply that he could not attend more of them. The extensive and attractive programs arranged by the Chairmen of the several Sections reflect much credit upon them, and the Society owes them warmest thanks for the enthusiasm exhibited in arranging such a scientific treat as they gave us during the past year.

Your President wishes to acknowledge with sincerest thanks the help which has been given to him by our most able and conscientious Secretary during the past year. To his unaided efforts is due the splendid program upon which we will shortly begin.

Again thanking you for the honor conferred upon me, I now declare the Sixteenth Annual Meeting of the American Laryngological, Rhinological, and Otological Society open for business in accordance with the program before you.

62 West Fifty-Second Street.

Combined Forceps and Tonsillar Separator. C. F. WELTY. *Jour. A. M. A.*, Oct. 15, 1910.

C. F. Welty describes and illustrates a new combined forceps and tonsil separator which has the advantages of being strong, locked together instead of having screws, and hence is easily kept clean, is easily and quickly threaded, and has a new device for fastening the wire, which, once clamped, tightens it the harder it is pulled. The instrument is blunt-ended, which prevents its puncturing the capsule, and can be used for blunt dissection. The bend on the end is useful by pressure to prevent loss of blood.