AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF LARYNGOLOGY,

At the Annual Meeting of the British Medical Association, held in Leeds, August, 1889.

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THE FUTURE POSITION OF LARYNGOLOGY.

GENTLEMEN,—Although the President of a Section at this annual meeting may think fit merely to take his seat at the appointed time and to declare the Section has commenced its sitting, it is generally expected that he should take the opportunity of delivering a short address. The subject of such an address may well be the work which has been performed since the last sitting of the Section, or the announcement of some new and important discovery, or with a comparatively young speciality like that which we represent, the position of the speciality, its past, its present, or its future. I have no new discovery in laryngological science to announce, nor can I point to any great or striking feature in the work of the past year. Not that no work has been done. On the contrary, the work of 1888-89 has been abundant and excellent. But it may be described almost as a work of rumination and digestion, good and salutary in the highest degree for a speciality which, still in youth, has produced and reproduced so much. Happy for us is it that such rapid production has not been too exhausting; and good, therefore, I find it that a year has passed in the consideration of what has been done, and in acquiring new strength for active work in the future.

If I am to speak, it must be on the position of the speciality; and here, again, I am placed in the difficulty that only last year two addresses were delivered on the same subject, from two presidential chairs, by two distinguished laryngologists. My position, however, differs so widely from theirs that I am able to regard the whole question of the status of laryngology from a different point of view. I cannot claim to be a throat specialist, for I am a surgeon attached to the staff of a large general hospital, where I have been actively engaged for many years in the theory and practice of surgery—for ten years in teaching surgery—and where, in addition to the work of pure surgery, I have, for the last eight years and a half, presided over the department for diseases of the larynx.

My position has of necessity brought me closely in contact with the students, and has made me acquainted with their means, their wants, the time they have at their disposal, and the prospect there is of all or many of them becoming proficient with the laryngoscope.

During the past twenty years the ordinary pass examinations for licences and degrees have been made much more difficult. The requirements of the various boards and bodies have been much more severe in all the ordinary subjects of medical education. Students are compelled to spend a longer period in study, and a longer period means a greater sum of money. The time and money thus spent must, in the case of the large majority of students, be devoted to the learning of the foundation subjects—atomy, physiology, and the like—and to the three great clinical subjects of medicine, surgery, and midwifery. For the study of the various specialities a longer course would be required, and a large number of students cannot afford even an extra three months which might be devoted to specialities, for the longer time and larger sum of money which have been already devoted to medical education have not thus far been repaid by larger incomes gained by medical men. On the contrary, the incomes of a large number of medical men are decidedly smaller than they were a few years ago. Competition has greatly increased in our profession, and the result of the competition is that the average medical man is often forced to perform more work for the same amount of money, or to be content to gain less money than formerly. There is a distinct tendency on the part of the public in many large and even small towns to betake themselves to provident dispensaries, and to get their doctoring done on a cheap contract by combination, apparently caring little what the quality of the doctoring is, provided only it be cheap. That provident dispensaries are or may be a great boon to the working and

artisan classes I cannot doubt; but they are taken advantage of by many persons whose position and income are such that one wonders they care to place their health in the hands of some of the men who at present are in charge of some of these co-operative establishments.

The fact remains, however, that there is a disposition at present to save money in doctor's bills; and, under these circumstances, there cannot be a strong desire on the part of students and medical men to spend more money in education.

On the other hand, this very competition may lead a certain number of students to spend time in acquiring a practical knowledge of some of the specialities. For the medical man who can use the laryngoscope and ophthalmoscope has a decided advantage over the man who cannot use them, an advantage which cannot fail to be known and appreciated by patients. There are to my mind distinct indications that this feeling is actuating some of our students at the present time. In proof of this, let me relate my own experience in the department for diseases of the larynx at St. Bartholomew's Hospital. I took charge of the department, which had been only a short period in existence, in January, 1881. There were at that time only two or three lamps, scarcely any students in attendance, and there were no regular dressers. During the first year I had no dressers, and things remained much in the same condition. At the beginning of 1882, I found that a few men desired to work at laryngology, and consequently made arrangements to take on two dressers every three months. There was a difficulty in filling even this small number of places. In 1883, the number of dressers increased, and I passed through the department, in the academical year of 1883-84, 18 men, each of whom worked for three months. The number of dressers has been steadily increasing, and at the present time I pass more than fifty men through a three months' course of dressing every year. The number of days on which the patients are seen is two, in place of one each week; the number of lamps is nine in place of two. And the number of names down in my book for dressers' places is still in excess of the number I can accommodate every three months.

Part of this increase is undoubtedly due to the improved arrangements which have been made, and the assistance which the students have received from my excellent and valuable aids, Dr. Archibald Garrod and Mr. Lawrence. But it is also just as undoubtedly due to the necessity which students now feel of learning the use of the laryngoscope and rhinoscope, in order that they may be better able to compete with the crowd of rivals they will encounter on entering into practice.

With regard to the future position of laryngology, I have formed a very strong opinion. Its importance must be reckoned, and its future will depend, not on the opinion which we, as laryngologists, have of it, but on its importance to the general public.

From this point of view I believe that it stands second to none of the specialities, gynaecology alone excepted, while it is far superior in importance to some.

In estimating the value and importance of any speciality, regard must be had to the nature and frequency of the more serious diseases to which the special part of the body is subject; to the frequency and discomfort due to the minor maladies; to the difficulty of acquiring skill in the use of the various instruments required for diagnosis and treatment; to the relief which the speciality is capable of affording; and last, but by no means the least, to the aid which it can render to general medicine and surgery.

In these respects, compare laryngology with ophthalmology, and I am sure it will be found that it stands on quite an equal footing. The disabling diseases of the larynx are probably not so numerous as the diseases which disable men by blinding them, although there are two eyes and only one larynx; but the diseases of the larynx through which death seizes on us are far more numerous than are the fatal diseases of the eye. The minor maladies which distress and annoy people are numerous in both specialities. Indeed, their name is legion. Laryngitis, pharyngitis, granulations on the pharynx, adenoid vegetations in the nasopharynx, polypi and swollen turbinated bones on the one side; conjunctivitis, corneitis, granular lids, obstructed ducts, and the various defects of vision on the other side. The skill required in the use of the laryngoscope is not at all inferior to that needed for the ophthalmoscope; many laryngeal operations require as great care and dexterity as the operations on the eye. The relief which laryngology is capable of affording in the large majority of ailments of the throat will not for a moment be denied. And, last, the aid which our speciality can render to general medicine and

surgery is not in any way inferior to that which the speciality of the eye at present renders. A single example will suffice:—The relation of paralyses of the cords to intra-thoracic tumours and various affections of the nervous centres.

Seeing the equal importance of these two specialities, I hope and expect to see laryngology, within a few years, occupying an equal position with ophthalmology in our hospitals and at the examinations. It requires and must have beds set apart for its use, a certain number of lectures devoted to the subject every year, good rooms for out-patients and operations. And at the examinations I think that candidates should be examined on all the affections of the nose and throat which can be made out without the aid of more special apparatus than a good light, a nasal speculum and spatula, just as they are now examined on the evident affections of the eye. They are not yet expected to be able to use the ophthalmoscope at the ordinary pass examinations, and a knowledge of the laryngoscope cannot therefore be insisted on.

I hope to see these things accomplished, because our speciality has earned and deserves the right to them. I expect to see it, not on account of the deserts of laryngology (for deserts do not always ensure rank and competence), but because there are clear signs that the position of laryngology is improving, and equally clear indications that it must continue to improve.

Your very presence here at this moment in a section devoted to laryngology is an indication of this advance. This is only the second time that a section has been devoted to laryngology at these meetings. This indulgence has not been accorded without opposition. When first I became a member of the Council of the Association, some four or five years ago, and proposed as a part of the programme of the annual meeting that laryngology should have a place, I could not gain a hearing. Two years ago the necessity of some acknowledgment of laryngology resulted in the formation of a subsection. Last year and this year the subsection has been replaced by a full section. The work of the last two years has fully justified the action of the Council, and I confidently hope the work of this week will be successful in establishing a Section of Laryngology on a permanent footing at these meetings.

Again, a dozen years ago, there was only one hospital in London devoted to the speciality, and scarcely one of the hospitals to which medical schools are attached possessed an organised department for diseases of the larynx. At the present time there are at least four special hospitals, and there is scarcely one of the school hospitals which has not an organised department for diseases of the larynx. Of the steady growth and development of one of these I have already given an account; and I need only add to that account that the growth has been one of at least seven years' duration, and does not in the least depend on the stimulus which may have been given to the laryngeal speciality by the prominent position it has of late occupied in the public mind.

I know full well that there are difficulties in the way of the attainment of the position I claim for laryngology; as, for instance, a certain evil name it has acquired, the jealousy which is not unnaturally felt by those in our profession who think that this new speciality takes out of their hands work of various kinds, and the comparative youth of the speciality and consequent difficulty in finding a suitable place for it in the general hospitals.

But the speciality of laryngology is so necessary and so good that I cannot for a moment doubt that it will in course of time overcome every obstacle to its reasonable development. The ill name will by-and-by give place to a good name, as the number of laryngologists increases and it is found that the large majority of them are as reputable in every respect as their medical brethren. Jealousy will be less felt when it is taken into account that a very large number—the majority, indeed—of the diseases now treated by throat specialists were practically never treated at all before the time of throat specialists, and that the incomes of throat specialists are largely derived from the treatment of diseases which were not even diagnosed before their time. It cannot be denied, of course, that in the course of years the throat specialist has gradually extended the sphere of his operations and has taken into his domain the whole of the mouth and even the outside of the neck. I doubt whether he will maintain his hold over such advanced outworks as the neck; but if he should lose them it is no great matter, for he can well afford to do without them.

Time will cure the infirmity of youth from which the speciality of the throat now suffers, and the force which gradually and with great difficulty prevailed on the general hospitals to find suitable

accommodation for diseases of the eye will by-and-by prevail in like manner for diseases of the throat.

Among the various conditions which will favour the more rapid advance of this speciality I believe that none will exercise a greater influence than these two: the good name of those who practise laryngology and the excellence of the work which they perform. These conditions, gentlemen, are largely in our hands. Let us accept the trust with confidence in the goodness of our cause and a determination to forward it by every good means in our power.

A DISCUSSION ON TONSILLITIS, ITS VARIETIES & RELATIONS TO RHEUMATISM.

In the Section of Laryngology at the Annual Meeting of the British Medical Association, held in Leeds, August, 1889.

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TONSILLITIS permits of classification into several varieties, according to the method by which it is intended that the classification shall be made. If its etiology is taken as the basis, tonsillitis may be simple or specific, the specific kind being again divisible into exanthematous and diphtheritic, while the exanthematous forms can be subdivided into scarlatinal, measles, etc. Classified by its distribution, it is found to be sporadic or epidemic; while if its varieties are sought in the intensity of its symptoms, it is found to be acute, subacute, or mild. The chronic form, as a variety, has been purposely omitted, because it is not literally a tonsillitis, for the combinations of hypertrophied fibrous and adenoid tissues which are so often seen are not due to a state of present inflammation, but exist as the result of several past acute or subacute attacks. And if, lastly and most rationally, tonsillitis is classified by its pathology, according to whether the parts of the organ mainly affected be its follicular or its interstitial elements, there is the simple and natural division into two varieties, follicular and interstitial.

Now the follicular form of tonsillitis is very much more common than the interstitial; and though, in the course of a tonsillitis which is mainly follicular at the commencement, it may happen that owing to the intensity of the inflammatory process the interstitial tissue, in place of undergoing resolution, suppurates or even becomes gangrenous, these are occurrences by no means so frequent as limitation of the disease, so far as the naked eye shows us, to the follicles. That is to say, in all cases of tonsillitis the whole structure is involved; but in most cases the follicles are implicated in a greater degree than the interstitial tissue, while in a few the interstitial tissue takes a larger share in the inflammation than the follicles, and this fact affords the best opportunity for classification by dividing tonsillitis into the follicular and interstitial varieties—a division at once simple, natural, and in complete accordance with the pathological changes.

But it must not be imagined that the difference between these two forms is merely one of degree, for, if such were the case, we should not, as we do, meet with varieties of patients who are subject to recurrent attacks of tonsillitis, the one class recovering in a week or less without any abscess, the other undergoing ten or twelve days' misery with the tonsils alternately suppurating; each patient with the same variety of tonsillitis on each occasion, the follicular cases on the one hand rarely suppurating, while the interstitial cases still more rarely escape suppuration. If the difference were one of degree only, we should meet with both varieties in the same patient, finding that he had follicular tonsillitis if his throat were but slightly affected, which would develop into the interstitial variety if the inflammatory process were more intense; yet this is not what we find in practice, but rather the opposite, for the patient who has had follicular tonsillitis once will have follicular tonsillitis again, while the converse holds good for the man who has had a tonsillar abscess. It happens that I myself, as probably is the case with most of us, have seen very much more of follicular than interstitial tonsillitis, and therefore I shall ask you to allow my coming remarks upon the relations of tonsillitis to rheumatism, with a few words to be said afterwards about what I believe to be its real nature, to be taken