Presidential Address

ON

A PLEA FOR GRADUATION IN LARYNGO-OTOLOGY ON A BROAD BASIS.

DELIVERED BEFORE THE SECTION OF LARYNGOLOGY OF THE ROYAL SOCIETY OF MEDICINE.

BY

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Ἡ ἀνεξέταστος βίος οὐ βιωτὸς.

(Life without examination is not worth living.)

Plato.

COMING from Bristol, where, as you are aware, we have recently developed a university, my thoughts have perforce been turned in the direction of educational matters, and as a lecturer on diseases of the nose, throat, and ear, I have given much consideration to the position of our own speciality in medical education, which, in the interests of practitioners and of patients, leaves something to be desired.

We hear it said that this is a day of specialism, and specialism in medicine and surgery is thought to be a modern development. Yet we learn from the Ebers papyrus that in the thirteenth century B.C. patients applying for relief to the medical temple at Thebes had to state their complaint, and that it was left to the principal of the medical staff to send the specialist best suited for the case. We find that the practice of surgery was distinguished from medicine even earlier than the thirteenth century B.C., and it is recorded that in Egypt each physician treated a single disorder and no more, some devoting themselves to the eye, others to the teeth (they made artificial teeth, and some have asserted that they have found traces of gold stoppings in the mummies), and others again devoted themselves to disorders of the intestines, while yet others were obstetric physicians called in by midwives to the difficult cases.

In our own land, when in 1460-61 a charter was granted to the Barber-Surgeons, and the Edinburgh Charter was obtained in 1505, surgery in a humble way started on its career divorced from medicine, and under the paternal fostering of the Colleges of Surgeons became a science and art distinct from internal medicine.

We find in consequence that in Great Britain, and later also in Ireland, the field of medical science was long occupied by rival schools of medicine and of surgery. Hence arose our academic distinction between medicine and surgery peculiar to this country, for in practically every European nation except our own a certain course of study is laid down, and for all practitioners alike State examinations must be passed. If a degree is obtained it is always that of Doctor of Medicine—there is no distinct qualification in surgery; and it is the same in Canada and the United States. Thus, after qualifying on a common basis, the graduate is free to follow his own bent; and if he seeks to become a pure physician, surgeon, or specialist, he must establish himself as such, not by passing further examinations, but by his clinical and research work. Thus while the degree of M.D. serves for all physicians, surgeons, and specialists alike, their subsequent differentiation is clinical, and not academical as with us.

We alone carry examinations quite beyond the qualifying stage to the higher standards of medicine and surgery, and he who aspires to the charge of a teaching clinic and consulting practice must, as a rule, first obtain a higher and special qualification in medicine or in surgery respectively, involving a further and more advanced course of study. Though not without drawbacks, this has the advantage of ensuring that the more highly qualified physician or surgeon has received, over and above what is necessary for qualification, a very thorough grounding in current medical or surgical science and all that immediately pertains to it, and the custom has coincided with

an increasingly high standard of original medical and surgical work in this country. The plan has answered so long as the whole range of medicine on the one hand or of surgery on the other could be mastered by one individual, but with advancing knowledge, pure medicine and surgery are no longer the only specialities, and with the growth and development of newer special branches the objections to our English system appear. Either we must continue our unfortunate custom of mentally placing each speciality under the category of medicine or of surgery, and of demanding as the *sine qua non* for teaching clinics the corresponding medical or surgical qualification, although it may have no special bearing whatever on the specialities in question—in my own hospital both the laryngologist and the obstetrician of the future are distinguished in that they will have to possess all the higher qualifications both of the physicians and of the surgeons—or we must be consistent, and offer opportunities for a qualified practitioner taking his higher qualification in his speciality after a course of post-graduate study and practice parallel to that required for the physician or the general surgeon.

No one could be more opposed to too early or too narrow specialization than I am, for it is certain that a sound upbringing in the whole range of general medicine and surgery is the only safe foundation for any special branch. But the tendency is to make another speciality, general surgery, the academic test of fitness in laryngology; medicine, and even a systematic training in our own department are made secondary considerations, with a consequent danger of our becoming too exclusively surgical. In no other speciality would this be more deplorable than our own, for which I believe general practice is as good taking-off ground as pure surgery. We want contributions from all points of view, and it should always be open to every practitioner to specialize in any direction according to his opportunities for so doing.

To our fellow countryman, Robert Liston, belongs the honour of publishing, in 1837, directions for laryngoscopy, which he recommended to be employed for observing diseases in the larynx.* Eighteen years later Manuel Garcia published his epoch-making observations, to be followed by those early giants in our speciality, Türk and Czermak, while so many of those who are here to-day have had the privilege of personal acquaintance with the slightly later but hardly less distinguished pioneers, when laryngology was still in its infancy, and many members of this section have not only witnessed, but have generously contributed to its exceedingly rapid growth and development. Indeed, most of us have had to acquire our knowledge to a large extent first hand, and it has not always been easy to keep so thoroughly in touch with the rapid advances all the world over.

But things are very different from what they were when I started practice, and hardly any individual is capable of a complete mastery of the whole range of rhino-laryngology; and if otology be superadded the ground is so extensive that, without devoting his whole time and attention to those subjects over several years, no one can hope to be a scientific expert throughout such a large territory.

It is no small matter to acquire an accurate knowledge of anatomy, pathology, and, in so far as they bear on the diseases of the nose, throat, and ear, of neurology and general medicine, the etiology, diagnosis, and treatment of diseases of these, together with a fair acquaintance with the various methods of treatment and operations which have been or are employed, as well as the acquirement of the operative and diagnostic technique, including the trachea and oesophagus; for it is to the honour of our speciality that our laryngological colleagues abroad—where the development of specialities has been better fostered—have originated and made practical tracheoscopy, bronchoscopy, and oesophagoscopy.

I think no one who is not ignorant of the work that is being done by laryngologists and otologists can deny that, as an addition to that sound general education in the principles of medicine and surgery for pass qualifications,

* Liston: *Practical Surgery*, London, 1837. The following reference is on page 350: "The existence of this swelling can often be ascertained by careful examination with the finger, and by means of a speculum; by such a glass as is used by dentists on a long stalk, previously dipped in hot water, introduced with its reflecting surface downwards, and carried well back into the fauces, a view may often be had of the parts."

all this involves as much, if not more, study as is demanded of those who present themselves for a Fellowship of the Royal Colleges of Surgeons or a Mastership of Surgery at a university, or an M.D. in obstetric medicine, in State medicine or in pathology, or an M.S. in dental surgery.

All these degrees in special branches may be acquired at the London University, and I sincerely hope that on similar lines a graduate may ere long be able to take a higher degree in our speciality. Surely the practitioner who so qualified himself for work in laryngo-otology should have the opportunity of being tested by examination and of obtaining his higher degree in this department. He would be better equipped for making the utmost use of his riper clinical experience than by devoting himself instead to acquiring an exact knowledge of the anatomy of the whole body and the whole range of advanced medicine or general surgery, at the expense of systematic liberal study of his speciality and all that pertains to it. To test such study by examination too late in life would be a misfortune.

Nowadays one might suppose Plato's maxim read "Life without examinations is not worth living"! for already the tendency in this country is to continue medical examinations unduly, and thus to trench too far on the precious years of early adult life, when a man's best original ideas are germinating and should be cherished and allowed spontaneous growth, instead of being trammelled and choked out of life by scientific pedagogy.

We gather fruits in autumn, but life's spring is the sowing time. It is worse than useless to spend too long a time in tilling and preparing the ground, and still worse to disturb the roots by examination when we should be looking for the blossoms of research. There is more truth in the world-renowned Oslerism than is generally suspected, and, particularly in the field of science, it is an open question whether after the age of 40 one's mind ever breaks new ground in the sense of being original.

An Address

ON

SOME POINTS IN THE DIAGNOSIS AND LOCALIZATION OF INTRACRANIAL TUMOURS.*

BY

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DR. RISIEN RUSSELL said the problem as to whether tumour or functional affection of the nervous system was to be held responsible for certain cephalic and other symptoms that might occur had first to be dealt with. It would have been possible for him to quote cases in which hysteria and tumour had been confounded, and in which patients had been trephined for the organic condition when hysteria accounted for the clinical picture, but as his time was limited he preferred to deal with the cases in which difficulties arose in the diagnosis between neurasthenia and tumour, for this problem was becoming more and more common owing to the rapid increase of neurasthenia in the community. He could have quoted many cases in which the question that he had been asked to decide was whether tumour existed when, in reality, neurasthenia was alone responsible for the symptoms, but he thought it more instructive to refer to two in which neurasthenia was supposed to account for symptoms which were due to tumour. In one of those cases the patient died without revealing any of the positive signs by which tumour could have been recognized, while in the other the absence of organic signs allowed the patient to be sent for a voyage from which he returned with unmistakable indications of tumour which proved rapidly fatal.

After dealing with the physical signs on which reliance must be placed for the diagnosis of tumour, he referred to

a case in which the symptoms ultimately proved to be due to neurasthenia, but in which he had to reserve his diagnosis for some time, owing to the fact that the optic discs were rather high coloured and one plantar reflex, though not by any means extensor in type, was not as definitely flexor as the other. There were certain physical signs that could not possibly exist in the absence of organic disease, but, nevertheless, he from time to time met medical men who allowed their knowledge of the patient's hysterical tendencies or a neurotic family history to outweigh this evidence in a way that was wholly unjustified. What he had said about neurasthenia would prepare his audience for what was to follow in regard to general paralysis of the insane, for it was no uncommon thing for this grave disease to be met with when the symptoms had appeared to be adequately accounted for by neurasthenia. To those who expected grandiose delusions and other characteristic signs of madness this would seem absurd, but he must remind them that general paralysis revealed itself in the earlier stages in many different ways, and that the diagnosis had constantly to be made in the absence of grandiose delusions or any other obvious signs of madness.

He had met with more cases in which tumour was suspected where general paralysis accounted for the symptoms, but he was also familiar with the other class of case in which tumour accounted for what was supposed to be due to general paralysis. In calling attention to the physical signs that should be relied on in differential diagnosis, he referred to the value of lumbar puncture and the Wassermann test, and directed attention to a paper by Dr. Grainger Stewart in *Brain*, in which he had brought out the points that favour the diagnosis of a frontal tumour of the brain, a variety that was especially liable to be confounded with general paralysis.

He next discussed cases in which vascular disease occasioned a clinical picture which caused tumour to be suspected, and pointed out that although under ordinary circumstances vascular lesions of the brain resulted in the sudden or rapid appearance of symptoms, exceptions occurred in which the progress of symptoms was so slow as to justify the suspicion of tumour. Two classes of cases were met with in this connexion, one in which there were general symptoms of intracranial disease without paralysis, and the other in which hemiplegia of slow onset formed part of the clinical picture. Two cases were quoted in which there had been great uncertainty in his mind as to the correct diagnosis. In one he suspected tumour where the subsequent course of the case justified the view that vascular disease accounted for the symptoms; in the other, after much hesitation as to the correct diagnosis, the patient was trephined, a procedure that proved to be fully justified by the increase of intracranial pressure revealed at the operation, and by the subsequent course of the case. In considering the evidence on which differential diagnosis must rest, emphasis was, of course, laid on the state of the vascular system and kidneys, but, unfortunately, the vascular system was not above suspicion in some cases of tumour, and moreover, vascular lesions might complicate tumours in a manner that might readily lead to errors in diagnosis.

It was impossible to discuss these vascular cases in relation to tumour without being reminded of the confusion that might arise between them and aural vertigo, and between the latter affection and intracranial tumour. The cerebellum was naturally the supposed seat of the tumour that was suspected in the instances that he had experienced, so that attention was called to the indications that would favour the graver diagnosis of cerebellar tumour. Dr. Risien Russell took the opportunity of referring to a difficult case in which tumour of the cerebellum had been diagnosed; in this diagnosis he had not been able to concur. Nevertheless, aural vertigo could not account for all that was present. In a younger subject this class of case might well pass for an anomalous case of disseminated sclerosis, but in a person at the patient's more advanced age it was more likely to be due to vascular disease and its consequences.

Time did not allow him to deal with migraine in the way that he had hoped would be possible, but he could not pass over this subject without referring to the special liability there might be of confounding the variety known as *migraine ophthalmoplégique* with intracranial tumour,

* The annual address at the Department of Pathology of the Oxford Medical Society, November 11th, 1902.