SOCIETIES' PROCEEDINGS

SECTION OF LARYNGOLOGY, EDINBURGH

DISCUSSION FOLLOWING THE PAPERS OF MR. STELL AND DR. BROWN KELLY

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2 July 1966

MR. PRESIDENT,

MR. STELL is to be congratulated on the interesting paper we have just heard and the manner in which it was presented. He and his radiological colleague have undoubtedly produced X-rays which are of great interest, although as you, Mr. President, have already remarked, their interpretation is not easy and requires experience. It does seem clear that this method of outlining the interior of the larynx will be a useful addition to anatomical demonstrations and perhaps lead to further knowledge of the function of the larynx. Whether it will help us very much in the diagnosis of disease is another matter. After all, an X-ray is really a silhouette. It is the result of the activity of the rays on a sensitized plate after they have passed through various tissues which absorb more or less of them. The picture thus obtained is not in itself necessarily diagnostic. Dr. Brown Kelly's excellent account of the methods of laryngeal examination did not press the value of direct laryngoscopy, presumably because he assumed, as I do, that it is a necessary and definitive method. Occasionally some parts of the larynx must be pushed aside by the instrument in order to see other parts such as the subglottic region, but with experience this should present no complicating problem. Every part of the larynx can be inspected and this direct visual examination must be more accurate than the impression offered by an X-ray silhouette. I therefore feel that too much clinical emphasis ought not to be placed on this radiological technique.

MR. STELL raised the question of partial laryngectomy. May I therefore, Mr. President, take this up very briefly. The actual phrase used by Mr. Stell in referring to the use of X-ray studies was "the value of partial laryngectomy". May I make a plea for the accurate use of words? This is no mere pedantic exercise in semantics, for in time we always come to believe in the words we use and their sheer repetition is persuasive. I very much question the word "value" because merely saying this implicitly postulates that the operations unquestionably have a value, whereas I strongly maintain that in the case of some of them this has very much to be proved. The use of the phrase "value of partial laryngectomy" glibly assumes a finality which has yet to be achieved. I thus do not accept the rôle of contrast radiography as a method of determining whether or not a supraglottic partial laryngectomy should be performed, as I feel there are many other and better reasons for believing that it should not. Nevertheless, this radiographical technique is very interesting and will surely become a valuable method of investigation.

https://doi.org/10.1017/S0022215100067347 Published online by Cambridge University Press

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