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ROYAL SOCIETY OF MEDICINE.—LARYNGOLOGICAL SECTION.

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President: Dr. JAMES DONELAN.

Abstract Report.

PRESIDENT'S ADDRESS.

BRITISH LARYNGOLOGY AND RHINOLOGY.

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IT seems that the time is fully ripe for considering how far British laryngology and rhinology are in a position to take, how far do they deserve, a leading position in the great scientific movement that will shortly be taking place. What have we accomplished in the past? What promise does it afford for the future?

It is not my intention to attempt a detailed survey of the history of British laryngology. When one looks back on even the thirty odd years I have myself been connected with it, one cannot help seeing that so much has been accomplished that anything like an adequate survey, even a *catalogue raisonné*, would take up more than the whole time at our disposal this evening. I hope, however, to refer to our scientific progress in such a form as to show at this critical moment, when the world is about to take stock of everything, that British laryngology and rhinology have ever been in the van of progress, and that, if we owe something to Germany, it has chiefly been the systematisation, not to say exploitation, of ideas that very often had their origin not only in these islands but in this Section, or in the societies that were its forerunners.

I also propose to put before you some of the many suggestions that have been kindly offered to me, so that we may consider at some more convenient time in what way, if in any, we can improve our organisation and keep it fit to maintain the reputation I am told we enjoy as the most energetic, hard-working and enthusiastic section of this great society.

It seems only natural that the country which is the parent home of laryngoscopy should be a leader in all that has resulted from the invention. Everyone has his own view as to whom the credit of the invention belongs. I do not intend to discuss it now; I will only briefly mention the facts that go to prove that this is the parent home of laryngoscopy.

Though mirrors have often been used for seeing round awkward corners, no one seems to have thought of using a mirror for examining the larynx until the beginning of the last century. A mirror "on a long shank" for examining the larynx was first demonstrated on March 18, 1829, before the Hunterian Society by Benjamin Guy Babington, afterwards, like his father before him, Physician to Guy's Hospital and founder of the Epidemiological Society. In the words of

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the account in the Hunterian *Transactions*, "the doctor proposed to call it the *glottiscope*." It is much to be regretted that the cholera epidemic of a year or two later induced him to turn his great talents to epidemiology, which was then by no means ripe for scientific study, instead of to diseases of the larynx. Babington's invention was not, however, lost sight of, as is commonly supposed, for a laryngeal mirror or "a mirror such as dentists use" is recommended, quite as a matter of course, in works on general surgery—Liston, for instance, in 1840—as a simple means of examining the larynx. It was this simple means, or, as Manuel Garcia says in the paper read on his behalf at the Royal Society in 1854, "*the method that I adopted*," that he employed in the study of his own larynx. In that paper, entitled "Observations on the Human Voice," Garcia makes no claim to having invented anything, and though I knew him fairly well and had many talks with him on this subject, especially between the years 1887 and 1891, as I am not discussing it now, I will merely say that he was undoubtedly the inventor of auto-laryngoscopy. As Manuel Garcia was domiciled here for some sixty-five years of his long life, and had worked as a professor of singing at the Royal Academy of Music for several years before he made his communication on the human voice to the Royal Society, I think, whatever views we may hold as to the inventor of the laryngoscope, whether Babington or Garcia, we may fairly claim that this is the parent home of laryngoscopy, although the credit of first reporting any clinical work done with it appears to belong to the Hungarian, Johann Czermak, the teacher of Morell Mackenzie.

Czernak published the first edition of his book, "Der Kehlkopfspiegel und seine Verwerthung für Physiologie und Medizin," in 1860. A copy of this very rare first edition is in the Society's library. I do not find that Czermak, amongst his many subsequent writings, published anything in connection with laryngology except reprints of this one work. In 1863, three years after Czermak's book appeared, his pupil, Morell Mackenzie, had already founded the Hospital for Diseases of the Throat in Golden Square, being, I believe, the first institution ever devoted to the objects of our special study. It was there he did all his best work, and there he collected the bulk of that immense material for those works on every department of our study which at once placed British laryngology in the very front of the scientific progress of the world.

The time has happily gone by when English text-books dealing with every department of our subject could be written with scarcely a mention of Morell Mackenzie's name, when a veil of silence was allowed to fall upon every reference to the work of the father of British laryngology even in the recognised centre of that science, or when it could be lumped together with that of humbler workers and contemptuously dismissed as the effort of an anonymous pioneer.

Morell Mackenzie's writings will always be amongst the classics of our special literature in English.[1] They are a remarkable achievement for one man—a man harassed from his boyhood by almost continuous attacks of spasmodic asthma—when one remembers that it is all based on over twenty years' personal pioneer observation, of his own cases and a wide reading, probably unique in its extent, of the cases of others. If his "Diseases of the Throat and Nose" has not attained to succeeding

[1] See JOURN. OF LARYNGOL., RHINOL., AND OTOL., vol. xxxiv, pp. 181 and 278.

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editions like other text-books of proved value, it was because he was cut off while preparing the second edition. It would have contained much new matter and some corrections. The references in this work compass the history of our speciality from the earliest records up to the year 1884. It is not a dead bibliography, however, for the views of almost every writer of importance are discussed or commented upon. Scarcely any author is omitted, certainly none intentionally.

"Diseases of the Throat and Nose" was commenced in 1872. The first volume appeared in 1880 and the second in 1884. The writer explains the slow rate of progress and the changes owing to the rapid development of a new speciality that took place while the book was being prepared. Even the second volume was not completed according to the design of the author, as the "Section on Diseases of the Neck" had to be omitted. This section was to have included his chapters on goitre, of which I myself brought the references up to 1891. These chapters then existed only in a single set of galley-proofs, which have since been lost. Besides the usual exhaustive history of the diseases of the thyroid gland from the earliest times, Mackenzie had previously brought the literature up to about 1884. He did not limit his view of the causation to geological peculiarities of the water supply, but, from evidence furnished to him mostly by Indian medical friends, held that it would probably be found that the water was infected by the excreta of goitrous persons. This view, as many of you are doubtless aware, has been taken and its truth brilliantly demonstrated by Col. McCarrison, of the Indian Medical Service, in the epoch-making work he published last year. I should strongly recommend those who have not yet had an opportunity of studying this work that they should not omit to do so, and especially the pages on the relation of subthyroidism to enlargements of the pharyngeal tonsils. They are bound to have a considerable influence on present treatment.

It is of interest to recall the excellent pioneer work recorded by Mackenzie in his second volume in relation to œsophageal diseases. The results of his examinations, with very imperfect means, of a large number of cases have a permanent value even in these œsophagoscopic days. Mackenzie's other works in relation to our speciality are: The series of "Essays on Throat Diseases," including "Hoarseness, Loss of Voice and Stidulous Breathing in Relation to the Nervo-muscular Affections of the Larynx"; "Growths in the Larynx," which will, I think, always be the universal classic of that subject, although somewhat marred by the unfortunate tone of the Durham controversy. Other essays were: "Diphtheria, its Nature and Treatment"; "The Use of the Laryngoscope"; "Hay Fever" and "The Hygiene of the Vocal Organs." All these works were most favourably received by the medical profession and press throughout the world. Nowhere was the chorus of approval louder or more enthusiastic than in Germany, where the book was anxiously awaited, and where for many years after it was done into German it was the principal and indeed the only good text-book of our subject.

In considering the scientific value of Morell Mackenzie's work it should never be forgotten that the bulk of it was pioneer work. The most remarkable thing about it is that his views and conclusions have stood the test of time, and have been so little affected by modern progress or even improved statistical research. Some doubts have been expressed of the value of Mackenzie's statistics, but the best proof of

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their reliability is that the most modern figures tend only to confirm them. It has also been said that Mackenzie, especially in his later years, did not keep case-notes. From my own personal knowledge I can say that this is simply not true. As in most other practices the bulk of his cases had but little special interest, but even of these he kept a brief note of the names, ages, dates when seen, treatment ordered, and the result. He kept fuller notes of all cases of any special interest. In his case as regards material he suffered rather from an *embarras de richesses* which was really beyond the physical powers of a not very strong man to deal with adequately.

I have devoted so much time to the scientific work, hitherto neglected, of the father of British laryngology that I can refer only very briefly to the contributions of other British pioneers and workers who are dead. The work of Dr. Edward Woakes has been of permanent value in furnishing a useful working theory of the causes of intranasal suppuration and polypus formation, and I believe there are good grounds for regarding him as the first Englishman who wrote a scientific account of diseases of the pharyngeal tonsil, and that at a time before Meyer's paper had become known to him or to other English readers.

Lennox Browne, too, besides being the founder of the Central London Throat Hospital, accomplished work of the highest value in laryngology and rhinology, and those labours find a worthy monument in the second edition of his text-book, in which he was assisted by the regretted Dr. Cagney. The work of Spencer Watson, Adams and Walsham will be remembered especially by our senior members. Durham, whose tracheotomy tube is still unrivalled, will never be forgotten so long as humanity wants to breathe in spite of opposition. It is hardly necessary for me to recall the work of Henry Butlin, or of Cresswell Baber, whose contributions stand in the front rank of the literature of our subject of this or any other country.

Passing to the work of living laryngologists, almost all of whom are members of this Section, I hope none of them will think me discourteous if I follow a recommendation given me and refer only to British work without the names of the workers. Look at what has been done in this country, most of it pioneer work of the highest value, in the study of diseases of the nasal accessory sinuses, and especially in regard to the operative treatment of frontal, maxillary and sphenoidal abscess; the significance of paresis of the larynx as a forerunner or early symptom of phthisis; the great improvements in the diagnosis and treatment of nasal lupus and tuberculosis of the larynx, which enable us to approach such cases with far more confidence of success than twenty or even fifteen years ago. Take what has been done here to advance the study of malignant disease of the larynx and to perfect the technique of the operations for its treatment—technical advances which have made thyrotomy, for instance, one of the safest instead of one of the most risky of surgical enterprises. Let us also recall the immensely valuable investigation of the innervation of the larynx and of the symptoms to which the various paralyses give rise; the treatment of deformities of the nasal septum; the improvements in submucous resection; the introduction of submucous turbinectomy. The magnificent work done by our fellow countrymen, and especially our fellow members, in relation to diseases of the œsophagus and pharyngeal pouches is unequalled in any country, while if Brünings invented the bronchoscope it was only by the application of principles discovered by Newton, Dolland and Harris,

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and these had been made use of long before him by Fisher, of Boston, Désormeaux, of Paris, and Sir Francis Cruise, of Dublin, in the invention of the endoscope. Above all, at the present time, consider the admirable successes achieved by members of our Section in war surgery, and especially in the repair of facial injuries.

It is useless to attempt to conceal the names of those who have accomplished all that is included in this long record of progress. They are indissolubly associated each with its subject, some with more than one. You will find them in any bibliography of our work, especially in those bibliographies in German publications where their ideas are not only acknowledged but taken as the guide to further developments, to which German names are attached and then sent back for the adulation of those who do not trouble to find out where they first came from.

It is for you to consider how all these advantages can be put to the best possible use in the time of reconstruction that is now upon us. Golden Square, as the first of throat hospitals, the scene of the work of the Father of British laryngology, will no doubt always remain the Mecca of all interested in our subject, with Gray's Inn Road as the Medina, or place of only slightly less sanctity. But what about all the other hospitals?

A suggestion that has been made to me and which seems to commend itself to workers in other sections is: That the Royal Society of Medicine should become a centre where any medical woman or man arriving in London, or living here with some time to spare for professional self-improvement, could at once find out how and where he can best employ that time according to his own wishes. We could have here in the office for inspection a more complete diary of forthcoming lectures, demonstrations and operations.[1] In the case of private operations, if such were included, he could communicate with the operator and obtain his permission to be present. This would save the latter from being sometimes inconveniently crowded through his and his patient's generosity and wish that an instructive occasion should not be missed, while it would leave the decision as to the number invited in their hands. An important item in this programme is the improvement of the JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOLOGY.

As regards the Royal Society of Medicine, Fellows and Members should do everything in their power to make it widely known that this is the central representative body of British medical science. It is purely a scientific body and does not meddle in medical or other politics. Persons who give large donations to individual hospitals are not aware of the fact that a similar donation to this Society is equivalent to a donation to every hospital in the country, since it advances the science that is the foundation of their usefulness to those for whom they were instituted. The Royal Society of Medicine is eminently worthy of public support, and it is to be hoped that now that medical science is becoming more adequately represented in the councils of the nation, it will soon receive an annual grant from the public purse to facilitate its beneficial work. In Germany such a body would have been one of the first cares of the State from its inception.

[1] This has now been done.— ED., JOURN. OF LARYNGOL., RHINOL., AND OTOL.

(To be continued.)

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