Opening address

By The Master, John Angell-James

It is my pleasant honour to welcome you all to this, the fourth British Academic Conference. The series was chiefly the brain-child of our first General Secretary and retiring Master of the Third Conference in Edinburgh, Ronald Macbeth. His name will always be linked with this series, but he will equally be notable for his original developments in the field of surgery, particularly for frontal sinus disease and oesophageal varices, and other problems of otolaryngology. The famous department at the Radcliffe Infirmary, in which many now leading otolaryngologists trained, is a monument to his administrative skill, perseverance and abounding energy. We salute and thank him.

In the last four years, we have witnessed the stirrings of another revolution in our free world which, with the lowering of moral standards and the eruption of violence, disastrous inflation and recession in the economy, threatens our professional way of life, and the tradition of which we have been so proud. Man, and particularly young man, is by nature aggressive. For millions of years this was a necessity for survival and development. Those endowed with above-average brains used them in acquiring and building better conditions and storing reserves. Those with purely physical strength would become jealous and seek to destroy the more intelligent, wresting their reserves from them to consume themselves. Fortunately, the rules of law and justice are still our sheet anchor. We have unsurpassed reserves of genetic brain power, and the educational and religious legacy of our ancestors, as this Conference will show.

The organizers have had an anxious time, and have shouldered heavy responsibilities during the last year. They refused to be daunted, and all see their reward this day in the superb response you have made to their efforts.

The first Congress was originally conceived as likely to be of particular interest to the otolaryngologists of the far-flung British Commonwealth and we dared to hope also to our late colonies and their friends, all of whom are accustomed to the English Language. Is it an omen that this year is the bicentenary of the American War of Independence? Now that we are part of a greater Europe we are proud enough to hope that our Continental friends, whose superb clinics many of us have visited with great advantage to ourselves, will find this, and future Academic Conferences valuable. A number of these colleagues will honour us by contribu-

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ting their experience and expertise to our proceedings this week. They will find the standard of the plenary sessions extremely high, but the Conference offers also an opportunity for their trainees as well as for themselves to meet and hear leaders and teachers from all over the world, in restricted intimate seminars. In order to maintain the intimate teacher-trainee relationship that we prize so highly, it should be a constant discipline in future to resist the temptation to allow these Conferences to grow too large.

On the whole, these last few years have been a period of consolidation and steady progress of innovation, rather than of epoch-making or dramatic new discoveries. In this country, in the field of education, considerable progress has been made in the rationalization of post-graduate education under the combined auspices of our Royal Colleges of Surgeons, who have taken on the responsibility with the assistance of representatives of the British Association of Otolaryngologists, of inspecting and registering higher surgical training programmes. This is destined to establish full accreditation of specialist trainees who have completed four years of higher training. As in the past, our standards are very high. We are no longer disapragingly referred to as 'tonsil snatchers'. Our prestige amongst our colleagues in other disciplines is now great, and we lead the field in microscopical surgery as well as in major head and neck surgery.

Efforts are being made to encourage trainees with leanings towards basic research. This has been somewhat overlooked in the past, by comparison with some training programmes in other countries. For those who wish to devote a considerable part of their career to basic research, I hope that time will be spent in working with supervisory help in an advanced academic science department, even if unrelated to otolaryngology. So often in the past important advances have been due to the transfer of a trained research worker from one field to another, thus carrying across new thought which threw a fresh light on the problem in hand. What is left to conquer?—surely viruses, cancer, degenerative disease, the secrets of the life of the cell and of senescence.

In preceding Conference Addresses, Ion Simson Hall, Terence Cawthorne and Ronald Macbeth talked of the general development of otolaryngology throughout the world, the importance of undergraduate education in the specialty for the general practitioner, and the future of the trilogy. Ronald Macbeth posed the question—whither was super-specialization leading us?

The inevitable development of super-specialization continues apace, and the vast accumulation of knowledge, even when our memories are assisted as they are increasingly with computers, poses desperate problems in selecting training programmes. We are all aware of the danger to the individual patient of falling into the sole care of a super-specialist. It is so easy to omit the general examination of the patient. We should re-

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member the words of Adam Politzer, the first Professor of Otolaryngology in Vienna in 1870—'Everything is connected with everything'.

I remember once visiting a world-famous otological clinic to observe surgery for otosclerosis. As one patient was brought in he asked in a hopelessly obstructed nasal voice—couldn't he have his polypi removed first. He was promised 'afterwards'. When the middle ear was opened, clear yellow fluid poured out and his hearing recovered. We are all human and condemned to make mistakes. I make them every day, but may I remind you that the wise man is the one who does not make the same mistake twice.

I hope and trust that our three traditional sub-divisions will retain their loyalty to one another, and never be divorced, and that every trainee will continue to be committed to thorough grounding, first in general medicine and surgery and second in our three divisions, together with audiology, neuro-otology, endoscopy and other disciplines before settling down to concentrate his energies and abilities in one or another more limited sub-specialty.

No doctor can maintain, much less improve, his knowledge and skill if he follows the present trend towards a four-day working week. Whatever may be the financial rewards of the future, it is only by long hours of hard work and dedication to his craft that he can maintain high standards, and achieve full success and satisfaction in his life's work. I should like to quote from Carlyle's 'The Hero as poet':

> 'The craftsman there, the smith with that metal of his, with these cunning methods. How little of all he does is *his* work. All past inventive men work there with him, as indeed with all of us in all things'.

As doctors we have four duties in life:

1. First and foremost is the care and treatment of our patients, in which we shall not spare ourselves in any way.
2. Our second duty is to train ourselves to the highest degree of which we are capable, and to maintain that by constant study and practice.
3. Thirdly, we should use all our ingenuity and inventiveness in research to advance the science and art of our calling.
4. Fourthly, we should welcome the opportunity to teach and pass on our knowledge and experience assiduously to our students and colleagues.

This Conference typifies our devotion to the last three of these objectives. It is up to you now to maintain, and indeed accelerate the speed of advance. Surely Nature's secrets have the power to dazzle and to stimulate your efforts. I beg you to go forward never faltering, but withall preserving the patient kindness and good fellowship, which are our heritage and hallmark.

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Academic programme of plenary sessions

MONDAY 21 JULY

'A CRITICAL REVIEW OF STAPES SURGERY'

Chairman: The Master, Mr. J. Angell-James, C.B.E.

Speakers:

Dr. J. V. D. Hough (U.S.A.) Mr. R. Willis (Australia)
Mr. V. T. Hammond (G.B.)

TUESDAY 22 JULY

'VERTIGO: DIAGNOSIS AND PATHOLOGY'

Lecture by Professor H. F. Schuknecht (U.S.A.)

Chairman: Professor D. F. N. Harrison (G.B.)

Admission of Dr. Howard P. House (U.S.A.) to the Honorary Fellowship of the Royal College of Surgeons of England, by the Council of the College.

SPECIAL CONFERENCE ADDRESS

'EVERYWHERE THE OLD ORDER CHANGES
AND HAPPY ARE THEY WHO CAN CHANGE
WITH IT'

By Dr. H. P. House (U.S.A.)

WEDNESDAY 23 JULY

'TUMOURS OF THE UPPER JAW'

Chairman: Mr. R. Macbeth (G.B.)

Speakers:

Professor G. A. Sisson (U.S.A.) Mr. P. Helman (South Africa)
Professor D. F. N. Harrison (G.B.)

THURSDAY 24 JULY

'THE SURGERY OF VERTIGO'

Chairman: Mr. S. R. Mawson (G.B.)
President, Section of Otology,
Royal Society of Medicine

Speakers:

Professor U. Fisch (Switzerland) Mr. A. W. Morrison (G.B.)
Dr. J. L. Pulec (U.S.A.)

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Academic programme of plenary sessions

FRIDAY 25 JULY

'SUPERFICIAL LESIONS OF THE MOUTH AND PHARYNX'

Chairman: Mr. L. F. W. Salmon (G.B.)
President, Section of Laryngology,
Royal Society of Medicine

Speakers:

Professor I. R. H. Kramer (G.B.) Mr. R. Haskell (G.B.)
Mr. W. S. Lund (G.B.)

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