PRESIDENTIAL ADDRESS.*

By H. BELL TAWSE, F.R.C.S.

AFTER referring to the loss which the Section had sustained through the premature death of Dr William Smith Syme, whose appointment as President for the current session had been formally approved, Dr Bell Tawse said:—

Let me thank you very sincerely for the great honour you have conferred on me and on the hospitals to which I am attached by asking me to be your President during this session. It is an honour which I appreciate very greatly.

As you know, my time for preparation has been very short, so that an appropriate presidential address is out of the question, and for this I can conceive that the majority of you may be profoundly thankful.

I have often thought that a very interesting address might be given under some such title as this: "Mistakes I have made —Mistakes I have seen others make." Of course I should never have the courage to attempt such a thing. Any such revelations would fill the younger men with horror, and they might wonder why my freedom in life had not been restricted. On the other hand, I rather think that the older men would extend their sympathy to me even though they might wonder why on earth I couldn't let sleeping dogs lie.

After all, there will never be a better teacher than experience. Tennyson seemed to have this in mind in his oft-quoted line,

"Knowledge comes but Wisdom lingers";

and I often think what a great help it would be to all of us here if we brought our mistakes to these meetings for discussion, as well as exhibitions of our successes. I should like to think of this Section as a clearing-house for mistakes, or shall I say a home for the crystallisation of experience. In the provinces, specialists are still more or less isolated. If our cases are difficult or puzzling, we have little opportunity for discussion with colleagues, and it is an enormous help to be able to bring our difficulties here.

However, I wish my few remarks this afternoon to be in the nature of an appeal to the younger members of the Section to tackle some of the problems of Laryngology and Rhinology

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which are still unsolved. They are so numerous that a list of them would read like a catalogue of disease, and I will now mention only a few which have a special interest for me.

The Faucial Tonsil.—Let us begin with the tonsil. What is the function of the tonsil apart from helping us to meet the tax-collector on a more or less friendly footing?

What is the etiology of enlarged tonsils and adenoids?

Many have tried to solve the mystery and have failed. The general consensus of opinion now is that the study must begin in the antenatal clinics, proceed through the maternity and infant welfare centres, and so on to the school medical service.

This subject alone affords an opportunity of investigation in almost any large town or city in the country.

It has been suggested that there is a close relationship between rickets and enlarged tonsils. This opens up the whole question of vitamins. The effect of vitamins on the growth of bone still needs working out.

The indication for the removal of tonsils would appear to be an easy matter, judging by the vast number that are dealt with yearly. But is that any criterion? Once upon a time the appendix forged ahead in the struggle for supremacy, now it is a poor second, and can hardly keep its head above water in competition with duodenal ulcer.

These popular gastric operations are not always followed by the result anticipated, any more than are the operations on the tonsil. General practitioners—who after all deal with the children when we have finished with them—sometimes tell us that the child was no better after the operation, and sometimes even worse. But we seldom read of this in literature.

Has it ever been explained why enlarged tonsils and adenoids and enlarged cervical glands sometimes disappear spontaneously within the space of a few months? We have all known of cases when an apparently necessary operation has been refused—and yet the trouble has disappeared without it. Does it ever occur to us that some of the cases we have operated upon *might* have been in this category?

When we have a ready method for determining the condition of the epithelial lining of the tonsillar crypts, we may be better able to decide when operative or non-operative treatment is indicated.

To me, hæmorrhage after enucleation of the tonsils is not

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yet a threadbare subject. It is still a subject of surgical importance. Reports of this complication are very rare, and if it is an uncommon incident, why is there such a persistent effort to find a guillotine that will do the work bloodlessly? If the loss of blood is negligible, why should there be such a variety of pressure clamps on the market? Are they simply due to the inspiration of the instrument maker, or in the case of the surgeon do they represent a last infirmity of noble minds.

No method of enucleation of the tonsils yet practised is proof against hæmorrhage, but there is little doubt—I certainly have none—that there is much less bleeding when the method employed is enucleation by dissection, with ligature of the chief vessels.

And I deliberately make this statement in spite of the following extract from Irwin Moore's recent work on the tonsil. I shall read you his words:—"That enucleation with the guillotine can be performed more completely and satisfactorily with blunt-bladed instruments, and with less bleeding than with sharp-bladed instruments; also that hæmorrhage is more likely to occur after enucleation by dissection than after enucleation with the guillotine appears to be the experience of most operators." Perhaps some one will investigate this question. Unfortunately, at the moment, there are not enough trained dissectors in the country, nor sufficient skilled anæsthetists, even if there were time enough for both, to deal with the huge list of hospital cases.

The golden rule of the text-book is:—"Never allow a patient to leave the operating table until all bleeding has ceased." How can this be carried out under ethyl chloride anæsthesia? My association with a school medical service has opened my eyes to the serious effect on a child of undue loss of blood. In the school medical service of a town the children can of course be watched for any length of time, after their actual thirty-six or forty-eight hours' rest in the clinic. We know that a very large majority never give any anxiety from bleeding, but what about the others?

In a series of 900 cases of enucleation of the tonsils by a blunt-bladed guillotine and removal of adenoids under ethyl chloride anæsthesia, 18 cases—that is to say 2 per cent.—required the application of pressure clamps, ligature of vessels, etc. The quantity of blood lost varied from 20 to 40 ounces and allowing for further loss in various ways—for instance in

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the towels and blankets during the operation—in the bowel, etc., it was probably a good deal more.

In 2 per cent. of this same series, hæmoplastin, coagulum ciba, nepenthe, etc., appeared to obviate the necessity for operative intervention.

In another series of 764 cases the percentages were very similar, namely 1·8 per cent. as compared with 2 per cent. with an average blood loss of 28·1 ounces and operative procedures necessary, and 2·2 per cent. as compared with 2 per cent. with an average blood loss of 21·4 ounces checked by hæmoplastin, etc. Nearly all these children had a protracted convalescence, and in the worst cases several months elapsed before complete recovery.

During the same period, but not in either series of cases, two children, aged 5 and 3½, died from hæmorrhage. One child had left for her home in the country after forty-eight hours in hospital. A small hæmorrhage occurred on the fifth day, a severe one on the eighth day, and she was brought back to hospital still bleeding. She died before transfusion could be carried out. The other died in hospital forty-eight hours after operation, under the care of a highly competent house surgeon and sister. In this case the blood was retained, and although the bleeding was controlled as soon as it was discovered, it was too late and the child collapsed and died.

It is common knowledge that a child is more seriously affected by hæmorrhage than an adult, and it is certainly a grave complication in many cases. Can the younger men tackle this question and produce a hæmostatic guillotine worthy of the name, or will they avoid the challenge by becoming skilled dissectors?

Why do some cases bleed more than others? An elaboration of the observations of Lowndes Yates might repay the time spent.

Still two more questions on the tonsil. After enucleation of the tonsils—especially in adults—a protrusion of the lingual tonsil sometimes shows itself between the pillars, giving the appearance of an imperfectly performed operation. It may even require removal. Why is this? Is it not a proof that Nature insists on having lymphoid tissue in this region?

Is there such a thing as a dry throat after enucleation of the tonsils? Some adults complain of it. Is the tonsil associated in any way with the salivary glands, or does removal

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of all tonsillar tissue entail the destruction of too much mucus secreting tissue?

Malignant Disease of the Larynx.—This has, during the last ten years or so, become a less discouraging subject for the laryngologist, and lustre has been added to the reputation of British Laryngology by the work of the late Sir Felix Semon and by the brilliant results obtained by Sir St Clair Thomson in laryngofissure for intrinsic epithelioma of the larynx.

Will some of our younger members still further advance the good work of these pioneers and find out what, to me at any rate, is an unsolved problem, namely, how to determine when a case should be submitted to thyrotomy or laryngectomy?

Will one of you with leanings towards pathology separate into definite clinical types the various degrees of malignancy? What a help it would be to have reliable evidence that thyrotomy is just permissible on one case, risky in a second, but useless in a third! Mr Lionel Colledge is, I believe, working on these lines, and I wish him every success.

Cancer of the Œsophagus.—If ever there was a problem worthy of a man's life work, it is cancer of the œsophagus. The very thought of the locality immediately produces a feeling of absolute surgical impotence.

Radium and intensive X-rays are said to palliate. A very few patients have survived transthoracic excision, and by this method a few cures have been claimed in foreign countries. Speaking for myself, I have never seen a cure of malignant disease of the œsophagus. Does the future lie in surgery or in actino-therapy, and as things are at present, how does early recognition of the disease help the patient?

Malignant Disease of the Accessory Sinuses.—Browning said, "The blue of Heaven is greater than the cloud," and I think that malignant disease of the accessory sinuses of the nose would be in a haze between the two.

Operation alone, but more so when preceded or followed by radium, has given encouraging results in many cases. But here again there is no pathological basis of the degrees of malignancy upon which one can work. In a few cases under my care, radium seemed to increase the rapidity of growth. Was radium unsuitable in these cases, and if so, why was it contra-indicated?

Everyone hankers after the scientific operation, based on anatomical and pathological foundations, but the results are

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often the reverse of encouraging even when the patient survives. Diathermy is the very antithesis of this, and yet the results are often brilliant.

A judicial opinion on the relative values of surgery and diathermy in rhino-laryngology would be welcomed by many of us.

Status Lymphaticus.—Why does the Coroner's verdict of death from status lymphaticus evoke sympathy from all, and dubiety from some?

The case is frequently one of tonsils and adenoids, and the newspapers impress on the public that there is no known means of detecting this condition during life, and that the patient would have died during any other operation — meaning I presume, that the anæsthetic is the cause of death.

But *would* the patient have died? Is there any pathological lesion to be detected during life? How are we trying to solve the mystery if there is one? A writer has recently asserted that the term status lymphaticus is a good example of the growth of medical mythology, and that it was as accurate to attribute the cause of death to "the visitation of God" as to status lymphaticus.

Some years ago I was associated with one of these tragedies, and I accepted happily the pathological report of "enlarged thymus and enlarged Malpighian bodies in the spleen."

Some few months ago, under ether and chloroform, I performed tracheotomy on a boy of 5, whose tonsils and adenoids I had removed five weeks previously under ethyl chloride. The thymus completely hid the cricoid cartilage and trachea, and had to be forcibly retracted. Post-mortem, three weeks later, revealed an enormous thymus, continuous with a mass of similar tissue which enveloped the trachea, bronchi, roots of the lungs and heart. And yet this child was not upset in any way by either anæsthetic.

I have wondered lately if the condition of status lymphaticus is a genuine pathological condition, or are we to retain it as a diagnostic harbour of refuge for the day of disaster? Is status lymphaticus an entity or an excuse? Will some young man dispel this delusion of mine?

These are but a few of the problems awaiting solution. There are many others to stimulate the spirit of conquest.

The laryngologist should not be content to plough his lonely furrow. Rather must he collaborate with all those who are

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working near him on the wide field of medicine where mutual help is always necessary.

Success he may have, reverses he is sure to have, but such is the battle of life.

The future reputation of our British specialty rests with the younger men, and it is for them to grasp the torch which has been so worthily upheld in the past by many of our senior members, some of whom I see before me to-day.

To these we may apply the words of Kipling—

"They're all old friends on the old trail, our own trail, the out trail,
They're God's own guides on the long trail, the trail that is always new."

And because it is new and many of you are young, I make this appeal to you to blaze still further the trail.

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