Panel discussions

Four Panel Discussions were held in the Queen Elizabeth Hall, each lasting for approximately two hours. The topics selected by the Academic Committee proved both popular and stimulating. No attempt to report them in detail is feasible, but the following brief notes may serve as reminders to those who attended.

'IMMUNOLOGY AND MALIGNANT DISEASE'

Chairman: Mr. G. Dalton (G.B.)

Panel:

Dr. G. L. Asherson (G.B.) Mr. K. D. Bagshawe (G.B.)
Mr. P. Clifford (G.B.) Mr. P. McKelvie (G.B.)

61 members were present

The chairman introduced the panellists, Dr. Asherson (Immunologist), Professor K. D. Bagshawe (Oncologist), Mr. Clifford and Mr. McKelvie (Head and Neck Surgeons). Each in turn gave an account of his own perspective of the topic. Discussion followed, with questions from the floor. The emphasis was general rather than otolaryngological, and it was agreed that in the squamous-cell head-and-neck cancer field no firm pointers towards an immunological basis of management have yet been established. Desirable studies were suggested, but none were reported. The shortcomings, and potential hazards of present therapies were made cruelly apparent in an objective climate of discussion. There was general agreement on the need to involve immunologists more closely in the problems of routine investigation and clinical management of solid tumours of the head and neck.

'INDUSTRIAL NOISE-INDUCED HEARING LOSS'

Chairman: Mr. J. C. Ballantyne (G.B.)

Panel:

Mr. H. A. Beagley (G.B.) Professor H. Spoendlin (Switzerland)
Dr. A. Glorig (U.S.A.) Dr. R. Ross Coles (G.B.)

92 members were present

The Chairman introduced the panellists, who in turn raised the problems of quantification of noise-induced hearing loss, legislation for compensation, differential diagnosis and pathological changes. The problems of prevention were identified as problems of cost on the one

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hand, and acceptance by employees on the other. Individual susceptibility to noise injury was discussed at some length by many speakers, but largely discounted in view of undefinable variations in working habits.

'THE VOICE'

Chairman: Mr. K. Wilson (G.B.)

Panel:

Mr. E. Downes (G.B.) Mr. P. V. Wadsworth (G.B.)
Dr. Z. Zilstorff (Denmark) Mr. R. Fawcus (G.B.)

70 members were present

After a general introduction by the Chairman, each panellist gave a talk, and general discussion then followed. Mr. Wadsworth (Otolaryngologist) described the basic anatomy and physiology of voice production and the pathology of the commoner laryngeal diseases affecting voice. Mr. Fawcus (Speech Therapist) defined some commoner speech disorders (pubophonia, dysphonia, stuttering) and illustrated current research methods of speech analysis. Dr. Zilstorff, as doctor to the Danish State Theatre, described the particular problems of singers and actors and their management. Mr. Downes (as a Conductor) discussed the training of singers with particular emphasis upon the psychological makeup of the performing artiste. In the general discussion the singing voice proved to be the chief topic of interest.

'COMPLICATIONS OF THE SURGERY OF CHRONIC EAR DISEASE'

Chairman: Mr. G. D. L. Smyth (G.B.)

Panel:

Dr. D. F. Austin (U.S.A.) Mr. B. H. Colman (G.B.)
Professor C. Jansen (Germany) Professor T. Palva (Finland)

223 members were present

After introducing the panellists, the chairman defined the areas for discussion, and each speaker specified his own terminologies and basic operative techniques.

Simple drum reconstruction was discussed in relationship to graft materials, graft retraction, and excessive rigidity. Entrapment of squamous epithelium, and the maintenance of middle-ear aeration were provocative problems. Restoration of ossicular continuity was next reviewed, and this was followed by prolonged discussion of causes, incidence, and prevention of postoperative sensori-neural losses.

Intact canal wall techniques for removal of cholesteatoma came under some criticism as being prone to incomplete removal of disease. The Chairman concluded by emphasizing that whenever this technique is used, a revision operation must be foreseen and agreed upon beforehand.

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