the report to the Council of the British Association of Otolaryngologists. This body considered the question in May, 1961, supported the project and invited the Working Party to constitute itself as the nucleus of an independent Committee with power to co-opt any persons whom it thought suitable.

These five then met and decided to invite representatives from the Royal Colleges of Surgeons and from all local E.N.T. Societies in the British Isles. These representatives were forthcoming and the General Committee was constituted.

Meanwhile invitations to hold the Conference on their premises were received from the Royal Colleges of Surgeons of England and Edinburgh, and from Birmingham University.

The first meeting of the General Committee was held in November, 1961, thus concluding nearly 2 years of consultations and discussions. Officers were elected, the invitation of the Royal College of Surgeons of England was gratefully accepted, and Academic and Executive Committees were set up.

From that moment the Conference was launched, but its success was still on the knees of the gods.

The Conference

By COLIN M. JOHNSTON

The First British Conference in Otolaryngology was held under the gracious Patronage of His Royal Highness Prince Philip, Duke of Edinburgh, at the Royal College of Surgeons of England from June 16th to June 21st, 1963. Over 500 members attended from Great Britain and Overseas, including not only those in the speciality but many from other branches of medicine and surgery.

In addition to the Formal Sessions there was a full programme of Instructional Sessions, Films, Scientific Exhibits and a Trade Exhibition. A valuable feature of the Conference, the Instructional Sessions were conducted as informal talks followed by a discussion and were limited to not more than 20 members. The full programmes will be found on pages 866-868. Much appreciated were the visits to the Hunterian Museum and other Departments of the College conducted by Sir Victor Negus and assisted by Professor Gilbert Causey.

The Master's Badge of Office was designed by T. G. Wilson, F.R.C.S.(I). A note on the design states that it is academic and classical in concept. The Grecian tripod in the centre denotes wisdom and also refers to the triple nature of the speciality. The lyre and the amphora are symbols denoting hearing and taste and are used in the absence of Grecian symbols for the special senses. The badge is of enamel and gold and the national colours are appropriate to the British Conference.

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First British Academic Conference in Otolaryngology

The President and Council of the Royal Society of Medicine held a Reception in the Society's House on Monday, June 17th, for the speakers, the master, the Officers of the Conference and their Ladies. On the evening of Tuesday, June 18th, a Reception by the President and Council of the Royal College of Surgeons of England was given for members, guest speakers and their Ladies. A Banquet was held at the Guildhall of the City of London on Thursday, June 20th, when a large gathering heard speeches by the Master of the Conference and Professor Theo. Walsh.

That the Conference was a success can be judged from the numerous expressed congratulations at the end of the meeting and the letters of appreciation which the Master and Officers have since received. It is hoped that the original intention of the promoters of the Conference to hold it every four years will be carried into effect. It would not take place during the year of the International Congress in Otolaryngology.

Reporter's Note

For the reports which follow, I am indebted to Dr. Simson Hall and to Dr. Hallpike for the summaries of their addresses and to many of the speakers for the use of the typescript of their contributions. In the remainder, a tape record of all the formal sessions has made possible such accuracy in reporting as has been achieved.

Opening Ceremony

The Conference was opened on Monday, June 17th, in the Edward Lumley Hall. After a Ceremonial Procession led by the Macebearer, the President of the Royal College of Surgeons, Sir Arthur Porritt, Bt., K.C.M.G., K.C.V.O., K.B.E., gave a warm welcome and his wishes for the success of the Conference. Professor Victor Lambert then introduced Dr. I. SIMSON HALL, F.R.C.P., F.R.C.S.(Ed.), and invested him as the Master of the Conference with the Badge of Office.

Inaugural Address

by the Master of the Conference

Mr. President, Professor Lambert, Ladies and Gentlemen, it is my great pleasure and honour to welcome you to the First British Academic Conference in Otolaryngology.

We are privileged to meet under the gracious patronage of His Royal Highness, Prince Philip, Duke of Edinburgh.

Science and the advancement of its many branches are subjects in which he has always displayed the liveliest interest and the encouragement he has given to advances in medicine and surgery have been a stimulating influence in our profession.

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His practical interests in the well-being of the British Commonwealth has brought new vigour and inspiration to many aspects of life in the member countries. It augurs well for the future of this Congress that he has consented to be our Patron and I am sure that I voice the wishes of every member here when I suggest that it is only fitting that we send to him our loyal greetings.

This Congress is a pioneering venture and it is right to pay tribute to those whose brain-child it is, and whose persistence and belief in the undertaking has brought this scheme so magnificently to fruition.

The interest which it has aroused not only in the Commonwealth but in many other countries is reflected in the numbers assembled here.

It is noteworthy, too, that a wide range of age and experience is represented and it would seem that a real need has been filled and we are privileged to take part in what I believe will be an important recurring event in our medical calendar.

The detailed planning has been immense and time-consuming, under the Chairmanship of Professor Lambert, Mr. Macbeth the General Secretary, and the officers of all sections have given unstinted service so that we may have an occasion worthy of the best tradition of British Medicine, and representative of the high quality of medical work which is being developed in the various parts of the British Commonwealth.

It is indicative of the rapid advances in medicine taking place in all these countries that we now welcome our colleagues from the Commonwealth as teachers. This is real partnership and is a source of satisfaction to us all.

That we should have a programme so full of interest is to a large measure due to our friends from America. We are greatly in their debt for we have borrowed freely from them in the planning of our Conference. They have been generous not only in providing ideas but they have put us further in their debt by coming here to help us to carry out our programme, a demonstration of practical friendship which earns our warmest gratitude.

With the advent of chemotherpy, leading to the virtual elimination of the surgery of suppuration which had hitherto formed the greater portion of our work, there were pessimists who spoke of ours as a dying speciality. You have only to examine the scope of the programme for this Conference to realize that our work, on the contrary, is expanding year by year, and is constantly reaching towards new horizons.

Advances have been immense, but like all advances in science this has not been a continuous extension of knowledge but is rather a cyclical process. If we look back to the early pioneers of British Otolaryngology, to Toynbee, Semon, Jenkins, Logan Turner, and St.Clair Thomson, these men seem to me to have marked the highest point in their cycles, and to have been responsible for initiating the next stage of advance. A period

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of consolidation would follow and then another original thinker would continue the process. We are still building today on the foundations they laid. There is evidence amongst us here today that this still holds true but research and advancement in scientific fields is becoming more a matter of team work between the groups of workers rather than of individual effort.

It becomes ever more evident that with the increasing complexities of surgical techniques, one man can master completely but a small part of our fields; but the field itself can be wide and the training of otolaryngologists in what I would call the marginal fields is the responsibility of their seniors, a responsibility to which they should be alive. Upon an occasion such as this, those not yet committed to a particular line can cast their net widely and profit from the opinions of acknowledged experts in many branches of our work.

I believe that there should be no barriers or regulations that particular fields should be reserved for surgeons practising a specified line of work. Training and ability should be the only limiting factors.

There is little doubt that the basic sciences have provided the impulse for the recent great advances in surgery. I believe that in the future a closer association between the basic sciences and our own work is essential.

This is necessary not only that we may solve our own problems but that those concerned with pure science shall not move away from medical reality. For if the scientists are not aware of the problems which are born of our failures how can we expect them to direct their researches towards questions concerning the maintenance of health, and the relief of suffering which has always been, and still is, the ultimate purpose of physicians and surgeons alike?

In our enthusiasm for the scientific problems of surgery we must not lose sight of the fact that surgery is not only a science, but an art and a craft. Science occupies itself with an ailment but surgery as an art is concerned with a human being.

Our Royal Patron, when he was made an honorary Fellow of the Royal College of Surgeons of Edinburgh, spoke these words: "If anyone is going to tinker about with my insides I would he were an accomplished craftsman rather than a scientist."

Apart from courses devoted to a specific end, such as the preparation for an examination, the day of the didactic lecture seems to be almost over as a means of imparting information, and as a medium of teaching. Sir Joseph Barcroft describes this as "information transferred from the notes of the lecturer to the notes of the lecturee without going through the minds of either".

I believe that the out-moding of the didactic lecture is an advance and is indicative of the wider outlook which has been engendered by the improvement in textbooks and periodicals. It indicates to me a new

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activity of mind which, equipped with greater knowledge, wishes to question and discuss. Curiosity about the subjects concerned is greater and means that the more readily available outside sources of information are being tapped. Possibly the day will come when we shall follow the example of some specialized units and permit the learner to carry out his study entirely on his own initiative. As far as this country is concerned this day is not yet and we must still provide the machinery of learning.

It is our duty, however, to initiate trends and stimulate ideas where we can.

The changing pattern of Conferences, as in this gathering, has some implications which we must realize. Responsibility for the success of a conference is shared now to a much greater extent between those who come to teach and those who come to learn. In a formal lecture course success depended largely upon the appearance of leading authorities in any subject, with the audience playing a largely passive role.

Whilst it is true that we are fortunate here in having some of the greatest experts in the world, in their chosen fields, the success of this Conference depends more than ever upon those who have come to attend it.

Who among us has not come away from a conference unsatisfied even after a surfeit of lectures, feeling that his own particular problems were still unsolved and many questions were unanswered? In the manner of the programme arranged here, there should be no possibility of this.

If one approaches this type of meeting in the right spirit no one need go away without profit, for I believe you will take away in proportion as you bring.

If you are men and women of experience let us have the benefit of your experience and your wisdom. If you are young and inexperienced bring your curiosity and your questions for you have an unparalleled opportunity in the instructional sessions of discussing in a friendly and informal atmosphere the problems which some of the best known surgeons have made their own particular province.

In reading their publications you may have wished on occasion to question them. Now is your opportunity to discuss or even challenge.

Sir George Pickering in writing of Medical Education, says: "Education demands active participation of the student's mind. It is a process in which the experiences and the ideas of two or more minds meet and are sharpened."

In closing I would reiterate what I have said before—the more you contribute to discussions in large groups or in small, the more profit you will obtain from this Conference. From your questions or suggestions may arise the ideas which will stimulate a new phase in the advance of otolaryngology.

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