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SURGICAL PRACTICE IN OUR SPECIAL DEPARTMENTS.

AMONG the things of general interest in the literature of last year there is one striking feature to record—namely, a controversy which followed the publication of two lectures delivered by Sir Felix Semon in October of the year before upon "Some Thoughts on the Principles of Local Treatment in Diseases of the Upper Air-passages." Not only did this controversy go on for some time during last year, but it was renewed in midsummer by the light thrown upon the questions in the discussions held at the Manchester meeting of the British Medical Association. Briefly stated, the opinions originally put forward in the lectures amounted to a plain declaration of opinion that in a number of affections of the nose and throat there was a tendency on the part of some to overestimate the value of certain operative or other methods of treatment. The lectures gave a frank and straightforward expression of opinion, and they were written in such a way as to impress the reader that the convictions so openly expressed were the result of mature deliberation, and of an extensive perusal of the writings of others. From beginning to end the close reasoning and the skilful marshalling of facts produced a most striking effect upon the minds of readers.

In the interesting introduction Sir Felix Semon was careful to say that he had been impressed greatly with the address on "Friends in Council," delivered before the British Medical Association at Cheltenham, and with what Dr. Goodhart had said about the impatience with which men and women in the present day rush

into the not always sufficiently repellent arms of surgery, and his quotation that "throats and noses suffered terribly from this lust of operation that has beset the public." Sir Felix Semon was careful further to say that he brought no special charge against our own branch, but, accepting Dr. Goodhart's denunciation of general tendency, wished to draw some lessons from those branches with which, as the result of his experience, he was familiar.

One thing which gave interest to the communications was that these expressions came from one engaged in our special practice, and all will admit that the writer, from his position, was thoroughly entitled to express his opinions. Further, one of the subjects brought up at the British Medical Association Meeting in Manchester, and in the Otological Section, was a discussion on the aims and limitations of intranasal surgical procedures in the treatment of chronic non-suppurative middle-ear disease, and after a full discussion the President stated he considered the discussion had proved of value, in that it had elicited what appeared to be an almost unanimous verdict that in genuine sclerotic catarrhal conditions of the middle ear intranasal operations were useless and even harmful, so far as hearing was concerned.

As might have been expected, however, all the opinions expressed by Sir Felix Semon were by no means universally accepted, and the lecture gave rise to a considerable amount of controversy, in which a number of leading authorities in our special department in this country brought forward arguments, as the result of their experience and their interpretations of the writings of others, to show that they could not possibly accept all the views advanced in the original articles. Far be it from us to say that the actual result has not been to modify in a measure the practice of some. but it need hardly be added that the original writer and his opponents have by no means become reconciled.

It would probably be unreasonable to expect that this could yet have been the case, because it must ever be remembered that it came out in his replies in the journals that Sir Felix Semon was quoting from and referring to the works of men not only in this country, but in the American and European continents. If this be so, it stands to reason that time must elapse before the necessary reliable statistics can be collected in support of, or against, the original view advanced. That they will come in time cannot for a moment be doubted, and all the reader can do in the meantime is to weigh the arguments put forward at the time, and, with the aid of his own experience and judgment, form an opinion for himself.

In the discussions and letters one could not help thinking that occasionally there was a suggestion of motives, but with that aspect of the question we do not propose to deal. On the contrary, we believe that such questions are best settled by calm and deliberate consideration from the purely scientific aspect of all the points laid before the profession from both sides. Nevertheless, in passing, we cannot help referring to two or three things which have been raised as a result of the controversy. To begin with, for anyone practising a special branch of work such as ours to express himself as Sir Felix Semon did involved great responsibility, because, however willing general readers may be to judge as fairly as they can, there is a possibility—we will not say a probability—of the special department and its workers being somewhat misjudged. It is only fair to Sir Felix Semon to say that no one was in a better position to judge of this risk than he, and it is only right to assume that it was out of a sense of duty that he took the opportunity of placing his views before the profession. Secondly, some may be inclined to think that some of those who are given to severe criticism of certain operative procedures might be blamed for falling into the other error of doing too little. Now, it has always appeared to us that, even if it could be proved that this was the case, the two questions should be kept entirely apart. It would be a fallacious argument to put forward the idea that because one thought too much was being done it necessarily followed that the same person did not do enough. Further, it is perfectly open to any member of our speciality to deliver a series of lectures upon the very same question, taking the opposite view from the same text, and to point out how much suffering has been left unrelieved by some operators not taking advantage of the most recent and advanced methods of treatment. Indeed, we might go further and say that if we were to quote statements already in existence to this effect from the writings of different specialists at different times, it would be easy to compile such lectures now. In this connection we might remind our readers of Dr. Sandford's remarks in his presidential address to the British Laryngological Association, and say that if surgeons nowadays were inclined to think that specialists were apt to pay too much attention to diseases of the nose, a reference to the literature of the past would show that surgeons had not given the same prominence to these affections which Nature had afforded the organ itself. The truth possibly lies in this, that there is no conscientious surgeon practising in our special department, or in any other department, who is not constantly confronted with that great problem of how to do what

is exactly the right thing in a given case. In other words, there is the constant demand for that fine balance of judgment which must constantly be asked of the practitioner of any art which is ever progressing. The problem before the surgeon is often not a mathematical one in which it is possible to say "Yes" or "No." On the contrary, every surgeon is constantly being confronted with the problem of how he is best able, from his knowledge of the past, and the multitude of advisers of recent methods in the present, truthfully and conscientiously to advise in the individual case before him. The difficulties and differences of opinion are often best seen, not when we have a case before us in the consulting-room, nor when we have one or two consultants at the bedside, but when a case is brought before a meeting of experts, say at one of our clinical societies.

It goes without saying, in coming to a conclusion as to what others have done, that after hearing the patient's story, after judging from what is to be seen—in fact, after carefully sifting all the evidence—there is abundant room for charitable interpretation of the work of others. Yet, judging the subject from all these standpoints, as we have already stated, the fact remains that men capable, and in a position which entitled them to express themselves upon such questions, frankly advanced the views that some were inclined to overestimate the importance of operative procedure.

If the result be to impress every worker of the grave responsibility which rests upon him, no harm can be done. More than one branch in medicine has had the same fight to go through, for here, as in all other affairs of men, history repeats itself. On more than one occasion in the past fears have been expressed as to the effect such criticisms might have upon the special branch involved. Certainly in the past there have been individual workers who might have thought that their own particular work or views were those attacked, and to an extent it is quite right that men should be jealous of their own reputation, and that of their special departments, because nothing can injure either without at the same time inflicting a loss upon the patients themselves. From our standpoint, however, we are not inclined to think that straightforward criticisms can possibly do permanent injury, unless, indeed, the personal element be introduced—an element which should be carefully excluded in every controversy of a scientific nature, as far as it is humanly possible.

On looking over the pages of that useful work by our colleague Mr. Lake (the "International Directory of Laryngologists and

Otologists"), it is impossible not to be impressed with the long list of names of men in every country who, as far as we are able to judge, are as conscientious and honourable workers as may be found in any branch of this or any other profession. The result of their work is seen in the triumphs of modern laryngology, rhinology, and otology, and it is difficult to see how criticism openly expressed can do any permanent harm. As for individual workers, it may be safely stated that those who have the keenest sense of responsibility, and whose work is guided by healthy introspection, will be least troubled with such fears.

It would be as unwise as it would be uncharitable to assume that there are many workers in our special department who intentionally over-operate. If there is a minority, it may be severely left to find—and surely will find—its true level. That there may be those who, with the best intention, err by over-operating we admit, but the tendency of our special department is onward, and its work is so great that we can welcome criticisms, believing as we do that, after all momentary feelings and expressions to which a controversy gives rise have expended themselves, nothing can alter or materially affect its progress.

May we venture to hope at the beginning of this year that less will be heard of controversial matters, and that there will be no abatement of that work in this and every civilized country, which is surely and steadily adding to the great and honourable history of our special department.

PARAFFIN INJECTIONS IN CASES OF SUNKEN NOSE.

An interesting communication on this subject was read by Mr. Stephen Paget before the Clinical Society of London at one of its most recent meetings. In it he gave the result of his experiences in twenty-five cases; of these, eight were female and seventeen male, the age of the youngest being nineteen and of the oldest fifty-two. In two of his cases the nose was not only somewhat sunken, but also crooked, and had to be straightened with Walsham's forceps; in several there was perforation of the cartilaginous septum, and in one also extensive destruction of the roof of the mouth; ozæna was present in one case. As regards the cause, in about one half this was congenital or the result of disease, and in the other half, injury. In a few cases some operation had been done to remedy the deformity, and had failed. In twelve of his cases Mr. Paget used Eckstein's paraffin, which