

THE  
JOURNAL OF LARYNGOLOGY,  
RHINOLOGY, AND OTOTOLOGY.

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#### THE TORONTO MEETING.

In our last issue, through the courtesy of the *British Medical Journal*, we were able to afford our readers the opportunity of studying some of the important papers communicated to the Section of Laryngology and Otology at the Annual Meeting of the British Medical Association recently held in Toronto. In our present issue will be found a further report of the proceedings.

The meeting of this Section, under the presidency of Dr. Dundas Grant, may be confidently stated to have been a complete success; the attendance was large even as compared with the best averages of our home meetings, and an excellent programme was carried out in the most satisfactory way. Great praise is due to the secretaries, Dr. Brown-Kelly and Dr. Gibb Wishart, for this result. The papers and discussions were grouped so that subjects which were similar or related were taken together, the time occupied in discussion being thereby judiciously economised.

The first day was mainly devoted to a discussion on operations for the correction of deviations of the nasal septum. Dr. StClair Thomson advocated that form of sub-mucous resection known here as Killian's, and Dr. Otto Freer, of Chicago, the sub-mucous operation as elaborated by himself. On the other hand, Dr. Roe (Rochester), whose works in connection with nasal deformities have been so long known, maintained that a crushing operation was more applicable to those cases in which a deflection was mainly constituted in the osseous parts of the septum. Dr. MacDonagh,

the Canadian vice-president, advocated a middle course, and on the whole, although a judicious eclecticism was considered the ideal attitude, there was no doubt that the sub-mucous resection was rising in favour very rapidly, perhaps too rapidly. Two other items were instructive radiograms exhibited by Mr. Hugh Jones, of Liverpool, and Dr. Mosher, of Boston, the former of an exostosis of the frontal sinus, the latter of a partial partition on the outer wall of the sphenoid. One of the most valuable communications of the whole meeting was one on skiagraphy as an aid in the diagnosis and treatment of diseases of the accessory sinuses of the nose, which was made the following day by Dr. C. G. Coakley, of New York. This was illustrated by such an instructive exhibition of excellent negatives as will, no doubt, give a great impetus to the cultivation of this side of our specialty on the part of all those who witnessed it.

The rest of the second day was mainly devoted to the nose and accessory sinuses. Dr. Smurthwaite read a paper on "Headache associated with Pathological Conditions of the Middle Turbinal." Dr. Perry Goldsmith described a series of exceptional cases of frontal sinus suppuration involving difficulties which he overcame by the exercise of considerable ingenuity and skill. Dr. Herbert Tilley contributed his most recent views on the operations on the antrum, frontal, and sphenoidal sinuses. The subsequent discussion indicated a slow but increasing appreciation of the value of conservative intra-nasal treatment of the sinuses so long as valuable time was not lost. The variations in the shapes and sizes of these cavities was well brought out by a collection of serial sections of heads prepared by Dr. Hanau Loeb (St. Louis) by the superposition of which a composite average type was arrived at. On the same day the Section joined with that of Pediatrics for the discussion of congenital stridor, both laryngeal and tracheal, the main point being the question as to whether the former was due to mechanical insuction of abnormally flaccid laryngeal walls, or to neurotic disturbance of co-ordination of the respiratory movements, the latter view being maintained by Dr. Ashby, of Manchester, as well as by Dr. Logan Turner, who introduced the discussion; there seemed to be, however, a growing feeling in favour of the former view.

The President deplored the small proportion of the programme relegated to otology, but the very excellent papers and discussions on the third day of the meeting made up in quality what was apparently defective in quantity. Dr. Shambaugh (Chicago), whose

investigations into the blood-supply of the labyrinth are now well known, illustrated his views by means of celloidin casts of the inner ear. The main feature of the day's programme was a discussion on the indications for the ligation of the jugular vein in otitic pyæmia. This was opened by Mr. Hugh Jones (Liverpool) and Dr. J. F. MacKernon (New York), both of whom have had very extensive experience in the treatment of this form of disease, and the discussion which appeared in our last issue has, no doubt, been read with great care. Dr. MacKernon's experience had led him to adopt very thoroughgoing measures of operation and early ligation of the vein, Mr. Jones, although in the main agreeing with him, being much impressed by certain cases of acute otitic pyæmia which had recovered without ligation of the vein. The first essential in the treatment in his opinion was the complete eradication of the primary focus in the temporal bone and of the secondary focus or foci, if present, in the venous channels. It had to be admitted that the last word had not been said on this important matter. The pathogenic influences of aural lesions on the general system was the subject of a communication by Dr. Macuen Smith (Philadelphia); he pointed out how often the symptoms were mistaken for those of malaria, typho-malaria, or meningitis. He dwelt particularly on the value of examination of the blood with regard to leucocytosis, and more especially as to the percentage of leucocytes which departed from the normal polymorphonuclear type. This clinical point will probably receive more and more attention. The scope of conservative methods in the treatment of aural diseases was taken up by Dr. Gorham Bacon (New York), who indicated that the operative pendulum had swung a little too far to one side and that more conservatism might be practised. One speaker expressed the opinion that while operations for chronic otorrhœa were perhaps too frequently resorted to, the mastoid drainage for acute suppurative otitis was not practised often enough or early enough. Dr. Clarence Blake (Boston), who was welcomed as the *doyen* among the otologists present, described his method of preserving the blood-clot as a primary dressing in mastoid operations, which in his hands and those of Dr. Sohier Bryant, who had practised it with him, appeared to give in many cases the most satisfactory results.

The final day of the meeting was chiefly occupied by a discussion on laryngeal disturbances produced by voice use, their causes being very logically marshalled by Dr. Middlemass Hunt, of Liverpool, who opened the discussion. Among other interesting points

elicited by him was the fact that singer's nodules might be present without inducing any disturbance of voice; in point of fact it might be almost said that it was sometimes better that they should not be discovered. Hence, too great zeal in treating them was to be discouraged. Dr. Casselberry referred to the neuro-muscular disturbances, but he emphasised particularly the value of rest in hyperæmia, and the importance of treating diseases of the pharynx and nose. The President referred to the difficulty in deciding as to when to order rest and when exercise of the voice; the latter had its place and the former might be kept up too long, to the disadvantage of the patient. He expressed appreciation of the methods advocated by Holbrook Curtis, of New York, in cases of nodules, and in his opinion in hyperæmia apart from these. He further alluded to the fear sometimes expressed that so much importance was attached to the effect of nasal disease as to constitute a danger to laryngology; he asserted, however, that it was in any case no source of danger to the larynx. The influence of nasal disease as an etiological factor in the production of sputa afforded Dr. Peyre Porcher the text for a paper expressing views with which most present were familiar, and with which they were mainly in accord.

Among the most striking papers was one by Dr. Chevalier Jackson (Pittsburg), on "Thyrotomy and Laryngectomy for Malignant Disease of the Larynx." He described with engaging modesty a series of operations with results, on which the Section gave him the most cordial congratulations. Among other papers was one by Dr. Richards (Falls River) concerning two cases of "Abductor Paralysis," in which tracheotomy was called for, and one by Dr. Alice G. Bryant (Boston) on "The Use of the Cold Wire Snare in the Removal of Hypertrophied Tonsils," which gave rise to a most interesting discussion, mainly concerning the frequency or rarity of hæmorrhage after removal of tonsils, the extraordinary extent to which experiences differed being well illustrated. Another interesting communication was one by Dr. Mosher (Boston), who showed a speculum for direct inspection of the pyriform sinuses and the upper end of the œsophagus, the very part of the alimentary tract which is too low for the laryngoscope and too high for the œsophagoscope, but yet a very frequent site of disease. Dr. Smurthwaite's artistic ability and skill in laryngoscopy were illustrated by a number of oil paintings of laryngoscopic views of the larynx.

It will be seen that the programme was both varied and instructive, and the good feeling and courtesy exhibited by all, even to

those with whom their views appeared to differ to the utmost, were all that could be desired. The enjoyment of the meeting was greatly heightened by the attitude of the Canadian hosts towards their visitors from the British Isles and from the States of America. The hospitality extended by Dr. Macdonagh, Dr. Price-Brown, and the genial secretary, Dr. Gibb Wishart, was greatly appreciated. The impression produced on the British visitors by the earnestness, courtesy, and cordiality of their American cousins was one which we are sure will never be eradicated. The value of such meetings towards forwarding the brotherhood of mankind is surely most valuable.

## ANNUAL MEETING OF BRITISH MEDICAL ASSOCIATION.

### SECTION OF LARYNGOLOGY AND OTOTOLOGY.

#### INTRODUCTORY REMARKS.

BY THE PRESIDENT, J. DUNDAS GRANT, M.D. EDIN., F.R.C.S. ENG.

WHILE gratefully acknowledging and appreciating the great honour which I have received in being appointed to preside over this Section, I feel very deeply the responsibility devolving upon me. It is my duty to enable everyone who has something to impart to have an opportunity of doing so, and in order that this consummation may be attained in the limited time at our disposal I must ask you to support me in my endeavours to compress and direct our discussions.

Our programme, though fairly comprehensive, has, as it happens, a comparatively small proportion of it devoted to otology proper. It is too late to rectify this, and though I am personally to some extent responsible for it I feel that it is to be regretted. I will content myself with expressing the hope that the dazzling brilliancy of the results of our modern surgical otology may not be allowed to divert our gaze from the minute details of intra-aural technique. The former are answerable for the saving of many lives from danger, but the latter enable us often to prevent our patients from running into those dangers. The aurist who, as Professor Lucae has said, can cure the largest number of cases without recourse to major operations is the one most deserving of