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As we approach the Millennium I thought it would be interesting to see what our forebears were writing about 100 years ago. The Journal of Laryngology, Rhinology and Otology was then published by Rebman Publishing Company, Limited, 11 Adam Street, Strand, London, W.C.—Editor

PRESIDENTIAL ADDRESS

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The Expansion of Laryngology and Otology

The time is long past when there was a necessity for defending the existence of laryngology and otology as special branches of study. It used to be said by the opponents of specialism that it tended to a narrowing of the mental horizon on the part of its votaries. The inclination now is rather to complain that the surgical limits of our specialties are being unduly extended. Indeed, I have been told that a well known teacher of surgery in this school is in the habit of demonstrating a very small region in the neighbourhood of the umbilicus, which, in the near future, will represent the region upon which the general surgeon will still continue to exercise his skill. Experience has shown that no charge of mental narrowness can be brought against the best workers in our specialties, but the danger of excessive extension is perhaps more real. Let us consider first how easy it is for the laryngologist gradually to extend his field, both on the medical and surgical side. You are all familiar with the indications of general disease, which are often first detected by the laryngoscope. We discover, it may be, some lesion of the chest, nervous system, or even kidneys, which we feel ourselves perfectly able to treat, and so, unless the laryngologist be careful, he may be led to encroach seriously upon the domain of the general physician.

Turning now to the surgical aspect of the same specialty, the old rule used to be to call in a surgeon when external incisions were required. Of course to carry out this absolutely would be impossible, for tracheotomy is an operation we must all be prepared to perform when the indication is urgent. The laryngologist of to-day, however, does not confine himself to this. He performs thyrotomy and excisions, removes goitres and sometimes cervical glands, so that he thus annexes as it were a considerable portion of the general surgeon's territory. If these operations are to come within our sphere of work, then it almost logically follows that we shall in the near future undertake external operations on the oesophagus and stomach, as well as extensive dissections involving the removal of tumours from the neighbourhood of the large vessels of the neck.

In otology there is the same tendency towards extension on the surgical side. Thus the aurist no longer fears to open the cranial cavity nor does he hesitate to perform such operations as ligature of the internal jugular; he has not, however, the same direct temptation as the laryngologist to enlarge his field at the expense of the physician. The same expanding tendency may be observed, too, in connection with the nose, although here there is not quite the same scope. I am content, gentlemen, to place these facts before you. There is a good deal to be said for and against this growing desire of the younger specialties to annex fresh territory. It is a question for each one of us to decide for himself how far he shall take part in this policy of expansion. Only if it creates against us a certain feeling of antagonism on the part of consulting physicians and surgeons we must not be surprised, and I think much could be done towards mitigating such antagonism by taking care that our position—be it in the van or rear of this movement—is logically unassailable.