

## British Society for the History of ENT

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### **The History of Nasal Polyposis**

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The history of nasal polyposis goes back for a period of over 4000 years to Ancient Egypt and this condition may, perhaps, be the earliest recorded disease in which we know the names of both the patient and the physician. Further significant advances were made in Ancient Greece and Renaissance Europe, but the real transformation to nasal polypectomy from an extremely painful and dangerous procedure into a routine minor operation did not occur until the end of the 19th century.

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### **'Warminster to Westminster' – The Public Life of Somerville Hastings, F.R.C.S.**

Keith Ferris, F.R.C.S.

Born in 1878 – Senior ENT Surgeon at the Middlesex Hospital and others 1908–1945, author of books on fungi and alpinism, illustrated with his own photographs, some in colour (1909), and a left-wing politician.

He was three times an MO, a long serving councillor and Alderman and Chairman of the LCC in 1945.

The first and most senior clinician publicly to campaign for a state medical service in 1928. The article charts how he developed his ideas through the 1930s in speeches and articles in the medical and lay press, despite opposition from the establishment. Their adoption by Labour resulted in the NHS in 1948, though the full range of his proposals could not be afforded. He conceived the NHS and saw it through a difficult and long gestation.

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### **'Sir William Wilde – The Renaissance of Otology'**

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Sir William Wilde (1815–1876) achieved distinction as an archaeologist, travel writer, botanist and literary biographer. He made important contributions to epidemiology and his meticulous accounts of disease in Ireland during the time of the Famine when he was a Census Commissioner is still much revered by students of this period.

Wilde, with Hinton and Toynbee were largely responsible for removing Otology from the mists of quackery and superstition which prevailed in the early 18th century. Wilde's text book – 'Observations on Aural Surgery' (1863) – laid the scientific foundations for the specialty of Otology and represent a contribution to our specialty which parallels that of Hunter to general surgery. Wilde can truly be called the father of Otology.

A short account of Wilde's colourful life and times was presented.

### **The History of Lasers in Otolaryngology**

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The first working laser was publicized in 1961 by Maiman, although it seems likely that laser light had been produced prior to this announcement, at Massachusetts Institute of Technology.

Quickly following this, several other lasers were produced, each with differing physical properties.

Clinically, Ophthalmologists were the first to use lasers for surgery in the late 1960s, quickly followed by ENT surgeons, the first reported work being in 1971. This was with the Carbon Dioxide (CO<sub>2</sub>) laser. During the 1970s, lasers were introduced into ENT Surgery in this country by Carruth and Parker, again starting with the CO<sub>2</sub> laser. As laser manufacturers realized the potential market of surgical lasers, the range of wavelengths available rose rapidly, such that there are now 15 different wavelengths that could be used by ENT surgeons for operations in all parts of the Head and Neck.

Initially, surgery was confined to the larynx but, as the new wavelengths became available, and as ENT surgeons gained confidence in this new instrument, their role expanded into the oral cavity (CO<sub>2</sub>),

middle ear (Argon, KTP), Head and Neck (Nd-YAG, Tuneable dye laser for PDT), Nose (Argon and KTP, later Holmium YAG and Diode) and Throat (CO<sub>2</sub>, KTP, Holmium YAG). As the emphasis of ENT has changed to incorporate areas such as Facial Plastics, newer lasers such as Ultra-pulsed CO<sub>2</sub>, Flashlamp pumped dye, Copper Vapour and a variety of Q-switched lasers have all been used by ENT surgeons, particularly in the USA.

### **The Mary Rose and ENT**

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On 19 July 1545, *The Mary Rose*, carrying Sir George Carew, Vice Admiral of the Fleet and under the Captaincy of Roger Grenville, sank at Spithead in full view of Henry VIII and his army gathered at Southsea Castle.

*The Mary Rose* heeled over in a stiffening breeze and water poured through her gun ports which were open in anticipation of the forthcoming battle with the French Fleet. More than 600 men died 'trapped like rattens' by the anti boarding netting secured over the upper decks.

More than 400 years later her wreck was discovered and salvaged along with a vast number of well preserved artefacts and skeletal remains.

The remains of 179 individuals were discovered amongst which were 68 skulls and mandibles. With the permission of *The Mary Rose* Trust 63 skulls were examined looking for bony pathology. The commonest pathology was dental caries which was found in 83 per cent and 13 per cent had evidence of dental abscesses. Marked deviation of the nasal septum was seen in 25 per cent of the skulls, a not surprising finding in an all male military crew.

One pre-morbid depressed fracture of the parietal bone and one presumed mastoid fistula were found but surprisingly no other otological pathology was discovered.

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### **Wedi Sanniya a Demonic Possession**

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A hypothesis is presented that a 16th century exorcist mask from Sri Lanka is a representation of an otogenic facial palsy. The earliest Aryan migrants to Sri Lanka, the Sinhalese (543 BC) attributed disease to demonic possession. These traditions continue to the present. Exorcisms are still performed to drive away demons that cause disease by possession of patients. The patient's symptoms and signs are thought to be the physical characteristics of the possessing demon. The exorcist performs a ceremony wearing a mask which represents the characteristics of the possessing demon. The Thovil (Devil dancing) ceremony spans the whole night into the early hours of the morning. It is a frightening (yet

impressive) experience to the audience (Wijesekera, 1989b).

The Wedi Sanniya (Lit. trans. – Shotgun Malady) is a mask in the Daha-ata (eighteen) Sanni Mask system, a group of masks depicting illnesses afflicting individuals as opposed to epidemics. It is a late addition to the mask system with the advent of firearms to warfare in Sri Lanka in the 16th century. The mask (Figure) has a twisted face, one eye larger than the other, the angle of the mouth twisted upwards with a protruding fang. Anthropologists have attributed the characteristics of the mask to the facial appearance of a marksman taking aim. The diseased individuals have discharging ears. The association of otorrhoea and the twisted face implies that the Wedi Sanniya is an otogenic facial palsy. The disease afflicted mercenary infantrymen who fought in the service of the Sinhalese King against the Portuguese (Raghavan, 1969). The syndrome complex could be explained by a sequence of events whereby infantrymen would suffer traumatic perforation of the tympanic membranes (from explosive blasts of firearms) which lead to suppurative otitis media complicated by otogenic facial palsy.

Charles J. Heath Consulting Aurist, Metropolitan and Asylums Board and Surgeon Throat Hospital Golden Square presenting a paper to the Hunterian Society of London in 1919 described a high incidence of chronic suppurative otitis media and its complications in soldiers returning from the European front during the First World War (Heath, 1919). However, the Wedi Sanniya is the earliest depiction of an otogenic facial palsy in soldiers.

The afflicted individuals also have terrifying

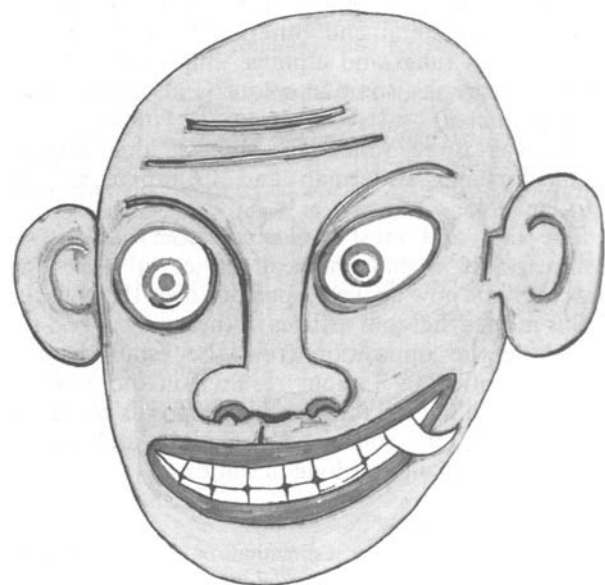


FIG. 1

Author's representation of the Wedi Sanniya mask.

dreams and hallucinations of explosions and firearms which resembles shell shock. The syndrome of Wedi Sanniya also characterizes a post traumatic stress syndrome (Wijesekera, 1989a). This is the first description of a traumatic stress disorder. It was a century later than Samuel Pepys described the syndrome in victims of the Great Fire of London (Burgess Watson *et al.*, 1988).

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#### Two heads, three skulls

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#### Material

Two mummy heads and three skulls, all from Ancient Egypt, all are in the care of the Birmingham Museum.

#### Period

No date can be assigned (v.i.).

#### Method

All five specimens were scanned on a GE Highlight Scanner. Initially 10 mm slices in axial plane were followed by 2 mm slices on soft as well as bone algorithm. The raw data was then used to obtain multiplaner and 3D images using MIP (Maximum Intensity Projection).

#### Findings

In one mummy head evidence of perforation of roof of nose (ethmoids-cribriform plate) is present as means of evacuating the brain. In one of the skulls the same findings are seen. In the second skull biparietal thinning was noticed on the CT scan (3D reconstruction). In the third skull a bony swelling on the inner surface of the cranium can be seen (right occipital region), probably inner table occipital, meningioma or osteoma.

It was of interest to find the ossicles in some of the specimens intact and in continuity. Also of interest was to identify post-mortem elevation of dura in one case, possibly due to the mummification process.

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#### William Laidlaw Purves, M.D., 1842–1917

Neil Weir, F.R.C.S.

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William Laidlaw Purves (1842–1917) Aurist, Oculist and Golfer, trained at Edinburgh Medical School, and whilst still a medical student in 1862 joined a whaling ship, the SS barque *Polynia*, captained by the experienced Captain Gavill, to hunt seals and whales off the Greenland coast. The presence of polar bears on the ice floes was used as a signpost to the whereabouts of seals, of which many (up to 6000 a day) were slaughtered for their skins and oil. On his return Purves qualified, worked for a year in Edinburgh and Cardiff and emigrated to Australia, where he married and fathered two children. After about five years there he returned to Europe having lost his wife and children. He made no further reference to his first wife throughout his remaining life. He was appointed aural surgeon to Guy's Hospital in 1874 and in the same year he joined the Wimbledon Golf Club, later the Royal Wimbledon. The course, on Wimbledon Common, was shared with the London Scottish Rifle Volunteers. Golfers wore red coats when they were playing, a custom which acted as a warning to the public as most golf courses were at that time on common land.

Purves was a scratch player with a great interest in planning courses and developing the rules of golf. Play on the common was restricted to three days a week. This prompted Purves to look for a 'links' course where Londoners could play. After searching the south coast he found the sand dunes of Sandwich Bay where he founded the (Royal) St George's Club. Here golf was permitted on Sundays but not with a caddy as to 'carry one's own clubs fulfilled some of the conditions of religious observance'. This rule was abandoned in 1898.

Purves' character was said to be compounded of irascibility, kindness, rigorous standards, a characteristic Scots brew of qualities, to which might be added a certain reticence, as he never mentioned his first wife to his second. At his death he was a current member of 32 golf clubs, which may possibly be a record number.