

THE
JOURNAL OF LARYNGOLOGY,
RHINOLOGY, AND OTOLOGY.

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

**BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL
ASSOCIATION**

General Meeting, Friday, January 27, 1899.

Mr. Lennox Browne expressed the opinion that, whatever may have existed in the past, it was no longer necessary to hold a debate which inferred narrowness of views taken by the specialist in diseases of the throat, nose, and ear, to the exclusion of the importance of general remedies. The conclusion in his own mind, after hearing the separate speeches of the openers, was that there was literally a thrice slaying of the slain. He might be allowed to express the opinion that the definite propositions laid down in the second address approached the subject in a thoroughly scientific and philosophic spirit, and might well guide the practice of all specialists, and not alone those represented in that Association. He claimed as a result of the discovery of the laryngoscope that the whole tendency had been to an extension rather than to a narrowing, both in aim and achievement. Improvement in diagnosis and treatment of diseases of the larynx had been quickly followed by a better appreciation of those of the pharynx, and yet again in diseases of the nasal fossae and accessory sinuses, of which medical science had hitherto been almost, if not altogether, ignorant.

It had contributed the greatest assistance in regions further distant. For example, what laryngologist, seeing the physical signs of a tuberculosis or of a paralysis in the larynx, would not at once use his stethoscope or ophthalmoscope, or at least seek confirmatory aid by consultation in those directions? But, at the risk of appearing invidious, he would ask how many physicians of eminence, who devoted themselves to diseases of the chest, even at this date examined the larynx, or, in the case of asthma, searched for nasal polypi. And yet, again, let them consider the indebtedness of the ophthalmologist to the rhinologist for recognition of a nasal lesion as the direct cause of a glaucoma and many other diseases of the eye.

The speaker had said that this charge was out of date, and he would venture to remind the Fellows that in his chapter devoted to "Therapeutics of Throat Diseases" he had—twenty-one years ago—impressed the importance of implanting all local treatment on the sound basis of the constitutional.