

THE
JOURNAL OF LARYNGOLOGY,
RHINOLOGY AND OTOLOGY.

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**THE EDUCATION OF THE SPECIALIST IN THROAT, NOSE,
AND EAR DISEASES.**

OUR recent series of articles on the teaching of otology and laryngology in several countries, viz. in Denmark (Tetens Hald), Germany (von Eicken), Italy (Massei), Austro-Hungary (Frey), and France (Gellé, jun.), cannot fail to serve a useful purpose, since in our newly developed speciality it is difficult to arrive at the organisation of the clinics and the teaching that the more beaten paths of general medicine and surgery have attained, and a comparison of the methods pursued in these countries will help us to realise the weak points in our own. We are correspondingly indebted to our *confères* abroad, who have taken so much trouble to compile authoritative contributions for the instruction of our readers.

To our own country belongs the credit of initiating the earlier developments of modern otology in the pioneer work of Toynbee, and though Ferguson first described the use of a mirror for obtaining a laryngoscopic image for observing disease in the larynx, it was left to a Spaniard, Manuel Garcia, working in Paris, to reinvent and render practicable the systematic use of a laryngoscopic mirror, and to Vienna, in the persons of Türk and Czermak, to initiate modern laryngology. And if we have been slow to appre-

ciate the far-reaching possibilities of a practical knowledge of diseases of the ear, nose and throat, allowing Vienna to become the chief educational clinic for these specialities during the latter half of the nineteenth century, we may find some consolation in one fact brought out by our series of articles, viz. that our colleagues abroad have also suffered from the innate conservatism that has ever been characteristic of our profession. More recently the discussion at the annual meeting of the British Medical Association "On the Education of the Specialist," introduced by Prof. Holger Mygind, of Copenhagen, Dr. Watson-Williams, of Bristol, and Prof. Birkett, of Montreal, has shown that both in Holland and in Canada and the United States of America the education of the student, as well as of the specialist, needs systematising and developing on the sound lines that obtain in the foundations and clinical sides of general medicine and surgery. Thus while recognising that in this country there is an urgent call for more systematic training of the medical student in the elements of otolaryngology and of the graduate who desires to enter the ranks of specialists, we are sharing with nearly every other country the difficulties that beset those who break new ground; we should cover the virgin soil with richer harvest if the husbandry were more scientific. In Great Britain and Ireland there are fewer professors at the head of well-organised clinics than in Germany or Austria-Hungary, but on the other hand, as in the United States, we have a larger number of hospital clinics under the direction of very competent specialists. With us the work is less concentrated and the individual clinics and their equipment are often small compared with some of the best European clinics, yet similar differences are just as obvious in regard to general medical, surgical and obstetrical clinics. This fault, if it be a fault, is an essential part of the English method, and while there are disadvantages, there are also advantages in our English system. There is no doubt that the disadvantages for teaching purposes become more obvious in connection with a newly developing speciality, but the fields of otolaryngology are so extensive that every year the defect becomes less obvious with the increasing growth of the special clinics. Meanwhile the value of special hospitals with which a considerable number of specialists are associated lies not only in their wealth of material, but in their organisation of daily clinics for teaching purposes. The list of clinics associated with British universities will serve to indicate the number of beds devoted to our special branches in extra-metropolitan university clinics, but it should be

mentioned that there are many other special clinics and special hospitals in the provinces which are in charge of specialists and are doing excellent work. There are at least 800 hospital beds devoted to ear, nose and throat cases in the United Kingdom, and although this is obviously no criterion of the completeness and value of the work done in ear, nose and throat clinics, it convinces us that our special branches are provided with opportunities for scientific research and clinical investigations.

TABLE SHOWING THE NUMBER OF BEDS DEVOTED TO EAR, NOSE AND THROAT CASES IN BRITISH UNIVERSITY OTO-LARYNGOLOGICAL CLINICS.

	Beds.	Staff.
London :		
General hospitals—		
Affiliated	105	17 surgeons . 11 hospitals. 4 assistant surgeons . 16 clinics.
Non-affiliated	18	3 surgeons . 4 hospitals.
Special hospitals—		
Golden Square	64	{ 6 surgeons 3 assistants
Central	30	{ 8 surgeons 1 assistant
Royal Ear	20	.
Two each with less than 20 beds	26	.
	263	
Edinburgh :		
Royal Infirmary	22	2 surgeons
Manchester :		
Royal Infirmary	16	{ 1 surgeon 1 assistant surgeon
Ear Hospital	24	.
St. John's Hospital	12	.
Leeds :		
Infirmary	26	.
Sheffield :		
Royal Infirmary	15	.
Newcastle :		
Royal Infirmary	14	.
Throat and Ear Hospital	12	.
Liverpool :		
Royal Infirmary	2	.
Eye and Ear Hospital	34	for ear cases
Birmingham :		
Royal Infirmary
Throat and Ear Hospital	48	.

	Beds.	Staff.
Bristol :		
Royal Infirmary ¹	8	.
Cardiff :		
Royal Infirmary	10	.
Glasgow :		
Western Infirmary	12	.
Ear and Throat Hospital	12	.
Royal Infirmary	20	.
Dundee :		
Royal Infirmary	10	.
Aberdeen :		
Royal Infirmary	8	.

In addition to the above there are a large number of special clinics at general hospitals and several special hospitals in various cities and towns which are not associated with universities.

P. W. W.

THE INTERNATIONAL COLLECTIVE INVESTIGATION OF OZÆNA (SECOND NOTICE).

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IN the April number of the JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOTOLOGY, it was shown that certain fundamental questions regarding ozæna were still unsolved, and likely to remain so unless studied by means of an international collective investigation. The proposed method of organizing such an investigation and the initial steps that had been taken to secure workers throughout the world were briefly outlined. We now desire to report regarding the progress made during the past six months, and more particularly to indicate the scope of the examinations about to be instituted of subjects of ozæna.

In Germany the investigation has been very thoroughly organized, a host of rhinologists have expressed their willingness to assist, and permission has been obtained to carry out examinations in a large number of institutions. We have to record with deep regret the sudden death in July of Professor Albert Rosenberg, whereby the Central Committee in Berlin has lost a valued colleague, and not a few of us an old teacher and good friend.

In the United States an Executive Committee has been

¹ At the General Hospital and Royal Children's the departments are in charge of general surgeons.