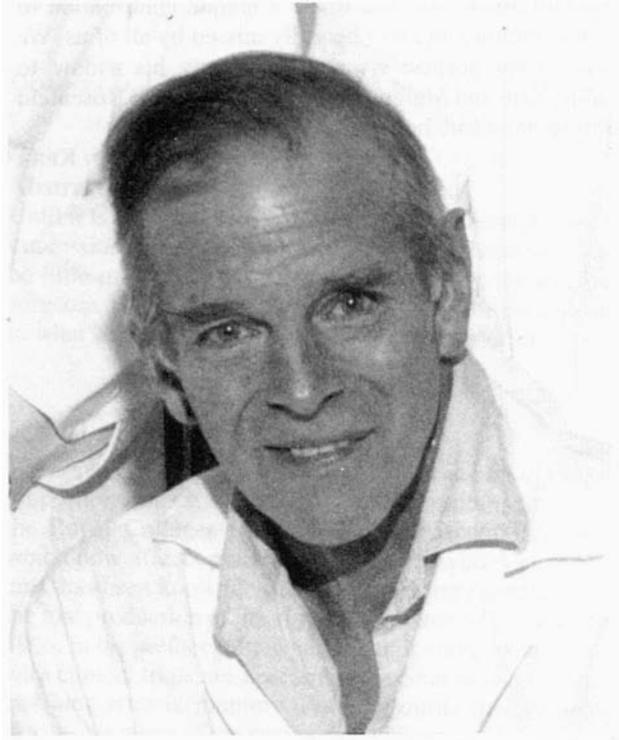


Obituary



GORDON D. L. SMYTH (1929–1992)

Gordon Smyth was born in May 1929, the son of a highly respected and hard working metabolic physician who passed on to Gordon the caring and conscientious approach to both patients and colleagues that was to become his own hallmark.

Educated at the College of St Columba in Dublin and the Medical School of the Queen's University of Belfast, Gordon Dill Long Smyth began his training in otolaryngology in 1954, immediately after he had finished his pre-registration year. It was not long before he became primarily interested in the ear, where the regular queues of patients with infected mastoid cavities made a marked impression on him. He believed that something better should and could be done for those with cholesteatoma. His Doctorate of Medicine was on the subject of fungal infections of these cavities and while doing this work he made his first tentative attempt to prevent the problem by avoiding the cavity. In 1961, while still a trainee in the specialty, he was one of four or five surgeons across the world who, unknown to each other at the time, devised an operation for cholesteatoma that would avoid the creation of an open cavity.

In 1962 he published, in this journal, two papers that were to prove to be of considerable otological significance. One was on fungal infections in mastoid cavities and the other was a preliminary report of his new operation. Also in 1962, while working as a clinical fellow with Dr John Shea in Memphis, Tennessee, he met Dr

David Austin who was one of the young otologists seeking a closed cavity solution for cholesteatoma and thus began a most productive friendship.

The name combined approach tympanoplasty was given to the new operation he recommended for cholesteatoma, although it was also elsewhere called an intact canal wall or closed cavity tympanoplasty. For almost 15 years he unreservedly advocated this operation for most cases of cholesteatoma, until about 1975, when he became disturbed by some of the long term results that became apparent only as a result of his unique meticulous and personal follow-up. He was a surgeon of the highest integrity and when he discovered, as a result of his detailed observations, that his long term results were not what he had been expecting he was quick to acknowledge this. Having been publicly advocating an operation, often in the face of criticism, he had the courage to say that he then realized that he had been over enthusiastic for the procedure and modified his indications for the combined approach tympanoplasty.

In those years leading up to 1975 he made such an impact that in many ways he changed the face of British otology. He influenced all those who came into contact with him by his emphasis on the importance of temporal bone dissection, by his standards of personal and painstaking follow-up and by his insistence that each surgeon should know his or her own results. His career included much more than surgery for cholesteatoma but it was for this that he first became recognized. During the early years of combined approach tympanoplasty innumerable visitors came to Belfast to see him operate and all were treated with courtesy, kindness and generosity. Many enjoyed his gracious hospitality and were able to admire his delightful garden which he himself had created and took great pleasure in maintaining. His course on combined approach tympanoplasty, held in Belfast in 1971, was greatly oversubscribed and was an outstanding success. Sadly the political events in Northern Ireland took an unfortunate turn just two weeks later and deteriorated to the extent that it was not possible to repeat the course during the next few years.

Gordon Smyth changed the thinking of many otolaryngologists about cholesteatoma, about middle ear reconstruction, about glue ear, about stapes surgery, about acoustic nerve tumour surgery and about surgery for Menière's Disease. In the Royal Victoria Hospital he set standards of patient care that were to be followed by his colleagues in Belfast and his registrars and fellows as they moved off to hospitals not only in Northern Ireland but in many other places in the world.

His thoughts on the management of cholesteatoma continued to evolve, with a return to open cavity procedures but using the new skills and techniques acquired during the evolutionary process. At the time of his death he had a paper in press reporting moist ears in only 5 per cent of

open cavities, compared with the 40 per cent referred to in his paper on fungal infections in 1962.

In his short terminal illness he showed the same dedication to otology that had been his hallmark throughout his practice. He completed two chapters for textbooks and some papers that had been in preparation. He had arranged to give the Toynbee Lecture at the end of April but unfortunately was not well enough to do so. Although this lecture had been prepared in note form, he had not written anything for publication and during his terminal illness he wrote the paper that is published in this month's journal and that was presented on his behalf at the Summer Meeting of the Section of Otology. This paper sums up much of what he was thinking at the time of his death. It is a salutary lecture that applies not only to otolaryngologists but

to all practicing surgeons. His essential message is that we must know our own results and take them into account when we are advising our patients.

Gordon Smyth obtained three higher degrees, M.D., D.Sc. and M.Ch., gave many eponymous lectures, received many prestigious honours including honorary membership of the American Otologic Society and was invited to speak at many more meetings than he could possibly attend. He has made a unique contribution to British otology and will be sadly missed by all of us. We pass on our deepest sympathy to Penny, his widow, to Kathy, Paul and Marcus and to Sam and Eloise Rosenfeld who found a true home in his house.

ALAN KERR