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**UNPLEASANT POST-OPERATIVE PHENOMENA.**

At p. 437 of the present issue we publish the agenda paper of a recent meeting of the Laryngological Section of the Royal Society of Medicine, which was devoted to a discussion on "the complications following upon intranasal operations, and the influence of nasal sinus infection upon the moral and legal responsibility of the patient."

In order to prevent an unfair use being made of the information that might be given, the Council of the Section resolved that the names of contributors to the collection of cases should be withheld, and that neither the agenda paper nor the discussion should be published in the Transactions.

Perhaps it will not be considered out of place if we look into the reasons which led to the discussion being held, and if, at the same time, we show what has induced us to take the responsibility of publishing the reports in the JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOTOLOGY.

There is in many quarters a feeling, more or less freely voiced, that surgical mishaps ought not to be openly divulged lest their publication should deter surgeons from undertaking, and patients from submitting to, measures which in the main are known to be both safe and salutary. In many respects this opinion is sensible enough, but unfortunately there are in existence a certain number of people who take a grim delight in making our flesh creep. To all but the novice these eccentrics are, it is true, even more

amusing than their opposites who never make a mistake or meet with a mishap. But all the same, it is they who create the surgical bogey that keeps the youthful operator awake o' nights ; such a bogey, to mention the first of a long list that occurs to us, as was the thyroidea ima artery of classical memory.

Thus the censoring of unwelcome surgical information has had the effect we are all too familiar with in other departments of life of generating rumours much more dismal than the truth itself. Every Congress *habitué* has vivid recollections of the triumph and hope of the morning being swamped in the gloomy confidences that follow the dinner at night. And hitherto, for the most part, it has only been in such private and confidential glimpses that the darker side of the picture has been shown to us. Now no one can regard such methods as being anything like so valuable and so true as a frank avowal would be in the hours of daylight and restraint.

Moderate statement of happenings, unsuccessful as well as successful, has two surpassing advantages. In the first place, proper emphasis laid upon difficulty and danger restrains impetuosity and develops skill. And in the second place, by inducing inquiry and investigation, discussions of this type ultimately bring about a reduction in the number and degree of risks, either by a modification of the operation concerned, or by its total abandonment when that step is seen to be advisable. The process thus counters the natural tendency in every surgeon to lose himself in the artist.

The history of our own specialty, like that of all other branches of modern surgery, bears eloquent testimony to the validity of these arguments. Spokeshaving the inferior turbinal for nasal obstruction, for example, is now practically obsolete ; and the same may be said of the more recent radical frontal sinus operation of Killian as a routine remedy for frontal sinus suppuration. Both of those advances—for advances they undoubtedly are in the true sense of the word—we owe to the disclosure that the drawbacks and dangers of the procedures exceed in severity the diseases they were designed to cure.

In such stimulating effects the present discussion, although not revolving around any one particular method of treatment, will, we believe, prove to be equally fruitful. For instance, it is interesting to find that post-operative nasal meningitis is frequently associated with a visible defect in the roof of the nose ; whether it be developmental or pathological is not yet quite clear—probably the latter. And there arise also for settlement important questions

about post-operative pneumonia. Is it any more frequent after nasal operations than after operations in other regions? Does it originate in shock; in exposure; in the inhalation of septic material; or in venous infection?

These are only a couple out of many other inquiries of equal or greater importance which spring to the mind as we read the reports of the cases, and it is, of course, by efforts to remedy the misfortunes which those reports describe that gaps in our knowledge are revealed and filled up, and further progress is made.

That being so, to allow the detailed records of such valuable cases and experiences to sink back into the ruck of half-forgotten tales would be an unpardonable betrayal of the highest interests of our specialty. At all events, that is how the matter looks to us. And although in doing so we may appear to be ignoring the wishes of the Council of the Section of Laryngology, yet these reasons seem to us to be so overwhelmingly strong that we have decided to place upon permanent record the reports which appeared upon the agenda paper of the meeting.

As regards the discussion proper, no record was kept, and so it has unfortunately been lost. D. M.

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### **SOME REMINISCENCES, REFLECTIONS AND CONFESSIONS OF A LARYNGOLOGIST.<sup>1</sup>**

By JOHN NOLAND MACKENZIE, M.D.,  
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IN the seventies and early eighties of the last century, the Hospital for Diseases of the Throat and Chest in Golden Square, London, was the Mecca of the vast majority of English-speaking students of laryngology, who came there attracted by the reputation and engaging personality of Morell Mackenzie, then at the zenith of his professional career. Whether they went for study elsewhere or not, sooner or later their footsteps turned to Golden Square, either for passing curious observation or more serious and continuous work. The institution itself was a model of simplicity, both in architecture and equipment. In secluded isolation, it stood in the little square in the narrow zone which separates the throbbing, restless, rushing life of the metropolis from the poverty and squalor of the slums, and in a silence broken only in the

<sup>1</sup> Address delivered at the College of Physicians, Philadelphia, at a meeting of the Philadelphia Laryngological Society, March 7, 1916.