Of like import is the interesting series of cases reported by Neugebauer, illustrating the proneness to malignant disease of persons with rudimentary, badly-developed, or absent ovaries.

In conclusion, it strikes me as being very remarkable that, of the several hundred cases of oöphorectomy for cancer that have now been done, not a single definitive cure can be instanced.

On the whole, it seems to me tolerably certain that removal of the ovaries tends to favour, rather than to prevent, the development of cancer; and, therefore, that this craze for oöphorectomy is a horrible mistake.—I am, etc.,

Clifton, Bristol, Jan. 4th. W. ROGER WILLIAMS.

THE PRINCIPLES OF LOCAL TREATMENT IN DISEASES OF THE UPPER AIR PASSAGES.

SIR,—The chief results of the discussion which has followed the publication of my lectures on The Principles of Local Treatment in Diseases of the Upper Air Passages appear to me the following:

(1) The discussion has enabled the profession to form an opinion of its own on the justice or otherwise of my statements.

(2) It has shown that the views I expressed are shared by a number of distinguished specialists in all parts of the country.

(3) It has produced an open revolt of the otologists against the pretensions of the modern rhinologist.

(4) It has shown that there is no scientific defence of the treatment by "breathing exercises" in cases of genuine adenoids.

(5) It has not brought forward one single sound scientific argument against the principles advanced in my lectures.

Of these results, I consider the first the most important one. The development of laryngology, rhinology, and otology has within the last ten or twelve years almost exclusively taken place in special journals and special societies, not only in this country, but practically everywhere. That this system entails certain important advantages, I am the last to deny. The specialist who publishes his experiences in a journal devoted to his speciality thereby secures a much larger and more international circle of expert readers than if his publication had appeared in a general medical journal. Amongst the advantages of a special society are the following: it usually, though unfortunately not always, produces a certain *esprit de corps*; it enables its members to make the personal acquaintances of fellow specialists, and facilitates a direct exchange of opinion between them; it gives the opportunity of eliciting in doubtful and difficult cases the views and advice of a large number of experts; and, above all, it preserves to science the records of numerous interesting cases which, without its existence, would be in all probability simply lost. These advantages are so great and so obvious that they induced me some ten years ago to act myself as prime mover in the foundation of a special Society—namely, the Laryngological Society of London.

But already, then, I neither disregarded nor underrated the one great danger which very possibly may outweigh all the adtages offered by purely specialistic journals and gatherings: the danger of *isolation* of the speciality! No truer words were ever spoken than those of my great master, Virchow, in the address he gave at the jubilee meeting of the Berlin Medical Society on October 28th, 1885, when he said: "Amongst us has arisen the large army of specialists, and it would be useless, or at any rate fruitless, to oppose this development, but I think I ought to say here, and I hope to be sure of the consent of you all when I say it, that no speciality can flourish which separates itself completely from the general body of science; that no speciality can develop usefully and beneficially if it does not again and ever again drink from the general fount, if it does not remain in relationship with other specialities, so that we all help one another, and thereby preserve for science, at any rate, even if it should not be necessary for practice, that unity on which our position rests intrinsically, and I may well say, also, with regard to the outside world."

To prevent the isolation against which Virchow so justly warns, I insisted and carried when the rules of our new Society were framed that no set papers should be read, but only cases be shown at its meetings. By the insertion of this clause I hoped (1) to preserve to the general medical societies laryngological and rhinological contributions of more than purely specialistic interest; (2) to keep alive the interest of the bulk of the profession in the scientific progress of laryngology and rhinology; and (3) to keep us specialists in actual touch with general medicine.

I much regret having to confess that my hopes have been but very imperfectly realised. It is an incontestable fact that for the last ten or twelve years very, very few laryngological or rhinological papers of general interest have been read before general medical societies in London, and that the number of more important laryngological and rhinological papers published in English general medical journals has very seriously diminished.

The consequences of such, however unintentional, isolation of a speciality do not, of course, become conspicuous at once; but after a time they make themselves inevitably felt. The profession loses what little interest it had in the development of the special branch and the specialists themselves, whilst insensibly losing touch with general medicine, become more and more apt to have their judgment warped by their mental concentration on one idea. From one or a few casual observations the more enthusiastic or fanatical ones amongst them construe a theory which soon they persuade themselves to be a fact. On that unsafe and unsound basis fresh—even more exaggerated—theories are built; and within a few months, or at most years, fantastical doctrines are evolved, which are preached with a dogmatism and an amount of self-assertion more than sufficient to make outsiders believe that some really great truth had been discovered which must be accepted as gospel. What else are the various excesses I combated in my lectures than concrete illustrations of the reality of the chain of events I have just sketched?—The profession has now had an opportunity such as, owing to the voluntary isolation of laryngology and rhinology, it has not had for a good many years to form an opinion of its own on these matters, and I have good reason to believe that it has welcomed this opportunity.

(2) A most valuable feature of the discussion has been the generous support given to my views by specialists in various parts of the country. This has shown that the statements made in my lectures were not the impressions of a single, possibly prejudiced, individual, but that I have merely expressed in words what others have long felt. The controversy has indeed developed into a pitched battle between the moderate and the radical sections of specialists, and has justified what I said in my first lecture—namely, that the ever-growing feeling against local over-activity in this territory of medicine was "shared by no one more strongly than by the large moderate section of laryngologists and rhinologists, who from the nature of their calling have probably more opportunity to see what is going on than the profession at large, and who resent it the more keenly as their whole speciality is held responsible for the excessive activity of the radical section."

(3) Most important in this connection is what I have called the "revolt of the otologists against the pretensions of the modern rhinologist."

Personally I see in this feature one of the most material gains resulting from the discussion. That the pretensions of the modern rhinologist with regard to the influence of minor degrees of obstruction of the nose upon affections of the pharynx, larynx, and lower air passages are unfounded and untenable, I hope I have shown sufficiently clearly in my lectures, but as I am not an aurist myself, expert support upon the otological part of my contentions was most desirable, and I am very glad that it has been so amply and so positively forthcoming. Whilst thanking every one of the aurists who have supported my contention that it was "unintelligible how a slight degree of obstruction of the nose proper, particularly when one-sided, could be believed to exercise the disastrous influence upon the ventilation of the middle ear which I so often saw ascribed to it," I feel I do no injustice by more particularly drawing attention once more to the important letter of Dr. McBride which was published in the BRITISH MEDICAL JOURNAL of December 14th, 1901. Personally, I have always had a very strong impression when patients came to ask my opinion as to whether removal of a

spur from the septum, or a similar intranasal operation was likely to have a beneficial effect upon what was evidently labyrinthine disease, that the enthusiastic rhinologists who had recommended such operation must have a "most elementary knowledge as to the diagnosis and prognosis of ear disease." But it will be useful to the profession, as it was to me, to know that this impression is shared by an otologist whose competence to speak in this matter nobody will deny. It is also not a little remarkable in this connection that the carefully scheduled challenge of Dr. McBride to those who put their trust in attacking the nasal passages for the relief of deafness has received no reply. The profession will now be able to judge whether his fear "that we must conclude that a vast amount of nasal operating has been done with no result, and that we may consider without injustice that those who are thus advocates for the cure of otherwise incurable diseases have no case" is justified or not.

Before concluding, however, this part of my summary I wish to state once more, to avoid all possible misunderstanding, that by opposing the pretensions of some modern rhinologists, nothing could be further from my intention than to belittle the achievements of modern rhinology. The progress of our science with regard to nasal diseases has within the course of the last fifteen years indeed been very remarkable. We have learnt that a certain number of reflex neuroses *may* be of nasal origin; our operative technique in nasal diseases has been considerably improved; the histology and pathology of new growths in the nose have been revised, and to a certain extent reformed; we have had valuable information with regard to nasal tuberculosis, to nasal diphtheria, to the micro-organisms met with in the nose under normal and pathological conditions, and to the escape of cerebro-spinal fluid through the nose; and, above all, our knowledge with regard to the pathology, diagnosis, and treatment of affections of the accessory cavities of the nose has been very materially increased. All these and similar achievements are certainly greatly to be respected, and I yield to nobody in gladly appreciating them; but they do not, in my deliberate opinion, justify in the least the ambitious claims of the modern rhinologist concerning the overwhelming importance of nasal disease, and its often exaggerated influence upon affections of the throat and ear.

(4) There is nothing further to be said about the question of "breathing exercises" in cases of genuine adenoids. Scientific objections to this form of treatment, and courteous requests for an explanation of its supposed mode of action have remained equally unheeded; and everybody must now form his own opinion on the original attack upon operative interference in cases of adenoids, and on the method which it was proposed should be substituted for it.

(5) A letter was published in the JOURNAL of December 28th, 1901, expressing disappointment at the personalities into which the discussion had degenerated, and with this feeling I entirely agree. Considering that my lectures embodied almost exclusively the results of my own personal experience, that I touched upon so great a variety of topics, and that concerning most of these topics opinions differ considerably, one might fairly have expected an interesting dicussion in which my views would be combated by equally good or better reasons. As a matter of fact, however, a curious medley of artillery has been brought to open fire upon my contentions: unproven theories, unfounded charges of inaccuracy, ill-applied quotations, personal aggressiveness, would-be smartness, pretensions to superior knowledge; in short, everything except—sound scientific arguments. Nevertheless, I feel sure the discussion has not been in vain. For the very nature of the opposition must have shown the readers of the JOURNAL that the dogmatic assertions of the radical section rest on no more solid basis than on the *ipse dixit* of each of its self-constituted representatives, and that they collapse the moment that they are seriously gone into. This, I venture to think, is one of the most important fruits of the discussion.

I refrain from entering upon minor questions of operative details, or upon matters which are alien to the subject of my lectures.

But I should like in conclusion to say a word with regard to the future. No doubt my lectures, and the discussion which followed them, have shown that at present a state of things exists with regard to operative intemperance equally undesirable in the interests of the profession and of the public. The remedy in my opinion lies in a return to closer touch between the specialists and the general profession. Room enough will remain for special societies, and for their exercising a beneficial function, if matters of exclusively technical and specialistic interest continue to be treated in them; but what we require is to bring the fruits of our labours more frequently before the profession at large in general societies and in general medical publications, to receive the stimulating criticism of those not exclusively engaged in one narrow sphere of work, to be reminded that there are other things to consider than exclusively local conditions, and to preserve, to speak in Virchow's words, "that unity upon which our position rests intrinsically, and, I may well say, also with regard to the outside world."—I am, etc.,

Wimpole St., W., Jan. 3rd. FELIX SEMON.

*** This discussion is now closed.

POST-SCARLATINAL DIPHTHERIA AND RHINORRHŒA AND OTORRHŒA.

SIR,—The propagation of diphtheria by "carrier subjects," apparently free from the disease, which has been proved by Dr. Egerton H. Williams's observations,[1] and by those of Dr. J. C. Heaven,[2] tends to confirm the view that after an attack the infection often survives for a considerable period, probably in the upper air passages. This entails the necessity for practical measures of prevention. For both sets of subjects prolonged isolation and periodical bacteriological examinations have been wisely recommended. But in the presence of actual diphtheria there is an earlier duty to which too much prominence cannot be given, and which I venture to urge once more, as it is still not receiving sufficient attention—that of systematic endeavours to exclude or to correct infection of the upper aërial tract. For some years I have made it a rule to resort from the first and throughout the period of observation, to local treatment of the nasal cavities by means of a few drops of lightly carbolised olive oil ($\frac{1}{10}$) introduced twice daily into the nostrils with the head well thrown back, not as a germicide, but as a mechanical protecting and cleansing agent; and I have subsequently adopted the same precaution in all affections (including scarlet fever, measles, whooping cough, mumps, etc.) capable of infecting the mucous membrane in its upward extension. As a local treatment this practice has been manifestly beneficial and always harmless, but additional evidence is needed to prove that it adequately fulfils the purpose of local sanitation, and in that doubt I venture to appeal to the larger experience of others. A great step might be made towards the limitation of diphtheria if those who have worked with the same object and those with considerable opportunities for observation would publish their results, and put us in possession of the best means of securing, if possible in all cases, an efficient disinfection of the nasopharynx and upper nasal cavities, and of lessening the contagiousness of cases whilst reducing perhaps considerably their term of isolation.—I am, etc.,

London, W., Jan. 4th. WM. EWART.

THE TREATMENT OF CONSUMPTION.

SIR,—Mr. M. Anslow Alabone, as a registered practitioner, owes an explanation of his conduct to the profession. It will be remembered that a series of letters have appeared in the *Times* emanating from the supporters of Mr. Edwin Alabone, eulogising his special treatment of consumption, and making an attack upon certain very honourable and learned members of the medical profession. The attack was based upon the theory that registered practitioners had, for reasons of their own, neglected the wondrous cure by lachnanthes, and had thereby actually prevented the public suffering from consumption from reaping its benefits. Into this correspondence entered Mr. M. Anslow Alabone, a registered practitioner; and on October 23rd, 1901, he wrote a letter to the *Times* in answer to Dr. Pollock. In this letter he stated as follows: "I may, however, say that the treatment"—that is, the so-called Alabone treatment—"is being carried out by more than one medical man. I could mention fifty besides myself who have the best results with it; and Dr. Pollock may be inter-

[1] BRITISH MEDICAL JOURNAL, December 21st, 1901.
[2] *Ibid.*, January 4th, 1902.