ENTUK

British Society for History of ENT Annual Meeting 2019

The Royal Society of Medicine
Thursday 5 December 2019

www.entuk.org

British Society for History of ENT Annual Meeting 2019 Programme

12:00 - 12:45	Registration & Lunch
12:45 - 12:50	Welcome by Neil Weir, Chair Session 1
12:50 - 13:02	1. Cutting Cartoons: Newspaper Cartoons and the Cultural Position of Tonsillectomy in Twentieth Century Britain - Louis Dwyer-Hemmings
13:02 - 13:14	2. The etymology of Ear, Nose and Throat anatomy. An odyssey through the ruins of a Roman forum - Christopher John Summers
13:14 - 13:26	3. A brief history of olfaction: the forgotten sense - Katharine Hamlett
13:26 - 13:41	4. Geswein Hole: a 21st century fanciful Wikipedian eponym for pre auricular sinus - Albert Mudry
	Edward Fisher, Chair Session 2
13:41 - 13:53	5. Recurrent respiratory papillomatosis - frustrating laryngologists since 1906? A summary of treatments - Hannah Emerson
13:53 - 14:05	6. Sushruta, Rhinoplasty and the Decline of Indian Surgery - Suresh Pillai
14:05 - 14:17	7. The life and death of Sir Henry Trentham Butlin - The father of British Head and Neck Surgery - Johan Bastianpillai
14:17 - 14:29	8. A Victorian FRCS gown and its story - Peter D Bull
14:29 - 14:49	TEA/COFFEE BREAK
	Richard Irving, Chair Session 3
14:49 - 15:05	9. History of Deaf Education in England - Stefan Linton
15:05 - 15:17	10. The shared airway: a history of anaesthesia in ENT surgery - Alison Liu
15:17 - 15:29	11. The History of The Boyle-Davis Gag - Bakir Al-Dulaimy
15:29 - 15:41	12. The tracheostomy that warped history causing the world's most mammoth conspiracy theories - Raguwinder Sahota
15:41 - 15:53	13. Julius Ewald-- Man Man And His Famous Book - Jeremy Hornibrook
15:53 - 16:15	JUDGING AND AWARD OF THE JLO PRIZE FOR THE BEST DOCTOR IN TRAINING PRESENTATION
16:15 - 16:25	AGM BSHENT
16:25	Close

Cutting Cartoons: Newspaper Cartoons and the Cultural Position of Tonsillectomy in Twentieth Century Britain

Author: Dr Louis Dwyer-Hemmings

Throughout the early and mid-twentieth century, tonsillectomy occupied a controversial and ambiguous position, driven as muchby political and cultural forces as medical decision-making. Criticisms of the operation often reflected dissatisfaction with these broader forces, and tonsillectomy was used in newspaper cartoons to reflect and satirise them. This presentation explores how three cartoons used tonsillectomy to reflect specific political insecurities in twentieth century Britain.

In 1937, a cartoon depicted a caveman transported to modern Britain. He is advised to have his appendix and tonsils removed, supposedly like everybody else. The caveman's subsequent expressed preference for prehistoric times demonstrates public anxiety regarding the medicalisation and modernisation of society.

By the early 1960s, concerns regarding the commercialisation of medicine were common. These currents crystallised in 1964, when Ringo Starr underwent tonsillectomy, and a spate of cartoons satirised his disembodied tonsils as a valuable commodity. By linking tonsillectomy to fashion and music, these criticisms reframed the operation as frivolous, rather than a serious medical intervention.

In the late 1960s, anxieties around immigration led to a conflation of race and medical incompetence. Cartoons reflected these racist anxieties and used tonsillectomy as a cultural touchstone to frame and explore them. In doing so, they contributed to the reframing of tonsillectomy as a dangerous fringe practice.

Throughout the twentieth century, the use of tonsillectomy as a surgical intervention was driven by political and cultural forces as well as medical. Concurrently, tonsillectomy became a cultural object that was used in newspaper cartoons to reflect and explore these broader forces.

References

Conners, J. 'Popular Culture in Political Cartoons: Analyzing Cartoonist Approaches.' PS: Political Science & Politics. 2007; 40(2): 261-265.
Sidney 'George' Strube, 'Man and Evolution' or 'Benefits of Civilisation', Daily Express, British Cartoon Archive, University of Kent: GS0465 (3 September 1937).
Raymond 'Jak' Jackson, 'Don't Just Stand There – They're Wanted at Sotheby's', Evening Standard, British Cartoon Archive, University of Kent: 06413 (3 December 1964).
Bivins Roberta, Contagious Communities: Medicine, Migration, and the NHS in Post War Britain (New York: Oxford University Press, 2015)
Raymond 'Jak' Jackson, 'You're Sure He Speaks English? I Only Came in for My Tonsils!', Evening Standard, British Cartoon Archive, University of Kent: 14854 (21 February 1969).

The etymology of Ear, Nose and Throat anatomy. An odyssey through the ruins of a Roman forum

Author: Dr Chris Summers
Co-author: Mr Paramesh Puttasiddaiah

Whilst philosophies of modern medicine owe its origins to the ancient civilisations of Egypt, Greece, and the Middle East, founding fathers of anatomical exploration had their feet firmly placed in a Roman polis.

Although exact authors of many anatomical terms are unknown, certain names reverberate throughout history (Skinner 1961). Surgeon to the gladiators, Cladius Galen set solid yet somewhat rudimentary foundations of the anatomical language with his long-enduring works in comparative anatomy. Like many Roman advancements, Galen was heavily influenced by compositions of Greek predecessors such as Alcmaeon, Pausanias, Hippocrates and Aristotle to name a few. It wasn't until medieval times, over 1000 years later, these foundations were built upon, refined and sculped to resemble the nomenclature we know and utilise today (Persaud, Loukas, & Tubbs, 2014).

It comes as no surprise that early anatomists sort comparisons with other physical structures around them to describe and make sense of the human body (Turliuc, Turliuc, Cucu, et al, 2016). The literature proves the beauty and awe-inspiring grandeur of Greco-Roman architecture was an obvious and irresistible muse! (Turliuc, Turliuc, Cucu, Dumitrescu, & Costea, 2017). With over 30 ENT anatomical terms eponymous with structures found around Ancient Pompeii, anatomists owe just as much to Roman architects such as Marcus Vitruvius as we do Andreas Versalius.

This study explores the vestiges of a dead language. Identifying how a journey through a head and neck anatomy book is, in fact, an odyssey back in time, rambling through enigmatic mystical ruins of a prior civilisation.

References

Persaud, T. V., Loukas, M., & Tubbs, R. S. (2014). A history of human anatomy. Charles C. Thomas, Publisher, Limited.
Skinner, H. A. (1961), The Origin of Medical Terms, 2nd ed., Williams & Wilkins, Baltimore
Turliuc, D. M., Turliuc, S. , Cucu, A. I., Sava, A. , Dumitrescu, G. F., Cărăuleanu, A. , Buzdugă, C. , Trandafir, D. and Costea, C.F. (2016), An unwritten anatomy lesson: The influence of Roman clothing on neuroanatomical terminology: In memoriam Albert L. Rhoton, Jr. (1932–2016). Clin. Anat., 29: 685-690. doi:10.1002/ca.22729
Turliuc, D., Turliuc, S., Cucu, A.I., Dumitrescu G, & Costea, C (2017) An entire universe of the Roman world's architecture found in the human skull, Journal of the History of the Neurosciences, 26:1, 88-100, DOI: 10.1080/0964704X.2015.1099382
Yancey, P. H. (1959), Introduction to Biological Latin and Greek, 5th ed., Spring Hill College Press, Mobile, Alabama.

A brief history of olfaction: the forgotten sense

Author: Miss Katharine Hamlett

Our sense of smell is considered by many as the neglected sense. In contrast to other senses such as vision and hearing, there seems a comparative paucity of treatments existing for olfactory disorders [1]. Historically, olfaction was held in much higher reverence by our ancestors.

Olfactory perception is not purely a biochemical process, it is a blend of complex physiological processes intertwined with social and behavioural experiences. Scents are deeply rooted within human history and culture [2]. The ancient Egyptians valued their sense of smell above the other senses, with perfumes forming a substantial part of their rituals and daily existence. Scents were considered sacred, often produced by priests. Burial rituals were an exhibition of smells, denoting the status of the person being mummified [3]. The Egyptians had great appreciation for the human nose, calling the cribriform plate region the 'shtyt nd fnd' which has since been translated as the 'inner chamber of the nose'. 'Shtyt' is in fact a religious word for 'sacred', hence we can deduce their value of this anatomical site [4].

Historically, many have tried classifying odours to better aid our comprehension of olfaction. The olfactometer, a machine designed in 1888 by the Dutch physiologist, Hendrik Zwaardemaker, was developed to test olfactory thresholds [5]. The Sniffin' Sticks test designed in 1997, allows assessment of olfactory thresholds, discrimination and smell identification [6].

Anosmia is a common symptom within ENT clinics. Perhaps with reflection on the historical significance of olfaction, might we consider furthering our research into better managing olfactory disorders.

References

1. Jones, N. and Rog, D., 1998. Olfaction: a review. The Journal of Laryngology & Otology.Cambridge University Press,112(1), pp. 11–24.
2. Philpott, C.M., Bennett, A. and Murty, G.E., 2008. A brief history of olfaction and olfactometry. The Journal of Laryngology & Otology. Cambridge University Press, 122(7), pp.657-662.
3. Perfume and the Egyptian Mummification Process.Accessed 27/08/19. https://www.perfume.com/article-perfume-and-theegyptian-mummification-process
4. The Fragrance of the Soul: Olfaction & Death in Ancient Egyptian Religion Egypt Part III. Accessed 25/08/19. https://deathscent.com/2016/09/08/the-fragrance-of-the-soul-olfaction-death-in-ancient-egypt-religion-egypt-partiii%E2%80%8B/
5. Zwaardemaker, H., 1889. On measurement of the sense of smell in clinical examination. The Lancet. 133(3435), pp.1300-1302.
6. Hummel, G. Kobal, H. Gudziol, A. Mackay-Sim, 1997. Normative data for the "Sniffin'Sticks" including tests of odor identification, odor discrimination, and olfactory thresholds: an upgrade based on a group of more than 3,000 subjects. Eur Arch Otorhinolaryngol. 264(2007), pp. 237-243

Recurrent respiratory papillomatosis - frustrating laryngologists since 1906? A summary of treatments

Author: Miss Hannah Emerson
Co-authors: Mr Adam Donne, Mr Thomas Hampton

Recurrent respiratory papillomatosis (RRP), is the commonest benign laryngeal pathology in children, causing hoarseness and potential airway obstruction. The high recurrence rate necessitating repeated surgical procedures under general anaesthetic make it challenging to treat. The mainstay of treatment has been, and is still, repeated surgical excision with adjuvant medical therapies. To date, there is still no cure, although HPV vaccination is likely to make this condition as rare as Haemophilus B epiglottitis.

The term "papillomata" was first coined in 1871 by the pioneer of laryngology, Sir Morell Mackenzie, however, "warts of the throat" were mentioned in 17th century by Italian physician, Marcellus Donalus. The first published treatment regime was in the BMJ in 1906, with the description of inhaled formalin combined with surgical excision with forceps in a 9 year old boy.

By the 1950's, a multitude of topical and inhaled therapies were proposed, including synthetic oestrogens (1949), aureomycin (tetracycline) (1950), podophyllum (1950), organic salts of magnesium and bovine wart vaccination. Arsenic is also listed in a 1957 paper from St Bartholomew's Hospital. Radiotherapy was described, but quickly went out of use when it's associations with malignancy were realised. More novel adjuvant therapies include interferon, cidofovir, bevacizumab, and trials of therapeutic vaccines.

Although prophylactic HPV vaccination was introduced 12 years ago, until herd immunity is reached frontiers in RRP treatment are still required. We admire Mr Bronner's 1906 optimism that "If formalin prevents the recurrence of laryngeal papillomata after their removal by forceps, no surgical interference will ever become necessary."

References

MacKenzie M; Essay on Growths in the Larynx; London: J. and A. Churchill; 1871

Donatus M; De medica historia mirabilia; Mantua; 1586

Bronner A; Br Med J; Notes On An Unusual Case Of Papilloma Of The Larynx In A Child Treated By The Local Application Of Formalin;1906 Nov 24;2(2395):1448

Capps F; Benign Tumours of the Larynx; Journal of Laryngology and Otology; 1957
Irwin et al; Juvenile Laryngeal Papillomatosis; Journal of Laryngology and Otology; 1986; Apr 4 (100); 435-445

R Sataloff; Professional Voice: the science and art of clinical care; Plural Publishing; 2017; 4th edition; pg 851

Sushruta, Rhinoplasty and the Decline of Indian Surgery

Author: Dr Suresh Pillai
Co-author: Dr Shankaran Valiathan

Sushruta was undoubtedly the most celebrated surgeon of ancient India. The "Sushruta Samhita" or "Sushruta's Compendium" is a Sanskrit text which outlines the practice of medicine and surgery in ancient India 600 BC. This body of work is of great historical importance as it describes various surgical procedures, training and instruments.

Among the procedures described is rhinoplasty along with techniques of reconstruction of ears, lips and the use of pedicled grafts. This has earned him the epithet, "Father of Plastic Surgery". Sushruta's technique for reconstruction of the nose included the use of a leaf, cut in the shape of the nasal defect and used as a template for delineating a pedicled cheek flap. This innovative technique along with descriptions of other procedures catapaulted surgery into a golden era in India.

Over time, surgery lost its preeminent status due to the rise of the caste system and professional craftsmen were relegated to a lower caste. Surgical knowledge and skill were handed down from generation to generation by the lower castes which were isolated from mainstream ayurveda with little education.

Rhinoplasty survived the social upheavals through "native practitioners" and in 1794, an illustrated communication on the nose repair of a bullock cart driver of the English army caught the attention of Dr. Joseph Carpue in London and inspired him to perform a rhinoplasty for the first time in Europe which was published in 1816. This was the advent of modern day rhinoplasty.

References

1.Valiathan MS. The Legacy of Suśruta. Orient Longman; 2007, pp. v-xiii.
2. Bhishagratna KK. Sushruta Samhita. Calcutta, 1907, Chapter 16, 152-154.
3. Sharma PV. History of Medicine in India from Antiquity to 1000 AD. Indian National Science Academy; 1992.
4. Singh V. Sushruta: The Father of Surgery. Natl J Maxillofac Surg 2017; 8(1); 1-3.
5. Carpue JC. Integuments of the Forehead. Historical and Physiological Remarks on the Nasal Operation Including Descriptions of the Indian and Italian Methods. London. Longman 1816.

The life and death of Sir Henry Trentham Butlin - The father of British Head and Neck Surgery

Author: Mr Johan Bastianpillai
Co-authors: Miss Elinor Warner, Mr Khalid Ghufoor

Henry Butlin grew up a shy young man who graduated in an unremarkable fashion from St Bartholomew's Hospital in 1867. He subsequently rose to become the father of British Head and Neck Surgery.

His convoluted path to surgery involved a foray into general practice and medicine, but ended as protégée to the great Sir James Paget. He developed meticulous surgical technique and learned the importance of pathology.

He personally performed histology and included detailed drawings in his operation notes, including the first case of what became 'Paget's disease'.

Despite little knowledge on the subject, he took charge of the new, unpopular specialty of 'Throat surgery', famously derided by Paget. He regularly visited the Throat Hospital, Golden Square and within five years, transformed Bart's into a centre of excellence.

He widely published on tongue cancer, first connecting it to smoking and syphilis, and pioneered elective neck dissection for subclinical malignant disease of the neck; arguably his most important contribution to head and neck surgery. His 3-year survival rates of tongue cancer(42%), treated with modified radical neck dissection and primary excision, were outstanding at the time. Continuous auditing and improvement led to lower complication rates and the pioneering of radical, curative surgeries for cancer, despite the contrary practices of his mentor. He challenged widely accepted ideas despite heavy criticism, such as his theories on cancer pathogenesis; many of which are used today, and recognised the benefit of radiotherapy years before its application. Butlin ironically developed laryngeal tuberculosis and died aged sixty-six.

References

1) Uttley, A.R. and McGurk, M., 2000. Sir Henry Trentham Butlin: the father of British head and neck surgery. British Journal of Oral and Maxillofacial Surgery, 38(2), pp.114-120.
2) Nelson, W.R., 1987. In search of the first head and neck surgeon. The American Journal of Surgery, 154(4), pp.342-346.
3) Shedd, D.P., 1997. The work of Henry T. Butlin, an early head and neck surgeon. The American journal of surgery, 173(3),pp.234-236.
4) Rinaldo, A., Ferlito, A. and Silver, C.E., 2008. Early history of neck dissection. European Archives of Oto-Rhino-Laryngology, 265(12), p.1535.
5) Butlin, H.T., 1898. The HUNTERIAN LECTURE on WHAT OPERATION CAN DO for CANCER of the TONGUE: Delivered before the Hunterian Society, February 23rd, 1898. British medical journal, 1(1939), p.541.

A Victorian FRCS gown and its story

Author: Mr Peter Bull

Introduction
This paper outlines the history of an FRCS gown first owned by Rutherford John Pye Smith, FRCS in 1895. The gown was made by Ede & Son, Gownmakers to Her Majesty

Method

A biographical search has been made of the sequence and lives of the owners of an FRCS gown since 1895 which is currently in my possession

Results
The gown has been held by John Rutherford Pye Smith, consultant ENT surgeon in Sheffield and holder of the inaugural professorial chair in surgery at the newly established University of Sheffield. It was subsequently held by John Henry Cobb, ENT surgeon to the Royal Hospital and the Children's Hospital from 1928 -1960. The next holder was Austen Young, consultant ENT surgeon in Sheffield from 1961 - 1979. He was followed as the holder of the gown by John Terence Buffin, initially an ENT consultant surgeon at Chesterfield and Sheffield and latterly consultant in Audiological Medicine in Sheffield. The gown is Currently in the ownership of the author, P D Bull, retired consultant ENT surgeon in Sheffield.

Conclusion
The continuous verified line of ownership of a Victorian FRCS gown has been documented and verified.

References

Miles Taylor, Austen Young 1961 Histopathological and Histochemical Studies on Atrophic Rhinitis JLO 75. 6; 574-590
Young A Closure of the nostrils in atrophic rhinitis 1967 JLO 81. 5: 515-524
Coles R.R.A., Lutman N M.E. & Buffin J.T. (2000) Clin. Otolaryngol. 25, 264-273
Plarr's Lives of the Fellows, Royal College of Surgeons – John Terence Buffin
P D Bull, Dec 2015 Smith, Rutherford John Pye Guy's Hospital Gazette 1921 xxxv 188

History of Deaf Education in England

Author: Dr Stefan Linton

Introduction:

It was not so long ago, that people who suffered with deafness (and consequently mutism) were estranged from society. The common belief before the 16th century was that the deaf could not be educated. This was the case in Europe till the monk Ponce de Leon (1520-1584)1 opened the first school of deaf in Spain. It would take another century till other schools for the deaf would be opened in France, Germany and England. Notable figures during this time of enlightenment include: Charles-Michel de l'Épée (1712-1789), Samuel Heinicke (1729-1790) and Henry Baker (1698-1774)2. In 1760, Thomas Braidwood opened the first public school for the deaf in Edinburgh2,3 thereby pathing the road for future generations of teachers. In this report, we review the events that shaped deaf education in England.

Method:

Analysis of historical documents pertaining to the history of deaf education in England. This will also involve visiting historical sites and interviewing key figures in the field of deaf history.

Results/Conclusion:

The historical recount of deaf education in England is fascinating and extensive. From its humble beginnings in Edinburgh, to the 1880 international conference held in Milan which instated the pure oral method in all deaf schools, thereby setting deaf education back for several decades4,5. Were it not for the work of dedicated teachers and committed individuals fighting for change, deaf education would still be seen as an insurmountable task.

References

1. Pedro Ponce de Leon. Encyclopedia Britannica. https://www.britannica.com/biography/Pedro-Ponce-de-Leon. Accessed 1 Sep. 2019.
2. McLoughlin, M.G (1987). A History of The Education of The Deaf in England. Liverpool; 1987.
3. Wilde, W. Practical observations on aural surgery and the nature and treatment of diseases of the ear. London; 1853.
4. Specialist Education for Children with Disabilities - 'the Happiest Effect'. Historic England. https://historicengland.org.uk/research/inclusive-heritage/disability-history/1660-1832/specialist-education/. Access September 1st, 2019
5. Lane H. When the Mind Hears. New York, NY: Random House; 1984.

The shared airway: a history of anaesthesia in ENT surgery

Author: Dr Alison Liu

The great 19th Century rivalry between Ludwig Türck and Johann Czermak may have given birth to the specialty of otolaryngology1. However the subsequent development of the specialty has been shaped by concurrent advances in anaesthesia.

Crawford Williamson Long was the first surgeon to administer ether for the excision of a neck tumour in 18422, but forever lost his claim to fame when he failed to publish his work. He was probably too busy inhaling ether himself to do so.

Inhaled anaesthesia was pioneered in the UK by John Snow, who anaesthetised 148 children undergoing cleft lip repairs. Surgeons who had previously done the operation in as little as 20 seconds3 could develop a more aesthetic procedure.
However they still had to work around chloroform sponges held under patient noses, inevitably inhaled some fumes themselves, and patients were at significant risk of aspirating blood4.

In 1879 William Macewen intubated a patient prior to excising a tongue base tumour5, but it was Sir Ivan Magill who would truly advance intubation techniques in WW1, securing the airway and opening new surgical possibilities6. Rectal ether, used in 200
early cases at Sidcup7, became obsolete.

The increasing complexity and ambition of airway surgery demanded a better view. Douglas Sanders created his manual jet ventilator in 19678, the same year Peter Murphy performed awake fibreoptic intubation. Anaesthetic advances in total intravenous anaesthesia, high flow oxygen, and ICU care are essential to modern ENT surgery, and demonstrate the continuing close partnership of the two specialties over the shared airway.

References

1) Neil Weir (2000) History of medicine: Otorhinolaryngology. Postgrad Med J 2000;76:65–69
2) Long, CW (1849). "An account of the first use of Sulphuric Ether by Inhalation as an Anaesthetic in Surgical Operations". Southern Medical and Surgical Journal.
3) Snow J. On chloroform and other anaesthetics: their action and administration. 1st ed (1858a) p291. London: Churchill
4) Gordon Jones, R. G. (1971) A short history of anaesthesia for hare-lip and cleft palate repair.Brit J Anaesth 43, 796
5) Macewen W (1880) Clinical observations on the introduction of tracheal tubes by the mouth instead of performing tracheotomy or laryngotomy. British medical journal, 2, 122
6) Rowbotham S (1951) Ivan Magill. Br J Anaesth 1951:23:49-55
7) Wade R. (1918) Methods of general anaesthesia for facial surgery. The Lancet; 1: 794-795
8) Elen Evans, Peter Biro, Nigel Bedforth (2007) Jet ventilation. Cont education in anaesthesia, critical care and pain. Vol 7: 2007
9) Leslie D, Stacey M. Awake intubation. Continuing Education in Anaesthesia Critical Care & Pain, Volume 15, Issue 2, April 2015, Pages 64–67

The History of The Boyle-Davis Gag

Author: Dr Bakir Al-Dulaimy
Co-author: Mr Rajesh Anmolsingh

Mouth gags were used as torture devices in early medieval times. It was not until much later that their medical uses transpired. Mouth gags are currently used in operative procedures requiring access to the oral cavity and oropharynx. The Boyle-Davis gag is the most commonly used mouth gag in ENT (Ear, Nose and Throat) procedures. It is also the preferred option for tonsillectomies, one of the most commonly performed procedures in ENT surgery.

In the early 20th century, inhalational anaesthesia was commonly practiced which required the mouth of the patient to be kept open. In 1910, Dr Edward Sewall published a description of a mouth gag he had designed for the use in adeno-tonsillectomies. This mouth gag was noticed by Dr S Griffith Davis (Anaesthetist) whose modification was published by the renowned physician Dr Harvey W Cushing in 1912. The British anaesthetist Henry E.G. Boyle bought one, and with one further modification the Boyle-Davis mouth gag was born. Since its invention, it has had over twenty further, smaller modifications made by surgeons.

The Boyle-Davis gag consists of the mouth gag (Davis gag) and the tongue plate (Boyle tongue depressor). This combination allows for several sizes to be assembled according to patient size. Furthermore, the Draffin's bipod stand holds the gag in-situ, giving the surgeon the freedom to use both hands. We will present a brief account of the history and development of the commonly used ENT surgical device – The Boyle-Davis gag.

References

Fennessy, B., O'Connor, R., Cronin, M., Fenton, J. and Hughes, J. (2010). Safety implications of the Boyle–Davis mouth gag and tracheal tube position in tonsillectomy. British Journal of Anaesthesia, 105(6), pp.863-866.
Hoefert, S. (2012). The Evolution of Mouth Gags. Presentation of a New Modificated Denhart Mouth Gag. Journal of Maxillofacial and Oral Surgery, 12(4), pp.475-479.
Sewall, E. (1910). Combined Mouth Gag and Tongue Fixed and Suction Apparatus for Tonsil Operation. Journal of the American Medical Association, LIV(14), p.1136.
Thiagarajan, B. (2019). ENT Instruments by drtbalu - Boyle Davis Mouth gag. [online] Entinstruments.co.in. Available at: https://www.entinstruments.co.in/laryngology/boyle-davis-mouth-gag [Accessed 1 Sep. 2019]. Woodlibrarymuseum.org. (2019). Davis Gag | Wood Library-Museum. [online] Available at: https://www.woodlibrarymuseum.org/museum/item/976/davis-gag [Accessed 1 Sep. 2019].

The tracheostomy that warped history causing the world's most mammoth conspiracy theories

Author: Mr Raguwinder (Bindy) Sahota

Introduction:

22nd Nov 1963 the most infamous Presidential shooting in history happened to President John F Kennedy. He was rushed into the Emergency Room of the Parkland Memorial Hospital in an attempt to resuscitate him. Dr Malcolm Perry was the duty surgeon. The president had all ready been orally intubated, but Dr Perry saw that the president was choking and blood was coming out from a small wound in his anterior neck. Split second decision-making Dr Perry performed a tracheotomy via the neck wound and secured the airway. The entire world knows the president died very shortly afterwards. The President was taken to Bethhesda Naval Hospital, Washington almost immediately after his death to undergo an autopsy that was performed by Dr James Hume.

Method:

Review of 888 pages of Warren Commission reports and associated documents.

Results:

The shooter was Lee Harvey Oswald who notoriously shot from the 6th floor window of the Texas School Book Depository from a position behind the President. There were entry and exit wounds into the president from the shooting. Two bullets hit the president, but only 3 wounds were identified, instead of the 4 that should have been present from 2 bullets. There was no explanation for the missing entry or exit wound, which lead to many decades of speculation and the consequential conspiracy theories that plagued this atrocity.

Conclusion:

Due to the misattribution of bullet wound this lead to the famous "gunman behind the grassy knoll theory" all due to the tracheostomy insertion hiding a bullet wound.

References

https://www.archives.gov/research/jfk/warren-commission-report
https://www.history.com/news/jfk-assassination-grassy-knoll-theory-debunked
http://jfkassassination.net/russ/testimony/perry_m1.htm
http://mcadams.posc.mu.edu/russ/m_j_russ/hscahume.htm
http://mcadams.posc.mu.edu/russ/testimony/carrico2.htm

Julius Ewald-- Man Man And His Famous Book

Author: Professor Jeremy Hornibrook

Introduction

In 1824 Marie Jean Pierre Flourens had published his results of exepriments in pigeons which showed that the semicircular canals were asscociated with eye and head movements. Juliud Ewald (1855-1921) was professor of physiology the University of Strassbourg (now Strousberg). His work on the inner ears of frogs, pigeons and dogs was published as Physiolologische Untersuchungen uber das Endorgan des Nervus Octavus in 1892. Although the book is widle referred to by vestibular system investigators, few have ever seen it.

Method

A short biography of Ewald is presented. A full English translation of the book was accomplished. Unfortunately much of the book deals with ablative experiments on pigeon ears, but conveys Ewald's ingenuity in experiment and equipment design, long before the operating microscope.

Result

The most elegant and important findings are not until page 264 as Experiment 81 and Experiment 82. Selective cannulation of the canals enabled the application of positive and negative stimuli. These corrcetly implied a connection between the canals and the eye muscles except to the medial rectus, which was the only error.

Conclusion

Ewald's important but perfunctory description of eye movements has come to be known as Ewald's Laws of canal function. At the time, some inconsistencies were perplexing (Ewald's Paradox) and were not explained for another 60 years by the electron microscope. Ewald's observations have become a quoted cornerstone of vestibular physiology, and are now clinically relevant in interpreting the eye movemnts of BPPV.

References

Ewald, JR. Physiologische Untersuchungen Uebr Das Endorgan Des Nervus Octavus. Wiesbaden. Verlag Von J.F. Bergman, 1892.