ENTUK BSHENT

ENT UK British Society for the History of ENT Annual Meeting

Thursday 1st December 2022 at

1 Wimpole Street, Westminster, London, W1G 0AE

TIME HRS	TITLES	SPEAKERS
12:00 -12:50	**LUNCH**	
12:50	Welcome	Neil Weir
Session 1 Chair: RICHARD IRVING		
12:55	75 years of the Midland Otolaryngology Society.	**Edward Fisher**
13:10	Nobuhiko Isshiki and the Isshiki Thyroplasty	**Hamza Quereshi** on behalf of **Ayla Tabaksert**
13:25	Menière's Disease – You might just want to cut your own ear off!	**Ali Saiepour**
13:40	History of Necrotizing Otitis Externa in Literature	**Vasiliki Bisbinas**
Session 2 – Chair – EMMA STAPLETON		
13:55	75 years of the North of England Otolaryngology Society	**Katherine Conroy**
14:10	David Kearney McDonogh – First Black American ENT surgeon.	**Oloruntobi Rotimi**
14:25	Hitler's voice – a Nazi regime weapon threatened by a vocal cord polyp.	**Harry Carter**
14:40	Early history of Head and Neck Radiotherapy	**Emily Moore**
14:55 -15:15	**TEA/COFFEE**	
Session 3 – Chair: NEIL WEIR		
15:15	David Kemp and ground breaking discovery of OAEs	**Ravina Tanna**
15:30	A soprano's demise – A cautionary tale for a Thyroid Surgeon.	**Ruby Sekhon**
15:45	Dr Grillo – Father of Modern-Day Tracheal Surgery	**Yousef Ibrahim**
16:00	50th Anniversary and history of the TWJ Foundation	**Mark Wickham-Jones**
16:20	Award of the JLO Prize for best **Junior Presentation**	**Edward Fisher**
16:30	Business meeting / AGM	
16:45	Closure of meeting and thanks	**Neil Weir**

BSHENT ANNUAL MEETING 1 DECEMBER 2022

Speakers and presenters in order of presentation

1) **Edward Fisher**

Topic: 75 years of the Midland Otolaryngology Society.

2) **Hamza Quereshi**

Job Title ST4 Organisation Freeman Hospital

Abstract Title Nobuhiko Isshiki and the Isshiki Thyroplasty

Abstract Contents

Max 250 (not including references)

Born in Tokyo in 1930, Nobuhiko Isshiki hoped to be a mathematician or physicist, but was encouraged by his father to attend medical school. He graduated from Kyoto University Medical School in 1954, and was a research fellow at the Voice Science Laboratory in UCLA between 1962 and 1964. After returning back to Kyoto University, Isshiki researched the mechanism of phonation using excised larynges, leading to the development of laryngeal framework surgery. He became associate professor in 1977 and later professor of the department in 1980. Isshiki's clinical and research interests lay in voice disorders and studies in patients with cleft palate. He developed a series of operations to improve the voice by altering the position and tension of the vocal folds, known as Isshiki thyroplasty types I-IV. These have helped many patients with vocal cord palsy, laryngeal trauma, spasmodic dysphonia and pitch issues. He became internationally renowned and has published widely, including Phonosurgery, Theory and Practice (1989). He cites Prof Jan Willem van den Berg, a mathematician in Holland, and his study of how the vocal cord vibrates, as most influential on his research.Following retirement in 1993, Isshiki opened the Isshiki Memorial Voice Centre and worked at the Hiroshiba ENT Clinic in Kyoto. He has organised and instructed in phonosurgery workshops internationally. He has received multiple awards, including the inaugural Isshiki Award for outstanding contribution to Laryngology, which remains a prestigious award for laryngologists across the world, who continue to utilise his techniques today.

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Max 5 references

https://www.britishlaryngological.org/news/memoriam-nobuhiko-isshiki-1930-2022https://www.britishlaryngological.org/meetings/isshiki-awardhttps://www.entandaudiologynews.com/media/4570/entso15-isshiki-interview-3.pdfFriedrich, G., de Jong, F., Mahieu, H. et al. Laryngeal framework surgery: a proposal for classification and nomenclature by the Phonosurgery Committee of the European Laryngological Society. European Archives of Oto-Rhino-Laryngology 258, 389–396 (2001). https://doi.org/10.1007/s004050100375N. Isshiki, H. Morita, H. Okamura & M. Hiramoto (1974) Thyroplasty as a New Phonosurgical Technique, Acta Oto-Laryngologica, 78:1-6, 451-457, DOI: 10.3109/00016487409126379

3) **Dr Ali Saiepour**

Job Title SHO Organisation Manchester Foundation Trust

Abstract Title

Meniere's disease: You might just want to cut your own ear off

Abstract Contents

Max 250 (not including references)

The discovery of Meniere's disease in 1861 by Prosper Meniere, until today has seen literature debate its existence as a its own pathological process, or if the symptoms result from individual pathological processes(1). 66 years later, experimentation on fish paved the way for Mr Portmann to describe the first known exploration into the endolymphatic sac in 1927 to reduce the endolymphatic pressure, thus in theory alleviating symptoms of Meniere's disease (2).So, it's no surprise in the late 19th century, a diagnosis of Meniere's disease was uncommon and foregone for another condition such as epilepsy. As in France, where there was a talented but relatively unknown Dutch artist at the time. He, at the time was known to have struggled with his mental health, and suffered from violent attacks of vertigo, and thus ended up being treated for the more commonly diagnosed epilepsy (3).This could possibly explain Vincent Van Goghs violent attacks of vertigo, which are described in some of his letters to his family – 'I have dizzy spells so often, I can only live in a situation of the fourth or fifth rank' (4). As such, I'd like to share the knowledge of the immense disturbance that Meniere's disease may have had on Vincent Van Goghs life, which may have lead to him cutting off his own ear (3), and subsequently ending his own life. As well as highlighting the innovations and understanding of inner ear pathology in the past few centuries.

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1. Wilmot, T., 1984. Meniere's and its management. 1st ed.2. Portmann, G., 1927. The Saccus Endolymphaticus and an Operation for Draining the Same for the Relief of Vertigo. The Journal of Laryngology & Otology, 42(12), pp.809-817.3. Arenberg, I., 1990. Van Gogh Had Meniere's Disease and Not Epilepsy. JAMA: The Journal of the American Medical Association, 264(4), p.491.4. Vangoghletters.org. 2022. 801 (802, 605): To Theo van Gogh. Saint-Rémy-de-Provence, Tuesday, 10 September 1889. - Vincent van Gogh Letters.

4) **Dr Vasiliki Bisbinas**

Job Title Clinical Education Fellow in ENT Organisation Manchester University NHS Foundation Trust

Abstract Title
The History of Necrotising Otitis Externa in Literature

Abstract Contents

Max 250 (not including references)

Necrotising Otitis Externa (NOE) is a pathology concerning the outer ear. The first description recorded was in 1838 by A. Toulmouche, a Breton physician, who described otorrhea in progressive temporal osteomyelitis 1. The second direct description was a case report by Meltzer in 1959 citing Toulmouche. He defined the differentiating factors of diabetes background, presence of B.Pyocyaneous and resultant pathological bone formation2. It can be inferred what he describes as pre-insulin era 'otite diabétique', a well-known sequela of uncontrolled diabetes, is what we today describe as NOE.It wasn't until 1968 when Chandler coined the term Malignant Otitis Externa, defining it as a separate clinical entity in his case series and analysing etiology and pathogenesis. He compared the presentation and management of 13 patients, highlighting demographic of elderly and diabetic patients, presence of initial otitis externa, the role of Pseudomonas and subsequent necrotising osteitis. He proposed the term 'malignant' due to the bone and cranial nerve invading quality of the infection3. The first reference of Necrotising Otitis Externa is found in Russian literature in the early seventies (Case of necrotic external otitis, A M Ol'khovskiĭ, 19724). This shift is potentially due to the term 'malignant' alluding to neoplastic pathogenesis. Multiple descriptions have been published since, notable including immunosuppression to patient demographics.Despite plethora of references, there is still lacking consensus in literature of clinical definition, management and outcome measures of NOE. Emerging themes lead to the need for standard demarcation of risk factors, microbiological causes, radiological findings and management strategies5.

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5) **Katherine Conroy**

Topic: 75 years of the North of England Otolaryngology Society

6) **Mr Oloruntobi Rotimi**

Job Title CT1 Organisation Royal Brompton Hospital

Abstract Title
David Kearney McDonogh: The First Black American ENT surgeon

Abstract Contents Max 250 (not including references)
Following the peak of the Transatlantic slave trade in the late 16th Century, slavery in the United States was still rampant and profitable. Abolitionist movements against the trade continued to intensify during this period which may have influenced individuals at the time with regards to their decisions around the slave trade [1].One such individual is John McDonogh, a wealthy real estate entrepreneur who ran a cotton and sugar plantation in New Orleans in the early 17th Century. This man was a member of the America Colonisation Society, a group that organised the freedom, education and transportation of ex-slaves to Liberia, a country in West Africa [2]. David, a boy born into slavery on John McDonogh's plantation, worked until 19 years old when he was sent to study at Lafayette College in Pennsylvania [3]. During his time at college, David experienced the pain of segregation but also developed a passion for medicine [3], [4]. After completing college, he petitioned John McDonogh to allow him to study medicine who reluctantly allowed this request on the grounds he would be observed by Dr John Rodgers, a professor at a college which would later become Columbia University [4]. Through more adversities, he would eventually study medicine, graduate and contribute to the field of ENT as a highly regarded physician as well as an advocate for the abolition of slavery [3], [4]. He died in 1893 of 'congestion of the brain' but is posthumously remembered through the hospital and scholarship named after him [5].

References Max 5 references
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7) Mr Harry Carter

Job Title CT2 Organisation Morriston Hospital, Swansea

Co-Authors
Mr Harry Carter Mr Hussein Walijee

Abstract Title
Hitler's voice: a Nazi regime weapon threatened by a vocal cord polyp

Abstract Contents

Max 250 (not including references)

One of Adolf Hitler's greatest weapons was his voice. His speeches were infamous for enchanting audiences and inciting fascism with his raspy nature, impassioned conviction and dramatic delivery. By perfecting oration and demagoguery, he rose to power. Hitler's heavily practiced intonation produced a potent, history-defining sound.1 Shortly after Hitler combined the role of Chancellor and President to become the Führer, his voice weakened and became hoarse. Rumours stirred about serious pathology of the throat.2 Hitler himself was anxious that he had cancer and that his dysphonia may impact his political ambitions.3 An eminent German Otolaryngologist, Professor von Eicken, diagnosed a left vocal cord polyp. Hitler reportedly delayed surgery so that he could deliver a speech to the Reichstag, but underwent surgical excision of the polyp on the 23rd of May 1935.4 The surgery was uncomplicated and the lesion was benign. Von Eicken advised Hitler to rest his voice, however, the speeches resumed two months later as the Führer pushed his Nazi regime.5 The excision of the polyp came at a critical time, when Hitler passed the Nuremberg Race Laws and advanced other antisemitic policies. He planned the expansion of the Nazi state and in 1939, at a speech in Danzig, declared war on Poland which led to World War II. Without intervention from von Eicken or another capable otolaryngologist, Hitler's distinctive voice and pivotal speeches may have diminished, along with his power to lead a nation to commit the worst atrocities in our history.

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8) Miss Emily Moore

Job Title Junior Clinical Fellow

Abstract Title
Early History Of Head and Neck Radiotherapy

Abstract Contents

Max 250 (not including references)

On 30 November 1895, Wilhelm Roentgen discovered x rays in his laboratory in Germany. About 6 months later in 1896, Antoine Becquerel's experiments isolated radioactive substances, alongside work by Marie Curie and husband Pierre. Application began almost immediately, but early uses are somewhat different to that of today. Development of x-ray devices was slow, exposure times were long and tissue penetration poor, limiting use to superficial lesions. Initially, radiation therapy had presumed bactericidal effects, following observations that tuberculosis improved with sun exposure and this new ray may be found within sunlight. Although later disproved, this treatment of infectious diseases was thus well established in the pre-antibiotic era. In the early 1900s, success was described treating head and neck actinomycosis patients with targeted radiation therapy, even those with severe disease. Radiation epilation was also deemed essential treatment for ringworm; if otherwise untreated, this led to serious consequences of children being excluded from school. Later, silver radon seeds applied to cavernous angiomas in children treated all but a minority of cases. Harmful effects of x-rays and radium were not clear until much later. For example, in war times, young women were paid to paint watch dials with radium to make them 'glow in the dark' and were instructed to lick the ends of their brushes to give them a fine tip. Consequently, they developed migraines, loose teeth and osteonecrosis of the jaw. Now a prominent feature of oncological treatment, radiotherapy has developed significantly since its introduction just over 125 years ago.

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9) Miss Ravina Tanna

Job Title ENT ST4 Registrar

Abstract Title

DAVID KEMP AND THE GROUNDBREAKING DISCOVERY OF OTOACOUSTIC EMISSIONS (OAE's)

Abstract Contents

Max 250 (not including references)

Professor David Kemp, an eminent physicist at the UCL Ear Institute, discovered the phenomenon of otoacoustic emissions in 1977 at the Royal National Ear Nose and throat hospital and changed the landscape of Otology. His experiments challenged long held views that the cochlea behaved in a passive manner upon auditory stimulation and proved that the cochlea itself generates sound. In fact 30 years prior, his contemporary Thomas Gold had proposed a new hypothesis on auditory theory but it was rejected by his peers resulting in him leaving the field altogether.1 After the success of Professor Kemp's experiments in July 1977 he too was met with skepticism from the international community and there was little appetite to invest in or manufacture OAE technology but he persevered. Later that year, his colleague Peter Bray developed the 'ILO88', which was a technology compatible with computers and the Kemp family purchased the patent rights back from the government and were able to sell the ILO88 commercially.2 This helped to fund further research at the ILO and RNTNE hospital. Today, the most well known clinical application of OAE's is their use in newborn hearing screening, which has changed the lives of children born with congenital hearing disorders. Whipps Cross was the first hospital in the world to implement this in 1988 yet interestingly it was only in 2006 that the UK fully implemented a universal screening programme. Professor Kemp's work was ground-breaking and I hope to gain a first hand account of his phenomenal journey.

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10) Dr Ruby Sekhon

Job Title Core Surgical Trainee
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Abstract Title
A Soprano's Demise: A Cautionary Tale for the Thyroid Surgeon

Abstract Contents

Max 250 (not including references)

Judicious patient selection for minimally invasive thyroidectomies with concurrent neural monitoring has become the cornerstone of contemporary thyroid surgery. Historically, however, thyroid surgery was considered unfavourably by even the most experienced hands and restricted in several European nations. The emergence of anaesthetic, antisepsis and improved instrumentation bore witness to the renaissance of thyroid surgery in the mid-19th Century. The unhurried, judiciously antiseptic and haemostatic approach, advocated by Kocher, was popularised and several seminal methods to maintain recurrent laryngeal nerve integrity, thyroid and parathyroid function were publicised (1-2). The consequences of injuring the external branch of the superior laryngeal nerve however heralded late recognition and is historically synonymous as the nerve of Galli-Curci after renowned 20th Century Italian Soprano, Amelita Galli-Curci (3). Galli-Curci found international fame in the United States with the Chicago and later New York Metropolitan Opera (3, 5). Recognised for her songbird operatics, Galli-Curci was plagued by dysphonia secondary to an increasingly enlarging goitre, later removed under local anaesthetic in 1917 by American Thyroid Surgeon and Epidemiologist, Arnold Kegel (4, 5). Galli-Curci's awaited return to centre stage in 1936, however, was met with criticism as she was no longer able to achieve her previously renowned falsetto (3, 5). This presentation invites the audience to engage in lively discussion to demystify whether the once renowned soprano's demise was secondary to injury of the external branch of the superior laryngeal nerve injury or pure speculation.

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11) Mr Yousef Ibrahim

Job Title ENT Registrar

Co-Authors
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Abstract Title
Dr Grillo – The Father of Modern-Day Tracheal Surgery

Abstract Contents

Max 250 (not including references)

Introduction until recently reconstruction of the trachea was thought to be impossible. It was generally accepted that the cartilage of the trachea would not heal properly if resection and subsequent anastomosis was performed. Dr Hermes Grillo, through his pioneering work, was able to change this belief and our understanding of tracheal surgery. Method Through his laboratory work, he identified key principles which allowed him to perform tracheal resection safely. He understood that a crucial factor to a successful anastomosis involved the preservation of the tracheal blood supply which arises laterally. Furthermore, he performed techniques to alleviate excess tension at the anastomotic site. ResultsIn 1973, he published his experience of performing tracheal resections in the British Medical Journal. He successfully performed 100 operations on patients with benign strictures and tracheal tumours and was able to achieve excellent results in the majority of patients. Conclusion The management of tracheal disease, including primary tracheal tumours, poses a significant challenge to clinicians. Although surgery was not an option for these patients, other forms of treatment had limited success. Dr Grillo's innovative and ground-breaking work has given these patients hope. Surgery in this group has significantly improved long term outcomes and survival rates.

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12) Prof. Mark Wickham-Jones
Topic: 50th Anniversary and history of the TWJ Foundation