**The Professionalisation of E.N.T. Surgery Between 1880 and 1910, With Special Regards to Sir Felix Semon**

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**Abstract**

The history of laryngology is full of praise for the contributions of Sir Felix Semon towards its specialisation. This dissertation seeks to provide a revisionist history of the specialisation of laryngology that ultimately led to the development of E.N.T. surgery into the profession as it is recognised today. In doing so, Felix Semon’s contributions will be put into context by exploring the various developments that were occurring within the medical profession and also in scientific research at the time, as well as appreciating the influences of other major figures. Ultimately it will be concluded that although Sir Felix Semon played a significant role in establishing laryngology, he was not the sole factor in this development.

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**Introduction**

Sir Felix Semon was born in December 1849 in Danzig, Germany, the first son of Simon and Henrietta Semon. He graduated with a medicine degree from Heidelberg University in 1874 before embarking on his post-graduate journey around Europe to further his medical experience. This eventually led him to London, where he henceforth remained and eventually established himself as a laryngologist. After becoming a physician at Golden Square Hospital in 1874, his career went from strength to strength. It eventually culminated in his knighthood in 1897 and his appointment as Physician Extraordinary to King Edward VII in 1901 (Semon, 1926: 15, 34, 58, 62, 79, 82, 258, 274).

Felix Semon is widely credited as being solely responsible for establishing laryngology as a definitive and respected specialty. He became a laryngologist at a time when the specialty was held with such disregard as to be almost entirely ignored by the medical profession. Laryngology only properly became a specialty in 1854, after Manuel Garcia developed the laryngoscope, the key instrument used in laryngeal exams (Harrison, 2000: 13). As a new specialty, it was seen as irrelevant and of little value to medicine in general. Consequently, hospitals did not see the necessity of putting adequate resources at the disposal of the specialist departments and even refused to appoint the relevant specialists to the managerial roles of the departments. However, part of the attraction to the specialty for Semon was the fact that it was new and offered excitement in terms of the progress in diagnosis and treatment. The already well established specialties had defined diagnoses and this is what, in the end, deterred him from otology in favour of laryngology (Semon, 1926: 84-85).

For the purposes of this essay, I will be defining the term ‘professionalisation’ as “a process by which a heterogeneous collection of individuals is gradually recognised, by both themselves and other members of society, as constituting a relatively homogeneous and distinct occupational group” (Shortt, 1983). In other words, the change from a group of people individually interested in the larynx to their amalgamation, resulting in a distinct specialty, namely laryngology, as recognised by themselves and the medical profession as a whole. Today, E.N.T. surgery is less colloquially known as ears, nose and throat surgery and the individual branches that it coalesces are those of otology, rhinology and laryngology. Within the essay I will mainly focus on the developments of laryngology, as Sir Felix Semon was a laryngologist, but the improvements seen in that field can be interpreted as having knock-on effects in the other specialties of which E.N.T. is comprised. The more general advances made at the time, although I have often related them to laryngology, also benefit both rhinology and otology and medicine in general. It is through the mutual improvement of all of these specialties that E.N.T. surgery is able to enjoy the esteemed position it holds today.

Although Semon played a major part in the development of laryngology, eventually culminating in E.N.T. surgery as we see it today, I aim to present a revisionist history of its evolution. I believe that given the enormity of the medical field, not only in the various branches of the profession but also in its scale as an international entity, the professionalisation of a specialty cannot be due solely to one person. To illustrate this view, I will start by looking at the wealth of contributions that Sir Felix Semon made to laryngology. Exploring the relative importance of his scientific works and publications, his input in cementing laryngology as a specialty through his work in developing societies and contributing to the work of others, and the effect he continues to have on the specialty through the Semon Lecture Trust and the annual lectures of this endowed lectureship. This is a lectureship that continues to this day to play a prominent role in the specialty. The Semon Lecture Committee selects a Semon Lecturer annually to present a minimum of one lecture on a topic relating to laryngology or rhinology. Being chosen as the Semon Lecturer for any given year is viewed as highly prestigious because it is a position only awarded to those who are deemed to be the most eminent in the field. Secondly, I will consider the early history of laryngology before turning to its development and the development of other specialties, including rhinology, otology, and surgery, during the late nineteenth and early twentieth century in order to portray the obstacles that laryngology faced in becoming a definitive specialty. Finally, I will analyse the recognition of laryngology as a specialty with regards to the medical community in general, rather than just at the hands of Felix Semon, including the influences of Morell Mackenzie and other prominent physicians. Before touching on the change in the way Semon has typically been presented by the medical community and laryngologists specifically. In conclusion, I will illustrate that Sir Felix Semon did make substantial contributions to the professionalisation of E.N.T surgery but that it must also be remembered that he was not the only contributor and that this process was also due, in part, both to the circumstances of the time and the combined developments of other eminent physicians in multiple specialties, such as Joseph Lister pioneering antiseptic methods for surgery.

**Chapter 1 – Sir Felix Semon**

Felix Semon’s testament to laryngology has stood the test of time and as such, “what seems quite clear is that he was highly intelligent, industrious and almost solely responsible for establishing laryngology as a definitive specialty” (Harrison, 2000: 230). In exploring Semon’s influence over the specialisation of laryngology, I will look at the importance of his scientific work, his *Centralblatt* (sic.), his efforts in establishing various medical societies and his various attributes that led him to become so successful. Subsequently, I will examine the significance of the effect the Semon Lecture Series has had on laryngology.

**Scientific work**

Sir Felix Semon was one of the most distinguished contributors to laryngology and has been credited with 132 publications (Harrison, 2000: 107). Even from the beginning of his medical career, he sought to display the value that scientific report, both in the clinical and research setting, had to play in furthering laryngology. When he took up his post as Assistant Physician of the Throat Department at St. Thomas’s Hospital, he took up the practice of writing annual departmental reports so that he could make note of any interesting cases, irregularities and changes from year to year (RSM S.B.TR.1(7); RSM S.B.TR.35(1)). One of Semon’s more famous works was *Forschungen und Erfahrungen* or *Researches and Experiences* and it was composed of a series of Semon’s papers. Many of the advances he documented in this volume became intertwined with the fabric of laryngology (Howarth, 1937). He also promoted the use of thyrotomy in laryngeal cancer, which changed the outlook of the disease from incurable to manageable, in a paper that he presented to the London Medical Society in 1907 on the *Diagnosis and Treatment of Laryngeal Cancer* (Hunting, 2003: 227).

Sir Felix Semon had the “rare gift of a correlating mind” (Mosher, 1930) and this led to his success in the field of research and the establishment of Semon’s Law, for which he is often remembered. This Law was detailed in 1881, in his paper *Clinical Remarks* for the *Archives of Laryngology*. He chronicled his observations and experiments “on the proclivity of the abductor fibres of the recurrent laryngeal nerve to become affected sooner than the adductor fibres, or even exclusively, in cases of undoubted central or peripheral injury or disease of the roots or trunks of the pneumogastric spinal accessory, or recurrent nerves” (Negus, 1931). This observation has great clinical importance because if the muscles responsible for opening the larynx are paralysed, then the patient may be unable to breathe and die from asphyxia. Although his research was eventually proved to be incorrect (there were objections soon after his publication from physicians such as M. Grossmann), it was still important for stimulating others to partake in research and realise its value. In 1884, Felix Semon began his research collaboration with Victor Horsley (Semon, 1926: 125); a partnership that was exceedingly successful and resulted in some of Semon’s best experimental work. Their research was done meticulously with careful documentation being kept throughout their experiments (WLC MS5276). The book in which they recorded some of their experiments is a credit to the perfection with which they sought to do experimental work and must be why Semon took any criticisms of his work to heart, because of the great amount of work he did in clarifying every detail he sought to provide explanation for.

Although Semon had a large handicap at the beginning of his career, due to being a German Jew, his lack of English and the disregard with which laryngology was held, he turned it to his advantage. It was due to Semon’s ability to speak three languages fluently that he was able to publish and read articles in multiple languages and make sure that his knowledge was up-to-date with those at the forefront of laryngeal research. It was through this that “he wielded an influence beyond that which he could have obtained on purely professional lines” (McBride, 1921). This had a large part to play in his international recognition because he was able to exert his clout in multiple world journals and at meetings. However, in noting the great impact his work had, some regretted the fact that it understandably meant that some of his research was not so widely available in certain countries as they would have liked. In particular, his work on the innervation and nervous affections of the larynx, published by Professor Paul Heymann, formed the bulk of the authority on the subject and was less accessible to English laryngologists (Kelly 1927).

Even after Semon reached retirement, he often provided invaluable help to his friends and colleagues with their work for which he neglected recognition and through which he only sought to continue to develop laryngology (Watson-Williams, 1925). It is this lifelong dedication to laryngology and its advancement that many recognise Semon for and which Herbert Birkett reminisced upon in his Semon Lecture when saying,

“Sir Felix always impressed me as one who jealously guarded and strongly upheld the dignity of the specialty to which he had devoted his whole life. He was frank and decided in his opinions. As an investigator in the field of laryngology, and as a contributor to its literature, he stood pre-eminent” (1923).

As well as producing a vast amount of literature on laryngeal physiology and pathology, he also sought to promote the importance of research to others in the field. It is probably this that becomes most significant when you acknowledge that he “[failed] to produce anything that might be considered scientifically memorable” (Harrison, 2000: 106). Most other laryngologists of the time did not appreciate the role research had to play in furthering what was scientifically possible in the clinical setting. Semon believed that clinical laryngology was advanced when compared to the other branches of medicine, as it had the benefit of being accessible both to the eye and hands. It was this that meant that any experimental developments could be more easily applied to clinical work. It was in his paper, *The Mutual Relationship and Relative Value of Experimental Research and Clinical Experience in Laryngology, Rhinology and Otology*, that he really emphasised the necessity for a balance between both clinical and experimental disciplines and the increase in benefit this relationship fostered. It was this balance he referred to when stating,

“I am a steadfast adherent and admirer of experimental research, to which personally I am indebted for not a little of whatever success I may have had in my own scientific career. At the same time prolonged personal experience, in which I have enjoyed the inestimable advantage of the co-operation of one of the first living experimentators, has convinced me that experimental research, in order to prove a really valuable ally, requires constant exercise of one’s own judgement, and is all the better for criticism supplied by one’s clinical experience.” (RSM Laryngological Tracts 153).

The benefit of this form of practice was not unnoticed and is something that Hendrik Burger highlighted when reflecting, “clinical work and physiology, supported by an immense knowledge of the literature of the subject, became in his hands one whole, a temple of which he was the builder, the high priest, and at the same time its watcher and protector” (1934). It is this sentiment that he actively tried to encourage in the laryngological community of the time and, in part, this encouraged others to pursue research to the benefit of the specialty.

**Internationales Centralblatt für Laryngologie, Rhinologie und verwandte Wissenschaften**

Semon felt that laryngology was “developing on wrong lines” and so sought to found a journal where international laryngological research could be accumulated for the mutual benefit of all of those in the field. He consulted his colleagues across many countries to gauge support for an *International Journal of Laryngology* before publishing the first edition of *Internationales Centralblatt für Laryngology, Rhinologie und verwandte Wissenschaften* in 1884 (Semon, 1926: 129). Although it was written in German, it was an international journal and had strong influences on laryngology throughout the world (McBride, 1913). Semon had collaborators from many different countries working on the *Centralblatt*, one of whom was his Scandinavian collaborator and future Semon Lecturer, Ernst Schmiegelow (Schmiegelow, 1938). It became commonly known as “Semon’s *Centralblatt*” early on. However, this ended abruptly in 1915 when, as a result of the War and Semon’s public statement in support of Britain, his German colleagues who had taken over the editorship of the *Centralblatt* dealt him a devastating blow. Semon’s name was removed from the journal and, in response, many eminent editorial contributors resigned from their post at the journal in a public display of solidarity with Semon and the great unjustness he had been shown. Semon’s anguish was highlighted in his autobiography when he wrote, “of all the distressing experiences that fell to my lot during the war, this caused me most pain. The *Centralblatt* was my own offspring, and it was indeed bitter to be disowned by it, and betrayed by the man I had selected as my successor.” (Semon, 1926: 310-311).

**Semon’s role in societies**

Felix Semon believed that his colleagues displayed a distinct lack of “courage of their own opinions” (Semon, 1926: 219). Semon, however, showed little hesitation in sharing his opinions or knowledge and for that reason became a prominent member in the various societies and sections of which he was part. At the International Medical Congress of 1881 in London, in a discussion led by Dr. Charles Fauvel on the indications for extra- or intra-laryngeal treatment of growths in the larynx, many laryngologists deliberated the relative merits of different methods. After Semon made his argument, it was documented that “it is but right to record in the interest of a good cause, that this argumentation was received with general applause, showing the general agreement on this important point of those most competent to judge” and Dr. Fauvel consequently “declared his complete agreement with Dr. Felix Semon’s argumentation” (RSM S.B.TR.2(72)). The weight given to Semon’s input, as an eminent and respected laryngologist, is only further highlighted by the noticeably longer documentation on his contributions over all others during this meeting of the Subsection of Laryngology (RSM S.B.TR.2(72)).

The awarding of the title of Subsection of Laryngology at the Congress of 1881 was seen, largely, as the result of Semon’s work. As Peter McBride communicated in his Semon Lecture, “let it suffice to say that owing to the action and insistence of Semon the specialty was so far recognised as to be assigned a subsection under the presidency of Sir George Johnson” (McBride, 1913). When laryngology’s position later came to be advanced in Britain, Semon had a tough stance on the recognition laryngology deserved. At the Annual Meeting of the British Medical Association in 1887, laryngology and otology were each awarded a subsection. Semon was offered the chairmanship of the Subsection of Laryngology but he refused on the basis that he believed it deserved a full Section, as it had been awarded at the International Medical Congress of 1884. In the following year his vision for the position of laryngology was recognised and he became President of the Laryngology and Rhinology Section at the Meeting in Glasgow (Harrison, 2000: 31-32).

In 1893, Semon founded the London Laryngological Society with Sir George Johnson as President. Although the British Rhino-Laryngological Association had already been established, Semon perceived it to have little influence and hence the necessity for an alternate society. It sought to bring together the most eminent laryngologists so that laryngological matters could be discussed. As a matter of course, general medical advancements were not discussed, so as not to detract from the work of more general medical societies like the British Medical Association. Although the British Medical Association had a Laryngology and Otology section, Semon did not see this as specialist enough for the discussions that he thought valuable to the specialty. 1907 saw the amalgamation of the London Laryngological Society with the British Rhino-Laryngological Association to become the Laryngological Section of the Royal Society of Medicine. A move which Semon praised for the unity it brought to British laryngologists and the acceptance that laryngology was now equal with all other specialties (Semon, 1926: 222-224).

**The Semon Lecture Trust**

When Sir Felix Semon retired in 1909, it was a well-publicised affair. The British Medical Journal documented it as such, the “retirement of Sir Felix Semon from active practice was made the occasion of a formal farewell ceremony such as has never, to our knowledge, been accorded to a member of the medical profession” (Semon, 1926: 291). It was at this dinner that Sir Henry Butlin praised Semon for his work “in defence of the rights of Laryngology throughout the world” and went on to present him with £1200 to fund an endowed lectureship at the University of London (Semon, 1926: 292). The money was collected by Lady Violet Mond, wife of Liberal MP Alfred Mond, from friends and subscriptions from past papers. It was presented along with a leather-bound book stating the purpose of the funds, who had donated to the endowment, and an overview of the many achievements Semon had made in his career (Harrison, 2000: 174). In December 1910, Semon wrote to the Academic Registrar of the University of London in the hope that they would agree to a lectureship in his name for the purpose of advancing laryngology. He detailed the sum of money he would present to the University, the necessity for a medal to be made to award the lecturer, and some proposed statutes to govern the lectureship (Harrison, 2000: 175-176). In 1912 the Semon Lecture Trust was established and in 1913 the first lecture was given by Peter McBride on “Sir Felix Semon – his work and its influence on Laryngology” (1913).

Many saw the establishment of this Lecture Trust as highly significant for its role in “placing the specialty on an equal platform with other departments of medicine and surgery which are similarly endowed” (Turner, 1923). In doing so, Semon successfully took laryngology from a “position of insignificance and distrust to one of worthy recognition among the ancillary specialisms” (Mollison, 1939). The Lecture Trust intended to encourage both British and foreign laryngologists and rhinologists to advance their specialties (UoL CF 1/18/1328) and so there was alternation between British and foreign lecturers, a practice which continues today. This is something that lecturers such as Felix Nager greatly appreciated and saw as continuing Semon’s legacy of encouraging international scientific interchange (Nager, 1940). In the deeds of the Trust, it is stated that the “Lecturer shall be appointed from amongst those persons who in the opinion of the Board at the time of such appointment have advanced within recent years the Science and Practice of Laryngology or Rhinology particularly in relation to general Medical Science either by original research or clinical work or anatomical pathological or bacteriological work or by work relating to the history of Laryngology or Rhinology” (UoL CF 1/18/1328). As a result, the lecturers have and continue to be some of the most eminent laryngologists and rhinologists of their time. Such an appointment is seen as one of the highest honours and lecturers often remark on their appreciation of the recognition their work has received. By its very nature, it is clear why the Semon Lectures remain the ‘blue ribbon’ of world laryngology (Harrison, 2000: 181) and hold the history of the development of the specialty through the frontrunners of the field.

**Conclusion**

When McBride wrote in Semon’s obituary that “it will probably be considered no injustice to anyone, living or dead, if we venture the statement that he did more for the advancement of our specialty than any other” (1921), this was a sentiment that was equally held by many in Semon’s lifetime. Indeed, in 1920, at a dinner given to Sir George Makins, then President of the Royal College of Surgeons, Makins “went out of his way to state that it was due to [Semon’s] efforts alone that Laryngology, until then unrecognised, had become a respectable and respected specialty” (Semon, 1926: 333-334). Although much of his most prominent works of research have not stood the test of time, the effect that he had in encouraging others to partake in experimental and clinical research cannot be underestimated. It was through his efforts and the efforts he encouraged in others that laryngology came to be held with the same regard as many of the older and more established specialties.

**Chapter 2 – Laryngology and its Context Within the Period**

In order to better understand the difficulties Semon faced in helping to establish laryngology as a respected specialty, it is important to consider the history of laryngology and the state it was in. This consideration will be given a broader context by exploring what was going on, not only in laryngology, but in its associated fields of otology and rhinology, before reflecting on the advances of surgery in the late 19th and early 20th centuries.

**The discovery and beginnings of laryngology**

Although Benjamin Guy Babington invented the glottiscope in 1829, it was not until Manuel Garcia rediscovered the instrument in 1854 that developments in the area of laryngology began to unravel (Harrison, 2000: 13). When Garcia recounted his discovery years later at the Seventh International Medical Congress in 1881 to the Subsection of Laryngology, he reminisced that “after many futile attempts, he strolled one afternoon in the courts of the Palais Royal, in Paris, meditating on the problem, when suddenly in his mind’s eye saw *the two mirrors in position*; how at once he went to Charriére, the instrument-maker, bought an old dentist’s mirror with a long handle, and availing himself of the light of the sun, succeeded *on the first attempt* in seeing a part of his larynx!” (RSM S.B.TR.2(72)). Despite the laryngoscope’s original invention preceding his own, Garcia has been seen as the “Father of Laryngoscopy” because, upon his discovery, the instrument began its use as an essential element in the new specialty of laryngology (Wright, 1914: 207).

It was in 1857 that Ludwig Türck, a Viennese neurologist, began to use a similar concept of mirrors and natural light to view the larynx. Concurrently, Johann Czermák, a Prague-born physiologist, used these mirrors with the addition of artificial lighting to perfect autolaryngoscopy. This caused great controversy and a fight for priority, in what was classified as the ‘Türckion War’. The result of this was Türck being credited with the foundation of laryngology as a specialty, while Czermák was credited as the founder of laryngoscopy as a clinical entity, for his work with artificial lighting, and the establishment of laryngology as a clinical specialty (Harrison, 2000: 13-14).

Türck then initiated the teaching of laryngology in Vienna in 1861, alongside Friedrich Semeleder, and three years later was appointed to the post of Professor of Laryngology at the university (Stevenson & Guthrie, 1949: 114-115). At this time, publications in the field were normally submitted to general medical journals. Upon the establishment of specific otological journals, such as the *Archiv für Ohrenheilkunde*, founded in Vienna in 1864, and the *Monatsschrift für Ohrenheilkunde*, founded two years later in Berlin (Wright, 1914: 212), laryngological research was published there instead. From this point, with increased insight and literature in laryngological matters, the first major textbooks specific to the specialty began to be published, notably by Türck, Fauvel, Mackenzie and Jacob Cohen (Wright, 1914: 213).

At the same time, laryngology took off in America and led Birkett to retrospectively state that, “to the United States belongs the credit of the birth of Laryngology, and no small share in the discovery and development of those fundamental principles which have placed it as a specialty in the foremost rank of scientific medicine” (1923). After the initial demonstration of the laryngoscope in 1861, Horace Green was unique in his appreciation of its attributes and remarked that “if that instrument can be brought into general use, I am confident that the profession will be able to cure diseases which are now too frequently overlooked” (Birkett, 1923). He proceeded to be the first to devote his work solely to diseases of the larynx and was later regarded as the father of laryngology. Another vital force in establishing laryngology was Louis Elsberg, who noted the importance of the laryngoscope and used his knowledge to publish many scientific papers. This led to him being described as “the most accomplished laryngologist in America” by Cohen, who, in 1866, inaugurated the first teaching specific to laryngology in America (Birkett, 1923).

The first journal with laryngological influences in America was the *Archives of Ophthalmology and Oto-Laryngology*, initiated in 1869 by Hermann Knapp. After removing oto-laryngology in 1880, the *American Archives of Laryngology* took its place for a brief period under the editorship of Elsberg, Cohen, Frederick Knight and George Lefferts (Stevenson & Guthrie, 1949: 117; Birkett, 1923). The natural motion of a new specialty with a great impetus is to further establish itself as a distinguished specialty. As a result, America was the first country to institute laryngological societies, a feat which many attribute to the isolation of America from Europe and hence the need for specialists to congregate (Stevenson & Guthrie, 1949: 116). The first of its kind was the New York Laryngological Society, founded by Clinton Wagner in 1873 (Birkett, 1923), before it later merged in 1885 with the Section on Laryngology of the New York Academy of Medicine (Wright, 1914: 213). In 1878, a meeting was held and attended by a number of laryngologists who felt a need for a national association to represent their interests and so, the American Laryngological Association was established in 1879 under the presidency of Elsberg (Birkett, 1923).

**Laryngology in England in the 19th and early 20th centuries**

The work of a laryngologist in the 19th century was made difficult by the limits placed on them by what was medically possible at the time. At this point, laryngology was seen as a medical rather than a surgical specialty and treatment was limited to the removal of tonsils and small laryngeal tumours and the opening of abscesses with caustic, astringent or sedative agents (Weir & Mudry, 2013: 147). Although it was possible to remove small laryngeal tumours with laryngo-fissure and laryngectomy, the results were poor and frequently the tumours were not fully removed, they were only treated at a late stage or the level of anaesthesia was inappropriate, with infections commonly developing after the operation (Stevenson & Guthrie, 1949: 114). It was only from the late 1880s that definitive diagnosis became possible, with the discovery of the tubercle bacillus by Robert Koch in 1882, Wilhelm Röntgen’s discovery of X-rays in 1895 and 1906 marking August von Wasserman’s conclusive test for syphilis. Up until this point, distinguishing between tuberculosis, laryngitis, syphilis and other malignant diseases was incredibly difficult and laryngologists had to rely on their clinical abilities and experience to treat patients appropriately (Weir & Mudry, 2013: 147-148). Tracheotomy also carried a high risk of failure and it was only after Joseph O’Dwyer produced intubation tubes in 1885 that any advances were made in that area. A feat which has, by some, been recognised as “the most epoch-making advance in laryngology” (Birkett, 1923). This work was then augmented by Lefferts in 1890 by his demonstration of intubation tubes in adults at the International Medical Congress in Berlin (Schmiegelow, 1938).

What is immediately clear, is that the excitement for laryngology felt in places such as Vienna and America was not immediately reciprocated in England. In fact, hospitals and teaching schools were rather apathetic towards laryngology and almost refused to put any substantial resources towards the specialty. This meant that junior physicians and transient members of the teaching body were often placed in charge of the throat departments, regardless of the fact that they had little knowledge of the specialty and often little interest in it either (Semon, 1926: 115). This disregard for the specialty meant that Hughlings Jackson, a neurologist, was initially in charge of the Throat Department at the London Hospital, Lauder Brunton, a cardiologist, at St. Bartholomew’s Hospital, and William Greenfield at St. Thomas’s Hospital (Stevenson & Guthrie, 1949: 118). It was this indifference to the specialty that meant that students were improperly taught and moved rotation with little understanding of the throat, as a direct impact of the lack of knowledge of those in charge of teaching (Semon, 1926: 115).

Much of the hindrance to the placement of specialists in the managerial roles came from the more distinguished consultants and general hospitals. The general teaching hospitals saw the specialist hospitals as competing for student tuition, private fees and charitable funding. The opposition towards these specialist hospitals was widely manifested through ostracism, public censure and social pressure. The reason being highlighted by Greville MacDonald, saying the “Throat Hospital, in spite of its new and irreproachable staff, was still looked upon by a carefully censorious profession as simply not respectable. The distrust of this new specialty in medicine was chiefly due to the prevalent disapproval of specialising in general; for it was considered that all qualified practitioners were competent for anything” (Weir & Mudry, 2013: 203). In order for the medical elite in the general hospitals to maintain control over their own specialist departments, they specifically appointed physicians with little knowledge of the specialty. It was this approach that Semon sought to overturn when, in 1882, he convinced the board of St. Thomas’s Hospital of the importance of having a specialist in charge of the department and in doing so became the first laryngologist appointed to a general hospital (Stevenson & Guthrie, 1949: 118). Through his efforts, more specialists were appointed to lead departments and it is the struggle Semon went through that Arthur Turner praises when saying,

“Those who are cognisant of the energy and ability which Semon displayed during the first five years of his professional life in London will agree that, through his zeal and efforts, the specialty came to receive, at the hands of the hospital authorities, the recognition which was justly due to it” (1923).

Even in the medical schools, laryngology was not a component of the curriculum and there was little encouragement to pursue the discipline. However, as Turner points out,

“Possibly, at the present day, we tend to be hypercritical of the conservative attitude of the hospital and teaching authorities of forty years ago, forgetting that the specialty, then, had limitations which no longer exist; operative work was on a small scale, [and] our boundaries had not as yet extended” (1923).

Although it must be remembered that laryngological teaching and training had become commonplace in many places, such as in Europe and America, from the 1860s (Turner, 1923). What is remarkable, and to the credit of Britain’s pioneers in the field, is that, nevertheless, laryngology managed to cement its status in the medical world and become recognised as clinically useful.

As part of laryngology’s establishment as a legitimate part of the medical field, the British Rhino-Laryngological Association was founded by Mackenzie in 1888. Semon then created an additional specialist laryngological society, the London Laryngological Society, in 1893. In 1907 these societies merged to become the Section of Laryngology of the Royal Society of Medicine. At the International Medical Congress in London in 1881, laryngology was given a Subsection. This was then promoted to full Section in 1884 at the Congress in Copenhagen. This was later mirrored within the British Medical Association, with the rewarding of Subsection to laryngology in 1887, before reaching full Section in 1888. The development of laryngology as a specialty was given further credentials upon the formation of the *Journal of Laryngology and Otology* by Mackenzie and Norris Wolfenden in 1887, the first of its kind in Britain (Stevenson & Guthrie, 1949: 119).

**Otology and Rhinology as specialties in the 19th and early 20th century**

Modern otology owes much to the work of Adam Politzer, who, after studying around Europe, returned to Vienna in 1861 to take up the post of docent in otology at the university and then in 1870 became the first Professor of Otology. He taught thousands of doctors in a variety of languages, encompassing English, German, Italian and French, and published over one hundred academic papers as well as the standard otology textbook of the time, *Lehrbuch der Ohrenheilkunde* (Stevenson & Guthrie, 1949: 113-114). In this respect, he was similar to Semon; publishing a great number of research papers and speaking multiple languages fluently. Although, their views conflict when it comes to specialisation, with Politzer believing that “Everything is connected with everything” (Stevenson & Guthrie, 1949: 114) and as such, all doctors should have a broad knowledge of medicine. Politzer, along with Anton von Tröltsch and Hermann Schwartze, in 1864 founded the *Archiv für Ohrenheilkunde,* the first specialist journal for otology (Weir & Mudry, 2013: 105). The result of these advances in the understanding of the physiology and pathology of the ear, along with improved examination methods, was that between 1850 and 1870 otology reached a definitive scientific status (Weir & Mudry, 2013: 97).

With regards to specialised hospital departments in England, aural departments were managed by specialists far before throat departments were, with the likes of Semon. St. Mary’s Hospital was the first to appoint a specialist, with Joseph Toynbee taking up the post in 1851, followed by many otologists at other London hospitals (Stevenson & Guthrie, 1949: 117). Like laryngologists, otologists also sought a more specialised approach to their care and a few prominent otologists, including Edward Woakes, Edward Law, William Stewart and William McNeill Whistler, helped found the London Throat Hospital in 1887 (Weir & Mudry, 2013: 204).

Although knowledge of rhinology also initially exceeded that of laryngology, it was only in the early 1880s that rhinology in its modern form really developed (Weir & Mudry, 2013: 170). This increased development in the specialty owes much to laryngology and the applications of the laryngoscope, which could work with a nasal speculum for better examination of the nose. However, it was also due to the development of the laryngoscope that many physicians turned their attentions away from rhinology in favour of laryngology, to the detriment of rhinology and its progress (Weir & Mudry, 2013: 166).

**Surgery as a specialty in the 19th and early 20th century**

After the formation of the combined Medical and Chirurgical Society of London in May 1805 (Moore & Paget, 1905: 3), the next major advance came in the form of Lister’s method of antiseptics and there were discussions held at the Society of its relative merits (Moore & Paget, 1905: 161-162). As a result of prolonged experimentation and discussion, he was able to publish his results in 1867 and in just over a decade the use of his antiseptic technique became commonplace in surgeries in many countries. Although this is often seen as the turning point of the beginnings of modern surgery, at the time many of the older surgeons refused to recognise its merits and some actively snubbed Lister’s antiseptic technique (Cope, 1959: 111). The outcome of aseptic surgery was that, between 1870 and 1900, the abilities of surgeons, not only in the variety of surgeries they could carry out but also in their methods, were greatly enhanced (Cope, 1959: 116; Hunting, 2003: 209). Jean Moure was the French laryngologist who is often seen as the pioneer in the evolution of laryngology from a medical to a surgical specialty and, as a consequence of this transformation, laryngological operations greatly improved with the addition of sterilisation methods gained from Lister (Stevenson & Guthrie, 1949: 115).

**Conclusion**

What is clear, is that laryngology faced many difficulties at the beginning of its establishment. The lack of specific knowledge by the majority of teachers of the specialty and the variability in success of operations contributed to laryngology’s lacklustre beginnings. The improvements made in other specialties, such as the aseptic techniques developed by Lister, and those made within medicine in general, such as Acts preventing unqualified practice and the necessity for a uniform knowledge of medicine, were all crucial in the development of medicine as a whole and, although beyond the scope of this essay, are briefly documented in appendix 1. These advances, combined with those made in laryngology itself, greatly improved laryngology’s standing in the medical world.

**Chapter 3 – A Revision of the Hagiography of Semon**

As well as appreciating that Semon played a large part in developing laryngology, it is also vital to recognise that he was not the only factor in its development. Both the general atmosphere of medicine at the time, as explored in the previous chapter, and advancements within laryngology itself due to groups and other notable influences played a part. Firstly, I will show how laryngology as a field worked to reach specialisation and touch on the role that international influence had to play. To continue, I will look at other notable influences on the field, before examining how Semon’s portrayal has altered in time.

**Recognition of Laryngology as a specialty**

At the International Medical Congress of 1881 in London, laryngology was awarded the honour of its own Subsection. Prior to this, laryngology had received no formal recognition by the medical community and so the laryngologists had held an independent Laryngological Congress so that they could have an event that was specific to their field to help advancements within laryngology operate on an international level. Due to the backing of the medical profession in honouring their specialty with a Subsection, it was unanimously decided that the second Laryngological Congress that would have been held in Paris should not go ahead. This was decided because, in light of their acceptance by the profession, they sought not to separate themselves as a specialty from all others. Isolation could only be dangerous, as the medical profession would see them as trying to distance themselves and not wishing to foster a mutual relationship of medical advancement. This creation of a Laryngological Subsection was well received by not only laryngologists but the medical profession as a whole. In fact, this elation was shown when the Secretary of the Subsection, Semon, strayed from the objectiveness of his documentation of the proceedings of the Subsection to write:

“nothing could be more pleasing than the *unanimity of their opinion that as long as we remain in close contact with our common great science, we will be, through the force of truth and the natural development of the mutual advantages to both specialism and general medicine, as invincible as was the giant Antœus while in contact with his mother Gœa; but that as soon as we forget this truth, as soon as we are led astray by a false ambition to claim an isolated, absolutely independent position, no Hercules will be needed to crush us; our own imprudence will do the work for him!*” (RSM S.B.TR.2(72)).

The importance of this Congress for laryngology did not go unnoticed and consequently the Lancet wrote in summary of the Congress that,

“Both in the number of those present at the meetings and in the distinguished position occupied in the medical world by those who took part in the discussions, the Subsection for Diseases of the Throat may certainly be considered as one of the most successful departments of the Congress.” (RSM S.B.TR.2(72)).

It was in Glasgow in 1888 at the Annual Meeting of the British Medical Association that the reputation of laryngology was cemented with the prized rank of full Section being awarded to laryngology and rhinology. This was a huge moment for those in the specialty as it put them on an equal standing with those of other specialties and as such it was described as “a distinct epoch in the history of British Laryngology” (RSM Laryngological Tracts 135). It was at this meeting that the newly formed Section took time to address the obstacles that had been overcome in the thirty years since the introduction of both the laryngoscope and rhinoscope into clinical practice. It was first recounted how great the influence the International Medical Congress of 1881 wielded in convincing the medical profession that laryngology had real substance and value as a specialty. Subsequently, they cited the importance of the increased volume of published research in the field, the number of publications in England outweighing all other countries combined, and specific journals for publishing this material to the target audience, such as the *Journal of Laryngology and Rhinology* (RSM Laryngological Tracts 135).

There was also an appreciation by other fields of medicine that the advances being made in laryngology, both therapeutically and clinically, were indisputable. This caused hospital authorities around the country to modify their views and assign adequate resources to laryngology, rhinology and otology departments and appoint specialists to run them. This in turn resulted in more adequate teaching of the specialties to students and so a new generation of laryngologists graduated viewing the specialty as having an equal footing to any other field and noted the importance of the various examinations and instruments that played a key role in laryngology. Laryngology, in recent times, had begun to focus on pathologies in a more general manner and so related the local affections that they had been dealing with to systemic pathologies. It is this that Semon highlighted in his address as President of the Section when he said,

“I am strongly inclined to believe, that powerfully as the other ones may have influenced public opinion in favour of a more just appreciation of laryngology, none has had a greater effect in procuring us the goodwill of the profession, than the turn of laryngology towards questions of broader and more general interest, which, I venture to say, has been the distinctive characteristic of the scientific work of our branch, not only in this country, but throughout the world, during the last seven or eight years” (RSM Laryngological Tracts 135).

The generalising of laryngology was something that Semon thought was important and that Markuss Hajek makes note of in his later Semon Lecture when concluding that the “specialty of laryngo-rhinology is only conceivable as a useful department in the whole general field of medicine” and as such young physicians should not specialise in the area before they have an appreciation of medicine in general (Hajek, 1929).

Throughout the specialisation of laryngology, it has been an international collaboration. Scientists from all over the world have contributed to research that has been published in journals and translated and shared for all to benefit. It is through this combined effort that laryngology was recognised as a distinct specialty on an international platform. The respect afforded to the specialty was far greater than what is possible through a single person. This international unity is something that Otto Kahler mentions in his Semon Lecture when he remarks that:

“there is nothing more effective in helping towards a solution of a problem than international collaboration … far more than any conference science makes nations approach one another and medical science in particular is instrumental in the reconciliation of nations, for it has but one object in view, namely the welfare and happiness of humanity” (1933).

The benefit of international collaboration is more than just the science that it represents. It is also the bridging together of different countries in forming positive relations, a notion that only became more important with the World Wars of the twentieth century.

**Morell Mackenzie**

Morell Mackenzie played the part of Semon’s original inspiration for taking up laryngology and, at the beginning of Semon’s career, he regarded Mackenzie with admiration. Although by the peak of Semon’s career he regarded Mackenzie with hostility, there was good reason for Mackenzie being one of Semon’s early idols. This was highlighted by Semon in the wonderment he showed when praising Mackenzie in his autobiography saying,

“It was most interesting to watch his truly wonderful manual dexterity … To see him remove at the first attempt a laryngeal polypus from an absolutely uninstructed patient – this, mark you, nearly ten years before the introduction of cocaine! – appeared to me almost miraculous. Equally miraculous was the rapidity of his diagnosis. After one single glance at the larynx his diagnosis was, as a rule, definitely made … he drew inspiration from the well-nigh inexhaustible store of his experiences” (Semon, 1926: 87).

Mackenzie was also widely praised by Schmiegelow, who, when visiting London, remarked that “it was a revelation to me to see how far English laryngology, both in practical and scientific respects, had already advanced as the result chiefly of one man’s extraordinary mental power and energy” (1937). He credits Mackenzie as the “father of British laryngology” for his work not only clinically, but the founding of the first laryngological hospital and the research he did there to put England at the forefront of scientific advances in the specialty. The fact that he accomplished these great feats so soon after any initial research into the field of laryngology occurred was seen by many as a mark of his phenomenal ability (Schmiegelow, 1937).

Mackenzie qualified in 1858 from the London Hospital and thereafter commenced a period of further study in Europe. As part of this, he spent time in Budapest where he was taught to use the laryngoscope by Czermák. He returned to London in 1860 as a keen laryngologist and set about writing papers relating to the field, one of which won him the Jacksonian Prize of the Royal College of Surgeons of England. A couple of years later he set up his own private practice and by 1863, he established the Metropolitan Free Dispensary for Diseases of the Throat and Loss of Voice. When this moved the Golden Square in 1865, it was re-established as the Hospital for Diseases of the Throat, which was the first specialist laryngological hospital in the world. It was commented at the time, by Sir James Paget, that he “might as well found a hospital for diseases of the big toe” (Hunting, 2003: 226) because the idea of specialisation was so frowned upon. He later became assistant physician at the London Hospital in 1866 and promoted to full physician seven years later, although he resigned soon after to focus on laryngology and his private practice (Weir & Mudry, 2013: 151-152).

As a result of Mackenzie’s paper, *The Treatment of Hoarseness and Loss of Voice by the Direct Application of Galvanism to the Vocal Cords,* which he presented at the Annual Meeting of the British Medical Association in 1863, he established the terms ‘abductors’ and ‘adductors’ being used in relation to the muscles that open and close the glottis. Two years later he published *The Use of the Laryngoscope in Diseases of the Throat*, which was widely translated and had multiple editions. This was followed by the first laryngology textbook, *A Manual of Diseases of the Throat and Nose*, which was widely acknowledged as ‘the laryngologist’s Bible’. In 1887 he co-founded the *Journal of Laryngology and Rhinology* with Norris Wolfenden, the first specialist British journal for laryngology. Mackenzie also established the British Rhino-Laryngological Association in 1888, which later became the Section of Laryngology of the Royal Society of Medicine when it merged with the Laryngological Society of London in 1907. For his exemplary contributions to laryngology and medicine as a whole, he was knighted by Queen Victoria in 1887 (Weir & Mudry, 2013: 152-153).

Disappointingly for Mackenzie, his prominent career came to an abrupt end due to the role he played in Emperor Frederick III’s illness. As Mackenzie was the eminent laryngologist of the time, he was brought in to comment upon what was suspected to be laryngeal cancer. After three inconclusive biopsies of the tumour, he believed it to be benign and so refuted the need for surgery. It quickly became apparent that the tumour was malignant and, by that time, little could be done and the Emperor died soon after. There was an uproar from not only the Germans but also his medical colleagues and the world press and he was widely blamed for the Emperor’s death. After these events, he sought to defend himself with his book, *The Fatal Illness of Frederick the Noble*. The result of this being that he was censured by the British Medical Association and the Royal College of Surgeons and forced to resign from the Royal College of Physicians (Weir & Mudry, 2013: 153).

Mackenzie, of course, was not the only laryngologist at the time and there were others that made significant contributions to the specialty, both from within laryngology and outside in more general medical ways. Although many significant contributions were highlighted in the previous chapter, there are some individuals that will remain in the shadow of Semon and Mackenzie purely because their legacy has eclipsed the history of the specialty. This notion has been emphasised by Hunting, who recognises Sir George Duncan Gibb as “London’s foremost laryngologist”. Mackenzie was a contemporary of Gibb’s and indeed listened to Gibb give a talk about the use of the laryngoscope when he first joined the Medical Society of London in 1862 (Hunting, 2003: 226). Another prominent individual, Sir James Dundas-Grant, surgeon at the Central London Throat and Ear Hospital, was responsible for a great many surgical instruments which play a prominent role in ear, nose and throat surgeries, and include a cold air douche for labyrinthine testing, the nasal speculum and aural probe (Weir & Mudry, 2013: 165).

**A revised view of Sir Felix Semon**

Although Felix Semon had many merits, even his friends were able to appreciate that not everyone approved of his methods or demeanor. As Semon mentions in his autobiography, while he was in Copenhagen at the International Medical Congress of 1884, he was at a dinner hosted by Dr. Schmiegelow, the secretary of the Laryngological Section. At this dinner, the host gave a toast to Semon, “the best-hated Laryngologist!”, a notion which the guests found highly amusing (Semon, 1926: 131). Additionally, Semon’s modesty, at times, is somewhat lacking. Throughout his autobiography, there are pages of names of his friends, acquaintances and patients, all of which are intended to highlight Semon’s social position and impress others with the company he kept. This perception was illustrated by Sir James Dundas-Grant, who told a story of a “former patient of Semon’s who consulted him, and said to Dundas-Grant that what he most liked about Sir Felix Semon was his honesty. “Who told you about Semon’s honesty?” asked Dundas-Grant. “As a matter of fact,” answered the patient, “when I think of it, he told me himself.”” (Stevenson, 1950). As some point out, “Perhaps the biggest ladders in Semon’s career were offered by his patients many of whom he sought to befriend to enhance his social position” (Weir, 2000).

Semon, along with Horsley, carried out a substantial amount of research into the physiology and pathology of the larynx and was probably one of the leaders in showing the importance that experimentation and research had in the clinical practice of laryngology. This is why Stevenson’s report on his work is so scathing when he writes, “Semon’s contribution to advances in the study and treatment of cancer of the larynx is mainly that of an ardent propagandist, undoubtedly useful in the times in which he flourished, but his own work in this field has had little permanent value” (1950). As Hendrik Burger imparts in his Semon Lecture, Semon’s Law was a hypothesis and, even at the time, there were those that had their doubts. He divulges that this doubt has only increased with time and research and that now there are few who accept it, including him. For this, he believes he would never be forgiven. He references Semon’s autobiography when clarifying this feeling, saying that it was clear from the autobiography that Semon never forgave his friend Bernhard Fränkel for publishing Grossmann’s article, which contradicted his own research, in his *Archiv*. Although Burger helped Semon in defending his work against Grossmann’s views, Semon alone went on to make a “violent personal attack” against Grossmann (Burger, 1934). This sense of Semon vindicating those that opposed his views was not unique. This attitude was mirrored when Emperor Frederick III sought Mackenzie’s help for his laryngeal cancer and Semon “supported Mackenzie’s leading German antagonists, Professor Gerhardt and Ernst von Bergmann, and attacked Mackenzie with all the vindictiveness of ingratitude” (Stevenson, 1950). Burger reflects on this trait of Semon’s when he mournfully says,

“Semon had so entirely grown into one with his life-work, the vulnerability of the posticus had thus become to him such a complete reality, that an attack on the basic principles of his law was to him sacrilege. This was a great misfortune for him. All science is human and transitory. Science of to-day is doubt of to-morrow. Difference of opinion does not detract from a person’s worth, nor from the sincerity of our respect for the great scientific workers” (Burger, 1934).

**Conclusion**

What must be appreciated, is that seeing Sir Felix Semon as the sole or overarching reason for laryngology’s success is rather naïve. There were many different forces at play, including other specialists in the field who equally played their part in its development, of which Morell Mackenzie was one. Laryngology’s progress towards specialisation had many influences, including increased published literature, advances in the treatments available, the international collaboration within the specialty, the appointment of appropriate specialists to manage laryngological, rhinological and ontological departments, and the shift from looking to isolate the specialty to looking at laryngeal pathologies on a more general plane. All of these helped to shape the field as it is today.

**Conclusion**

At a time when many of the original laryngologists were willing to take a backseat and accept the distinct lack of appreciation they received from the medical profession, Felix Semon sought to overturn this attitude. After discovering that the area he had chosen to specialise in was not well regarded, he became determined to do everything he could to give laryngology the standing he felt it deserved. As a result, the variety of influences he had on the specialty were numerous. His contribution is best described in a sentiment from Professor Hendrik Burger in his Semon Lecture when he remarks that,

“[Semon] was not only the investigator who shed new light on nearly every department of our profession; he was also the organiser, the leader who managed to secure for the young science of laryngology an honourable place among its sister sciences. What Czermák was to laryngoscopy, Semon became to laryngology. But not without a struggle! The generation of to-day has no idea of the opposition, the prejudice which had to be overcome; not least in his somewhat conservative adopted country. His scientific and social success he owed in the first place to his ardent enthusiasm. His vehemence towards his opponents, which, as I see in his autobiography, made him “the best-hated laryngologist”, was the fault of his virtue. We laryngologists of to-day see only the virtue. For us Semon is the severe critic in all important laryngological problems; the great driving force for the public recognition of our profession; the founder of a truly international periodical which, for many, many years, has taken the undisputed lead in the laryngological world” (Burger, 1934).

It was his ability to affect all aspects of laryngology and influence those in the specialty that made him so prominent and such a positive force in the history of laryngology.

His methods, however, have not always been viewed in a positive light, with Weir commenting that “There is little doubt that Semon was driven to succeed. As is the case with ruthless men those who assist their ascent are often left by the wayside with little thanks or acknowledgement” (2000). There is little doubt that Morell Mackenzie fell foul to this attitude and this has been noted by Stevenson when he explores the rather more controversial aspects of Semon’s character, saying:

“He made some mistakes – perhaps his chief one was in writing his autobiography, which filial piety published in 1926, some years after his death. It is filled with self-justifications, with details of his well-known patients (who included Queen Victoria and King Edward VII), and of his prowess on the Scottish Moors – the walls of his country home at Great Missenden were covered with the heads of noble stags. One finds it hard to forgive his attitude towards Morell Mackenzie, who gave him his start in London and stood up for him when he was nearly dismissed, in his early days, from Golden Square Hospital, on account of a tragic mistake; and one dislikes his reference to a well-known colleague as a “sly competitor”. But the autobiography is a very human document and of undoubted interest to students of the period” (Stevenson, 1950).

However harsh his critics may be, there is still an acceptance that Semon cannot be overlooked in his achievements. Even Weir notes that “Semon was an exceptional individual and did play an important part in the establishment of laryngology” (Weir, 2000).

Science was progressing at a phenomenal rate in the late nineteenth century, with discoveries such as antiseptic surgical methods due to Joseph Lister. This all contributed to making treatment and diagnosis far more accurate and effective. This improvement meant that laryngology began to have a noticeable effect, with more patients being reliably diagnosed and treated. Consequently, laryngology was able to display its worth to the profession and saw its position rise within the medical community. This acceptance, as seen by the awarding of full Sections at not only the British Medical Association but also as part of the International Medical Congress, meant that future generations of medical students were able to benefit from improvements to the teaching and hospital departments were in turn run by specialists. As laryngology reached an equal platform with all other specialties, the desirability of a career in the field only increased and, with this, laryngology went from strength to strength.

Although the developments of the time helped to bring about the changes necessary for laryngology to develop as a specialty, it was also necessary to have a figurehead to represent the interests of laryngology. For this, Semon played the part phenomenally and made it his life’s work to ensure the equal standing of laryngology with all other specialties. Felix Semon fought for laryngology at a time when the medical profession was seeing significant improvements and was thus more accepting of change. Do not mistake this praise for accrediting Semon as the only factor in laryngology’s specialism but instead as recognition that he played a major part alongside other factors. Such influences as increased medical literature and scientific advance and the role laryngologists, rhinologists and otologists had in general in securing respectability for their professions that ultimately conglomerated to form E.N.T. surgery as it is seen today.

**Appendix 1**

When looking at the importance of developments within distinct branches of medicine, sometimes it is necessary to look at the wider picture of the time. For this purpose, the appendix will highlight some of the key general medical reforms of the 19th and early 20th century that were alluded to in the conclusion of chapter 2.

Medical societies, as opposed to institutions and colleges, first started in England, with the establishment of the Medical Society of London in 1773 by Dr. John Lettsom. The aim of the Society was to bring together the various branches of medicine so they could share their work for the benefit of medicine and, as such, physicians, surgeons, apothecaries and accoucheurs were all granted membership. In this respect, it differed from other societies of the time who had more restrictive membership (Hunting, 2003: XV). This was followed up with many other medical societies, including the Provincial Medical and Surgical Association in 1832 (Little, 1932: 24). Although this Association, as a separate entity, did not last long and eventually joined the amalgamation of eleven other medical associations to become the British Medical Association in 1841, designed to represent medical practitioners across the whole country (Little, 1932: 31-32).

The late 19th century saw a great many reforms take place, one of which was the Russell Gurney Act of 1876. This allowed medical bodies to examine women for medical qualifications and additionally, in that year, the General Medical Council began to accept women for registration (Cope, 1959: 123). In 1882, the Lord President of the Privy Council introduced a Medical Amendment Bill to the House of Lords which was founded on the interests of the British Medical Association and recommended in the Report of the Royal Commissioners on Medical Reform. This sought to establish a standard examination, given by Conjoint Examining Boards, for all wishing to practise medicine and a stronger uphold of the penal clause of the Medical Act, to cut down on those practicing without adequate qualifications (Little, 1932: 69). This became important when laryngology sought to establish itself further because by having a standard examination that included laryngology, it required medical schools to take the specialty seriously and enforce its teaching. The Medical Act of 1858 was further reformed in 1886 in what was described by the Queen as “effecting important reforms in the medical profession” (Little, 1932: 70).

As a result of “the golden years” of 1879 to 1900 where, due to improvements in microscopes, micro-organisms were able to be definitively associated with their diseases at a rate of about one per year (Hunting, 2003: 237), Charles Ritchie was able to implement the Infectious Disease (Notification) Act in 1889. This placed responsibility on not only the general practitioner but also the patient to notify the local sanitary authority of certain infectious diseases (Little, 1932: 121-122). These advances also aided diagnosis within laryngology and with the additional knowledge of micro-organisms came more specific and effective treatments. 1899 saw the British Medical Association overturn a Bill put forward by a committee of nurses in favour of their own Bill, which prohibited unqualified practice in midwifery (Little, 1932: 129). This notion of preventing unqualified quacks from practicing medicine was also deemed important by other specialties. Sir Frederic Hewitt, a prominent anaesthetist and founder member of the Society of Anaesthetists, endorsed a Bill to make it illegal to administer anaesthetic if you were not qualified and in addition convinced the General Medical Council to initiate anaesthetics teaching in medical schools (Hunting, 2003: 199-201). It was crucial for the development of all specialties of medicine that each was practised only by those with the proper training and knowledge and consequently it made it safer for patients.

**Appendix 2**

There were of course many people who played an active role, not only in laryngology, but in medical specialties in general at the time of Sir Felix Semon. Due to the constraints of the essay, there was not space to do each individual justice. For this purpose, the appendix will seek to highlight a few notable achievements within laryngology of some of the individuals previously mentioned.

Cohen, Jacob (1838-1927): Regarded as the “founder of laryngology in the United States” and his work *Diseases of the Throat and Nasal Passages*, published in 1872, became a standard textbook. In 1866 he established a programme of regular lectures on laryngology at the Philadelphia School of Anatomy, the first of its kind. He co-founded the *Archives of Laryngology* and the American Laryngological Society, later becoming its President. He became the first American to successfully perform a complete laryngectomy in 1892 (Chaik & Duthie, 1938).

Elsberg, Louis (1836-1885): Elsberg played a fundamental role in establishing laryngology as a surgical rather than a medical specialty in America. He invented a wide range of instruments that became key in laryngological examinations. He co-founded the American Laryngological Association and was its first President (Rutkow, 1988: 244).

Fauvel, Charles (1830-1895): Although Fauvel did not publish much literature on his work within laryngology, he was well respected by laryngologists and those in the medical profession in general. He was one of the oldest members of the specialty and dedicated himself to laryngology early on with his thesis, *La Laryngoscope au Point de Vue Pratique* in 1861, which detailed the use of the laryngoscope in the treatment of laryngeal diseases (Wolfenden, 1896).

Gibb, George Duncan (1821-1876): Gibb, a Canadian who went on to work in London, was one of the first laryngologists in Britain and had already established himself when Mackenzie started to specialise in the same area. In 1865 he became the first in England to attempt laryngo-fissure as a method for removal of a growth from the larynx (Weir, Weir & Stephens, 1987).

McBride, Peter (1854-1946): McBride was responsible for revolutionising the laryngology department of the Edinburgh Royal Infirmary and also the amalgamation of laryngology and otology as a single subject. He was also President of the Laryngological Society of London, the Section of Otology and Laryngology of the British Medical Association, and of the Otological Section of the Royal Society of Medicine. He presented the first Semon Lecture in 1913 (Weir, Weir & Stephens, 1987).

Schmiegelow, Ernst (1856-1949): Schmiegelow was the first in Denmark to be a professor of otolaryngology. He founded an otolaryngological polyclinic in 1883. In 1929 he was awarded the position of President of the first International Oto-Laryngological Congress in Copenhagen (BMJ, 1949).

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