SURGERY AND PATHOLOGY OF THE MIDDLE EAR
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SURGERY AND PATHOLOGY
OF THE MIDDLE EAR

Proceedings of the International Conference on
'The Postoperative Evaluation in Middle Ear Surgery'
held in Antwerp on June 14-16, 1984

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Abstracts are published for contributions
not received on time.
FOREWORD

Dear colleagues,
Promotion of the development of ENT is one of the most important tasks of IFOS (International Federation of Otorhinolaryngology). Apart from organizing the World Congresses it supports different international and regional meetings, organizes symposiums on well-determined subjects, etc.

Since the last World Congress in 1981, in addition to the Danube Symposium in 1982 and the Congress of ENT Societies in Asia-Oceania in 1983, an international symposium was organized in Antwerp by the Belgian ENT Society on evaluation problems of middle ear surgery. This is a very controversial question on which there is no consensus. During a four-day meeting many anatomical and pathological aspects, operative methods, possibilities of the evaluation of the results with computers, were widely discussed.

You will find all the lectures presented in this book. I am convinced that these papers will prove to be a good basis for further discussion and hope that finally we shall achieve an international agreement on the evaluation of our results in middle ear surgery.

My thanks go to Professor Marquet for organizing the meeting and for publishing the papers.

Professor Dr. L. Surján
President of IFOS
Dear colleagues and especially dear Professor Marquet,
In my function as pro-rector of the University of Antwerp I am very proud of welcoming you to the opening of the International Conference on "The Postoperative Evaluation in Middle Ear Surgery".
It gives me the opportunity to stress the importance of this congress and to honour Prof. Marquet.

As a pediatrician I can only confirm the words of Dr. Charles Bluestone as he writes that "otitis media is the most frequent diagnosis made by physicians who care for children". Many children have recurrent and chronic middle ear disease that requires repeated antimicrobial therapy and surgical intervention. Although there is a considerable body of evidence to guide our therapeutic approach, there are still many gaps in our knowledge of the disease. Therefore, it is of the utmost importance to have objective randomized clinical trials of medical and surgical therapy.

Good postoperative evaluation of middle ear surgery could prevent situations such as those described by Nick Black in the Lancet of 14 April 1984 under the title "Surgery for glue ear - a modern epidemic: Analysis of routine hospital statistics confirms anecdotal reports of an epidemic surgery for glue ear. The surgical rate rose by 74% in the Oxford region between 1975 and 1981. The peak ages for surgery are 5-7 years and the rates are high in social class I and low in class V. Although the prevalence of glue ear is hard to ascertain, the current surgical epidemic probably reflects an increase in apparent prevalence rather than a real increase in morbidity". I am quite sure that good evaluation of the results of middle ear surgery for chronic ear disease, based upon a definite schedule, will establish the most objective guidelines for all physicians to treat their patients in the most adequate way.

I would like to take the opportunity of this welcoming speech, to honour Prof. Marquet as a doctor, a researcher and a teacher. Homer wrote in the 17th book of the Odyssey: "Who pray of himself ever seeks out and bids a stranger from abroad unless it be those who are masters of some public craft, a prophet or healer of ills, or a builder, or a divine musician, for these men are bidden over the boundless earth". These masters of the public craft or healing are even more mobile today than they were a few millenia ago. Little has changed except the
boundless earth, now shrunken and bounded. Prof. Marquet belongs to these great masters of healing, hidden over the boundless earth.

H. Osmond defines the medical authority as consisting of three types: sapiential, moral, and charismatic, combined in a particular manner. He called this “Aesculapian authority”. By sapiential authority, Osmond means the right to be heard that is derived from knowledge or expertness. Such authority resides in the person and not in any position that he may occupy. A person with this kind of authority may advise, inform, instruct, and direct, but not order. Doctors possess sapiential authority because of their knowledge of medicine.

The view that is most common, and perhaps most widely held by non-physicians is that there is something inherently contradictory between science and humanity, between technology and compassion. If this were indeed the case, it would be almost inevitable for humanity to regress as science marches ahead. I believe this view to be a dangerous one with far-reaching consequences of anti-intellectualism and anti-science. Technology and science are here to serve us. The much maligned and expensive CT scan, the example of medical technology par excellence, has not dehumanized medicine. On the contrary, it has been a tool of unparalleled compassion. Its use has spared patients many more difficult, painful, and dangerous procedures. Technology is just a means to an end. In a perverse manner of speaking, compassion too is just a means to an end. In the field of medicine, both technology and compassion have healing the patient as a goal; we cannot ignore either only at the peril of producing poor medicine. We need physicians who are both compassionate and competent. Everybody who knows Prof. Marquet, has been under the impression of his scientific competence and compassionate attitude.

The second ingredient of Aesculapian authority is moral authority, the right to control and direct that is derived from the rightness and goodness according to the ethos of the enterprise. The moral authority of doctors, which is expressed in the Hippocratic oath, stems from their doing what is expected of them as doctors and their concern with the good of the patient. To seek the welfare of his patients has always been considered by Prof. Marquet as his primordial task. Practising scientific medicine to help people, who are suffering and are in pain, has given meaning to his life.

The third ingredient in Aesculapian authority is charismatic authority. There are too many unknown and unknowable factors in illness for medicine to rest entirely on sapiential authority. For this reason, the doctor still retains some of his original priestly rôle.
F. Ingelfinger, ex-editorialist of the New England Journal of Medicine, in his last George W. Gay lecture, puts the following question about the personal encounter between physician and patient: is it marked by authoritarianism, paternalism, and domination? My answer is not only "yes" but also that a certain measure of these characteristics is essential to good medical care. In fact, if you agree that the physician's primary function is to make the patient feel better, a certain amount of authoritarianism, paternalism, and domination are the essence of the physician's effectiveness. Everybody who comes in contact with Prof. Marquet, either as a patient or as a colleague, comes under the impression of his charismatic authority, by what Ingelfinger calls his beneficial arrogance. Knowledge, moral authority and a certain measure of paternalism are the ingredients which make Prof. Marquet a "good doctor". I personally believe that this is the greatest honour that we can pay him.

Besides being an excellent clinician, Prof. Marquet is also a great teacher. To be a good teacher one must practice what one teaches. This requires, working with students and house staff, caring for one's own patients and maintaining a continual presence on the firing line, in the trenches of the clinic, emergency room, and wards. Patient care, so necessary for effective student and resident teaching, always takes precedence for Prof. Marquet. I believe that this is the most important factor in his being a great teacher of clinical medicine.

Dear Professor Marquet,
We are glad that you are a member of our faculty; we are happy that you have gathered so many brilliant scientists and famous clinicians at an international meeting in our very young University. I hope and I am sure that under your chairmanship this Conference will be very successful.

Dear colleagues,
I also hope that the accommodation of our University will fulfil your needs and that the attractiveness of the town of Antwerp, with its rich cultural patrimony will make your journey to the Low Countries a very pleasant trip.

Pro-Rector R. Clara
University of Antwerp, Belgium