EDITORIAL

Abecedarium: Who Am I? J’...

Hi guys!

I can, in all modesty, claim to have been a self-made man. I was born in the USA, in a poor farming family in Pennsylvania in 1863. I was a small and delicate child, easily bullied and laughed at. I loved my parents dearly and did all it took to make it on my own. Ours was an oil-producing part of the country, and the plant equipment was forever breaking down at the bottom of the wells. I was a handy young man, and invented recovery tools that could retrieve the bits of metal lost down below. I paid my way through college working as a glassware and china decorator, medical books salesman and galley cook on a Gloucester fishing schooner, like an early Jack London! By the end of my studies, where I had been introduced to laryngology by J. Solis Cohen, the pioneer of throat diseases in the USA, and with enough saved away ($126!) and a doctorate from Jefferson Medical College, I made the crossing to London in 1886. There, I specialized in laryngology under the supervision of its living god: Sir Morrel Mackenzie.

Back in the States, I set up practice in Pittsburgh, a steel-making city, with a largely penniless catchment. There, I became interested in upper airway and esophagus diseases. In 1890, I designed my first esophagoscope; inspired by the latest generation of cystoscopes with integrated lighting, I adapted the idea to my own instruments in 1902. My dear colleagues, however, adopted my invention with more enthusiasm than care and attention, and wreaked so much havoc with it that I had to get the manufacturer to stop production. Greatly chastened by this experience, I set to drawing up a series of protocols for safe and reliable esophagoscopy. Many children benefitted from my treatment. They had often accidentally swallowed washing lye, and it was largely on my initiative that, in 1927, under Calvin Coolidge’s administration, the Federal Caustic Poison Act enforced the labeling of poisons with clearly indicated dangers and precautions.

At that period, asphyxiating diphtheria was endemic, with tracheotomy as a first-line attitude. I adopted the translaryngeal intubation technique introduced by Horace Green, as a way of avoiding heavy surgery. Drawing on this new experience, along with the works of Gustav Killian and the development of Kirsten’s laryngoscope, I was able to extend my work in esophagscopy and develop my finest innovation: interventional bronchoscopy. Although incurably eccentric and hopelessly misogynistic, I enabled an entire generation of physicians to learn from my teachings. My maxim was “All that wheezes is not asthma”, and “In teaching the medical student, the primary requisite is to keep him awake”. Before my innovation, accidental foreign body inhalation was a death sentence in 98% of cases, and I managed to turn that figure on its head. I hoarded all the retrieved bodies — more than 2000 of them — whether their rightful owner gave consent or not. I came down with TB in 1911 and was obliged to “rest” — which in my case meant putting all of my experience into writing. Having recovered my health and won worldwide fame and honor, I was awarded the Chair of Laryngology at my old Jefferson Medical College in Philadelphia in 1916, where I lived and worked until my death on August 16th, 1958, at the age of 93.

Inspired inventor, talented draftsman, painter and engraver, physician and teacher, I was (Fig. 1)...
Disclosure of interest

The authors declare that they have no conflicts of interest concerning this article.

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