



A funny thing happened on the way to a conference – and other stories

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Chairmen, chairwomen and other persons

BY VALERIE J LUND

It is the lot of all academic clinicians to be called upon to chair or moderate the various sessions that take place at the multitudinous conferences we attend. Sometimes one is simply there to maintain order or to impose good time-keeping. One should never generalise but it is a fact that this is more of an issue in some parts of the world than others (I will let the reader imagine where this might be, for fear of any accusation of ethnic stereotyping). Or it may simply be a reflection of the speaker's view of their self-importance. Sometimes one has been asked to organise the session but, more often, the role is a symbolic one, allowing the inclusion of various senior 'noteworthy' to be included in the programme for political reasons without the disadvantage of having to hear them reiterate their opinions for the nth time. Often a pair of co-chairs are invited, young and old or local and international, or simply to ensure that somebody turns up.

It is an invidious position, sitting on the stage in full view of the audience but without a lot to do except watch the timer and try to catch the attention of the speaker when the red light comes on. Consequently, I have had co-chairs who have been on their mobile phones, soundly asleep or, more surprisingly, fallen off the platform when they leaned too far backwards in their chair. During the height of the 'fungal' wars, when there was much debate about the cause of chronic sinus inflammation, I sometimes came on

stage with a mock first aid box and, on one occasion, actually did have to intercede to prevent a physical contre-temps between speakers.

The following anecdote relates to a meeting in Baltimore a long time ago, when I shared the platform with an elderly surgeon, famous for his contributions to rhinoplasty, specifically the 'Goldmann tip' and I was an ingénue from the UK. Our first speaker to give their eight-minute presentation was a person of some repute but who seemed oblivious to the electronic 'traffic light' timer – green to start; amber, a two-minute warning; red, the end; and flashing red, get off the stage before something bad happens. It was clear from the off that things were going to go badly as he was still spouting his introduction when the amber light flashed on.

As the red light illuminated, I turned to my senior chair and whispered, "We have to stop him", to which he replied in loud decibels, "I can't hear you honey, I'm deaf." By now, the red light was flashing insistently and the audience becoming restive, so I wrote on a piece of paper "WE NEED TO STOP THE SPEAKER". Holding this at various distances from his bespectacled face, Dr Goldman declared in anything but sotto voce, "I can't read this, honey, I've got cataracts." I got up and, taking the bemused speaker's elbow, led him from the podium.

Which reminds me of an early lecture trip to Middle East, where the organisers had

not only invited me to speak, but also asked me to chair a session of presentations from local speakers. This was the first time a woman had been invited, let alone asked to chair a session at their meeting and I was conscious of the honour and keen not to cause any offence. The first speaker kicked off with great enthusiasm and overran his allotted time and then some. In this somewhat delicate situation, I waited for quite a few minutes in the hope that there would be a natural conclusion, but to no avail. So, finally, I smiled at the speaker and announced as diplomatically as possible that his time was up. A deathly hush fell over the audience, I smiled again, the speaker left the podium and no-one else overran!

As a chair, you need to keep the show on the road, even if the speakers' command of English is not great. In the past, speakers for whom English was not their mother tongue might have learnt their talks but they were rendered speechless when asked a question from the audience. On these occasions, to save any loss of face, I would suggest that 'such a complex and interesting issue would be best discussed at the coffee break'.

I have employed all sorts of devices to keep the audience's attention. Depending on the venue and current sporting events, I have had panellists score the speakers like ice-skating judges, or thrown footballs or tennis balls to members of the audience. I have sometimes introduced speakers with photos of them when they were babies or toddlers.

VALERIE'S TRAVELS

However, occasionally, speakers demur if they feel it is beneath their dignity to be seen in a baby grow or short trousers. Once, in the days before the internet (imagine!), one speaker refused to supply a photograph, much to the disapprobation of the audience when I came to introduce him. However, instead I showed a picture of the Emperor Napoleon on the day of his coronation, who actually bore a striking resemblance to the person in question. The crowd roared with laughter and the speaker revealingly beamed with pleasure.

At a meeting in Stockholm many moons ago, a senior German surgeon was enthusiastically describing his results from lasering the inferior turbinate for nasal obstruction.

"I have lasered 3000 inferior turbinates and everyone has got better", he announced, finishing his talk somewhat sooner than we had expected, without the usual niceties of scientific analysis of the results. To fill the

time, I asked the audience if there were any questions and a slightly timid Scandinavian asked if any of the patients were atopic.

"Atopic, atopic – was ist das?" the speaker demanded.

"Multiple allergies," I replied.

'Nein, nein – I have lasered 3000 inferior turbinates and all have got better", with which he banged his fist on the podium before exiting the stage.

Of course, sometimes as the speaker, one is on the receiving end of the chairman's decisions, especially if preceding speakers have overrun their time slot. When I had flown to a meeting at the Centre for Chemical and Industrial Toxicology in Durham, Carolina, I was asked to cut my talk on 'Toxicity of the nasal respiratory mucosa in humans' by three minutes. I told the chair pleasantly but firmly that I had flown 3888 miles to give them this 12-minute lecture and a 12-minute lecture was what they were going to get! He kindly concurred.

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This series of stories is dedicated to those of you with whom some of these moments were shared (or endured) and, above all, to my amazing and long-suffering husband, David Howard. Most of you know him as an exceptional head and neck surgeon but, since Covid, he has been involved in a large multi-speciality international charitable project reintroducing negative pressure non-invasive breathing support which could transform the management of respiratory disease all round the world. If you are interested, please visit www.exovent.org (or scan the QR code) for further information and, if you enjoy the stories, please consider donating to the charity through the Exovent website (Click DONATE on the home page drop down menu).

