

The diagnosis of a serous accumulation, without distension or deformity, must be based upon aspiration. The transillumination test is indecisive, although in both my cases the light transmission was distinctly impaired, while not constituting a distinct shadow.

The treatment is in part suggested by the success in Case II. Obstruction to the osteum maxillare should be remedied, and to this end enlarged middle turbinated bodies should be resected and polyps removed. If cystic, or if recovery has not ensued by suitable nasal treatment, an opening in the anterior wall of the sinus sufficiently large for palpation, and then curetting, would seem to promise a cure, and perhaps forestall what would ultimately become an empyema.

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#### **OTOLOGY AS A COMPULSORY SUBJECT IN MEDICAL EDUCATION, FROM THE GENERAL AND THE SPECIAL POINTS OF VIEW.**

THE interesting appeal on behalf of laryngology as a compulsory subject for medical graduation, so eloquently put forth by Dr. John N. Mackenzie, and reproduced in the present issue of the *JOURNAL OF LARYNGOLOGY*, cannot fail to impress our readers. We trust that it will indirectly exercise some influence towards bringing about this very desirable amplification of the medical curriculum.

To Dr. Mackenzie's appeal on behalf of laryngology we should like to urge the claims of the allied subject of otology. In this department of the healing art the most startling advances have been made in the direction of the successful carrying out of surgical operations in the case of the intracranial and other complications of suppurative inflammation of the middle-ear, to which so many deaths have been attributable.

With the improvement in medical education to which we have referred, we may look forward to the time when the general practitioner, by his judicious treatment of suppurative otitis in its acute stage, will be more able to bring about recoveries, so saving his patient from drifting into the uncertainties and dangers attaching to the disease when it enters on the chronic stage. This cannot, however, be expected to be achieved in every case, but the timely recognition of the stage of danger in the development of the sequelæ may be expected to lead to greater success, as the result of operation, than is now attainable.

In its neurological relations, a practical familiarity with the organs of hearing and their diseases is no less important. There

is probably no more distressing or life-poisoning condition than that of vertigo, and we cannot conceive of a rational investigation of a case characterized by this symptom being conscientiously carried out without an objective and functional examination of the organs of hearing. We do not for a moment shut our eyes to the many causes of vertigo, ocular, renal, cardiac, organic, etc., but we cannot help calling to mind numerous cases in which the subjects of long-standing vertigo have, from a condition of despondency and even despair, been restored to hopefulness and comfort after the adoption of comparatively simple otological treatment. For the general practitioner to realize the frequent causal nexus between vertigo and ear diseases, and to be in a position to recognise and treat the latter, would be a great gain to the public and no loss to the genuine specialist.

We might obviously cull from the field of otology numerous other instances to illustrate the advantage to the public of a wider dissemination of a knowledge of the subject, but those given above seem so indisputable that further evidence in support of our thesis appears unnecessary.

It may be said, with some apparent amount of truth, that this would be a step in the direction of cutting the ground from below the feet of the specialist. There is no doubt that the public interest would be greatly benefited by the change, and the credit of the profession would be all the more worthily maintained. Although from the narrow point of view the interests of the "specialist" may be thereby to some extent threatened, we feel sure that the specialist who is worthy of the name will always continue to hold his own. Those, however, who rush into any one of the "ologies" on the strength of the possession of a few special instruments and certificates of a six weeks' course, may very truly and very justly feel some uncertainty as to their ability to stand the criticism of the general practitioner, when equipped as the amplified regulations would oblige him to be. The *soi-disant* specialist who makes up for his limited knowledge of his own department by disclaiming all acquaintance with the other departments of medicine, is not the fittest to survive. The temptation to escape from the night-bell and the various discomforts attached to family practice induces many a mediocre practitioner to dub himself a specialist in the expectation of enjoying a lucrative and dignified ease. Desirable as the consummation may be, this is not the motive of action nor the frame of mind of the specialist who deserves well of the profession or of the public, and it would be little loss to either if practitioners of the class described were elbowed out of the places

to which they have so little claim. On the other hand there is always plenty of room at the top, and there will be a steady demand for that specialist who labours to make himself the best by digesting as well as accumulating experience, while at the same time keeping up his technical dexterity. For such specialists the extension of knowledge on the part of the general practitioner need have no terrors; on the contrary, the greater, or to be precise, the more exact the knowledge of any given speciality on the part of the general practitioner, the more ready will he be to recognise special diseases in their early stages, and to seek the assistance of the consultant at a time when his intervention may produce beneficial results creditable and satisfactory to all concerned.

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#### HOSPITALS FOR DISEASES OF THE THROAT, NOSE, AND EAR.

THE growing demand by graduates and senior students for special instruction in diseases requiring instruments of precision for their elucidation and treatment is the natural outcome of the enormous progress in the science and art of medicine and surgery within recent years, and of the desire on the part of the public to benefit by that progress. The facilities afforded in this country for acquiring a practical clinical knowledge of diseases of the ear, nose, and throat are considerable. In London there is a wealth and variety of clinical material unrivalled by any other city in the world. We are able to give brief particulars of the arrangements made at special hospitals in London, and we hope in future editions to be able to supplement these, and to give particulars of other institutions in the country which provide similar instruction. Senior students, before completing the fifth year of the curriculum, would often find it to their advantage to visit the special hospitals and use the opportunities London affords for gaining technical knowledge.

##### *The Royal Ear Hospital, Frith Street, Soho Square, W.*

Courses of six weeks' duration in diseases of the ear and nose are given by the members of the staff throughout the teaching year. Students can attend one or more surgeons. The fee for each course (two clinics a week) is 1 guinea. The teaching is of a practical character, and the number of students is limited.