of drainage of the middle ear. Mr Tilley says he relies upon an incision in the membrane to do that. But the middle ear is not a simple cavity. It is a series of cavities all presumably, in bad cases, affected and secreting pus. Again, the Eustachian tube is likewise pouring out pus. What is to prevent pus getting into the operation cavity viâ the aditus? Pus associated with blood-clot, with "Bipp" in addition, is almost certain to work some ill effect. I have recently had to reopen such a cavity which had been "Bipped" and I found it full of infected material, with very serious necrosis of the temporal bone.

Again, the drainage through the membrane is poor at best, and leaves damage to that structure, even though it may not have a perforation. Posterior drainage is so good that the numerous delicate structures in the middle ear return to their normal state rapidly. My experience of over 400 cases shows such good results in the matter of hearing, that I still hesitate to adopt a method which is said to please the patients and their friends because the post-operative treatment is shortened, and there is no depression behind the ear. What matters the depression or the time in healing if one gets good hearing and complete cure from the septic trouble in the ear?—Yours faithfully, T. A. MACGIBBON, M.D.

CHRISTCHURCH, N.Z. 3rd April 1923.

GENERAL NOTES

SECTION OF LARYNGOLOGY-ROYAL SOCIETY OF MEDICINE.

As evidence of the widespread development of the specialty in Great Britain and Ireland, it is not without interest to record that at the recent Summer Meeting of the Section of Laryngology of the Royal Society of Medicine, held in Manchester, representatives were present from the following twenty-seven cities and towns. They are arranged in alphabetical order: Belfast, Birmingham, Blackpool, Bournemouth, Bristol, Cardiff, Cheltenham, Dublin, Edinburgh, Glasgow, Gloucester, Guildford, Harrogate, Hull, Leeds, Leicester, Liverpool, London, Manchester, Newcastle-on-Tyne, Norwich, Nottingham, Oldham, Reading, Sheffield, Stoke-on-Trent, and Worcester.

Brisbane, Queensland, was represented by Dr Graham Brown, at present on a visit to this country.

Dr Irwin Moore, having resigned his appointment as Surgeon to the Hospital for Diseases of the Throat, Golden Square, has joined the Staff of the Metropolitan Ear, Nose and Throat Hospital, as Assistant Surgeon. We are indebted to Dr Emil Mayer, New York, for sending us the list of Office-Bearers recently elected by the following Societies in the United States :--

The American Laryngological Association :- President-Dr J. Payson Clark, Boston, Mass. First Vice-President-Dr Hubert Arrowsmith, Brooklyn, N.Y. Second Vice-President-Dr J. B. Greene, Asheville, N.C. Secretary-Dr George M. Coates, Philadelphia, Pa. Treasurer-Dr George Fetterolf, Philadelphia, Pa. Librarian-Dr Joseph H. Bryan, Washington, D.C.

The American Laryngological, Rhinological, and Otological Society :-President-Dr Hanau H. Loeb, St Louis, Mo. Vice-Presidents-Drs F. N. Sperry, New Haven; T. E. Oertel, Augusta; Ray Connor, Detroit; T. E. Carmody, Denver; E. R. Lewis, Los Angeles. Treasurer-Dr E. W. Day, Pittsburg. Secretary-Dr W. H. Haskin, New York City. Editor-Dr G. L. Richards, Fall River.

The next Annual Meeting of the Society will be held in St Louis, early in May 1924.

The American Otological Society:—*President*—Dr John B. Rae, New York. *Vice-President*—Dr H. Harold Walker, Boston. *Secretary-Treasurer*—Dr Thomas J. Harris, New York.

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During the ensuing Session 1923-24, the Council of the Royal Society of Medicine has selected certain subjects for the purpose of general debate by all the Sections. Amongst these we note that a Discussion upon "The Possible Substitutes for Cocaine" has been chosen as a subject of discussion. This will appeal specially to the members of the Sections of Laryngology and Otology.

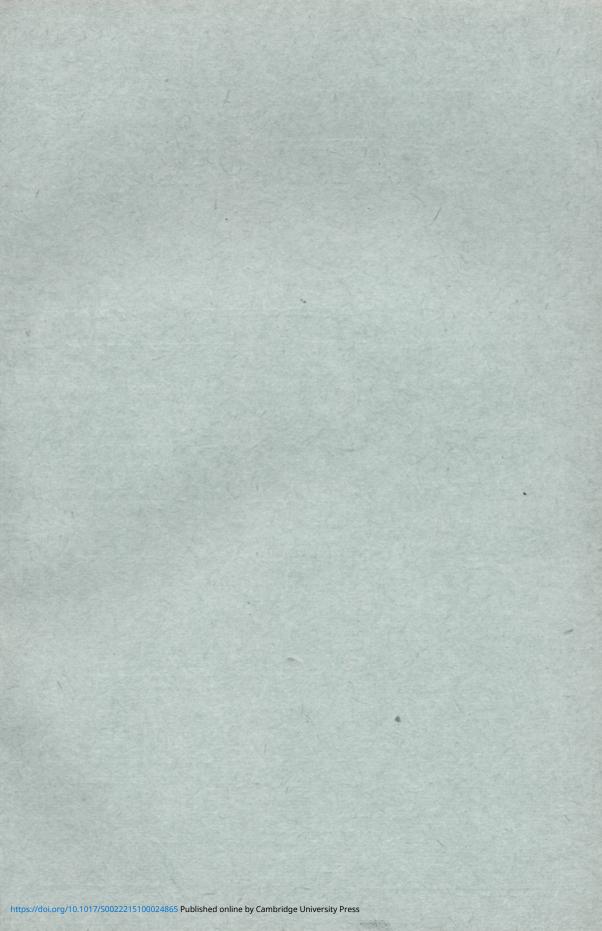
THE LATE MR CLAYTON FOX, F.R.C.S.I.

We regret to record the sudden death of Mr Hugh Clayton Fox, which occurred on 13th June. An obituary notice of the deceased will appear in the next issue of the *Journal*.

"QUERIES AND ANSWERS."

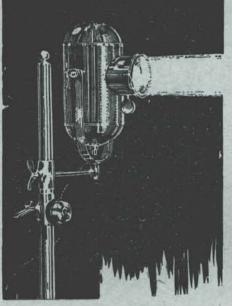
A suggestion has been made that it might prove useful to our readers if an opportunity was afforded them, through the pages of the *Journal*, of asking for information regarding points of doubt or difficulty, which may, from time, arise in connection with their work.

It is proposed, therefore, to open a correspondence column, under the above title, and to take the necessary steps to supply the information that may be desired.



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