

Purves's refraction ophthalmoscope held the field as the instrument *de luce*.

The writer is indebted to him for many kindnesses, and among others for instruction as to the value of the artificial drum and the method of applying it to the best advantage, as well as other refinements of otology and otoscopy of importance in dealing with the ear as an organ of hearing, which have fallen in interest since the brilliancy of the surgery of suppurative disease of the ear has put them so much in the shade.

A man of vigorous frame, he enjoyed the *mens sana in corpore sano*, and devoted what time he could spare from his work to outdoor physical exercise. In the golfing world he was highly esteemed both as an exponent and a promoter of the game.

He had reached the age of seventy-five when he died, having enjoyed the pleasures of an active physical life and with the appearance of youthfulness more than falls to the lot of most men.

His family by his second marriage (he had no children by his first) are models of physical fitness, one of his sons having been an international football player for Scotland, and all have served their country in the present war. One of them has found his last rest near the shores of Lake Doiran.

D. G.

NOTES AND QUERIES.

THE JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOLOGY.

At an informal meeting recently gathered under the auspices of the President of the Laryngological Section of the Royal Society of Medicine the topic of the position of our Journal was brought forward, and an interesting discussion took place, which left all present more than ever animated with the desire to keep this particular flag of British Otolaryngology flying.

Many suggestions were offered, and the proceedings as a whole were full of animation and the warm desire to help.

Some doubt was expressed, among other points raised, as to whether authors writing oto-laryngological papers in journals of general medicine were allowed to send their own or "authors'" abstracts to our Journal. We have much pleasure in saying that abstracts of this kind are always welcome.

It was suggested also that the JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOLOGY should publish a short *précis* of each meeting of the Otological and Laryngological Sections of the Royal Society of Medicine, shortly after the meeting, *in addition* to the official reports, which cannot, of course, appear for several months after each meeting. This we hope to do in future.

Several voices were raised in favour of opening our columns to the discussion of points of practical importance, such as the details of treatment, medical or operative.

This also we welcome, and we extend an invitation to all our subscribers to make the fullest use possible of the Journal in this matter.

Dr. Brown Kelly's proposal in the interesting Presidential Address before his Section when the present Session opened, that once a year a scientific meeting of British laryngologists should be held, at which papers could be read, was alluded to and warmly supported by many present.

Before the war this side of the work was undertaken at the Annual Meeting of the British Medical Association, but, although interesting and pleasant, those occasions did not, we fear, touch high-water mark in scientific value, whereas a meeting under our own control would, we venture to say, stimulate scientific production in Britain. We hope the plan will succeed.

AMPUTATION OF PHARYNGEAL ENDS OF EUSTACHIAN TUBES.

In using the La Force adenotome lately I made, inadvertently, a clean amputation of the prominent ends of the Eustachian tubes of both sides, including a portion of the cartilage which I recognised in the specimen.

The accident troubled my mind a little, but it need not have done so, as the wounds have healed well and the Eustachian orifices now only look as if they were normal, as they appear to endoscopic examination.

The amputation was known occasionally to occur when using the old adenoid curette, but I am not aware that it has hitherto been reported as occurring when the adenotome is used. And yet the latter instrument, shaving the surface with a sharp-bladed knife from below upwards, is very liable to effect the amputation, particularly when one lateralises the instrument to secure the Rosenmüller group of adenoids.

It is possible that the accident is less serious than was at one time supposed, but it is too early yet to say whether the above case is going to suffer any damage to the ears, for example.—DAN MCKENZIE.

COCAINE-ADRENALINE AS PRELIMINARY TO GENERAL ANÆSTHETIC IN TONSILLECTOMY.

In adults, when the tonsils are to be removed by dissection under a general anæsthetic, there is usually a good deal of inconvenient and time-consuming gagging and retching whenever the patient emerges from the deeper stages of anæsthesia.

I have found that this can be overcome to a great extent and the operation rendered more placid if the fauces, tonsils, posterior pharyngeal wall, and glosso-epiglottic fossæ are painted over once, just before the general anæsthetic is commenced, with equal quantities of sol. cocain hydrochlor. (10 per cent.) and sol. adrenalin (1-1000).

Painted thus on the surface only there is no likelihood of the adrenalin inducing troublesome reactionary hæmorrhage.—DAN MCKENZIE.

L'OTO-RHINO-LARYNGOLOGIE INTERNATIONALE.

After a hiatus caused by the war, the above journal has resumed publication. We are pleased to be able to record the fact and we wish it every success.

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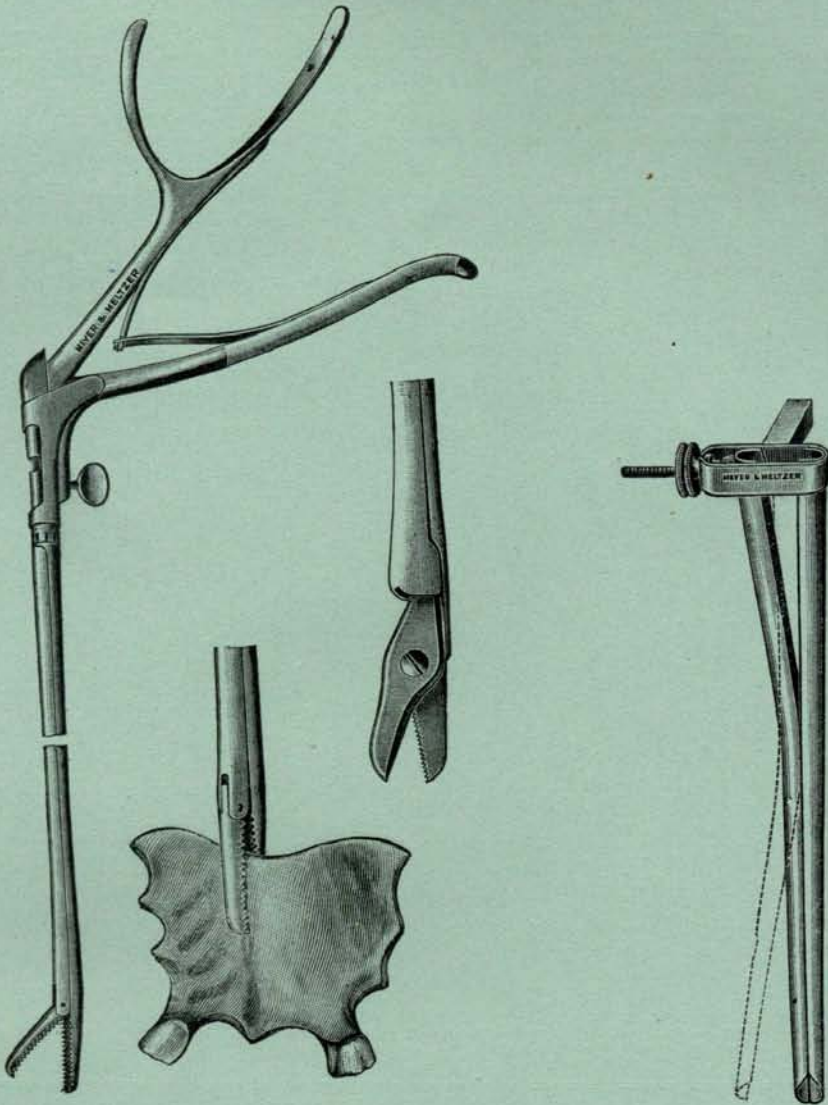
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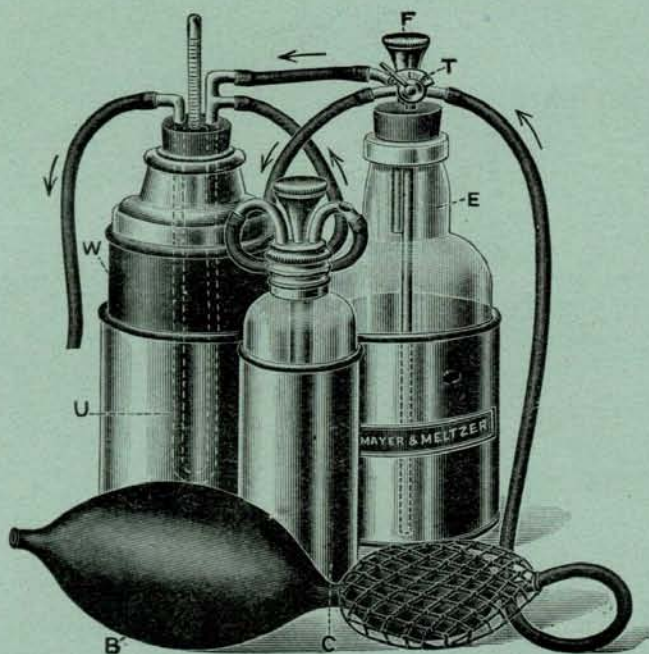
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