

Obituary

Is there any danger in enucleating these tonsils at once? The Sluder-Sauer method leaves a smooth surface which cannot absorb to any extent.—Yours faithfully, T. A. MACGIBBON, M.D., F.R.C.S.E.

CHRISTCHURCH, N.Z.

TO THE EDITORS,

The Journal of Laryngology.

SIRS,—In the October number of the Journal, Dr T. A. MacGibbon, New Zealand, says in reference to my method of employing “The Blood-Clot Method of Closing the Mastoid,” that he accepts my statements, but they do not satisfy him.

It may encourage him to give the method a fair trial if I enclose a letter from Mr Wilfrid Glegg, of Birmingham, who has given me permission to publish it.

DEAR MR TILLEY,—In reference to your letter in the May number of the *Journal of Laryngology*, it may interest you to know that “The Blood-Clot Method of Closing the Mastoid” has been the method of choice at the Ear and Throat Hospital in acute cases since first you advised it, and it has been attended with such satisfactory results as to call for no comment other than approval.

W. GLEGG.

At the least, such testimony shows that my experience is shared by other aural surgeons of experience, and in this category I may mention Mr Woodman of Birmingham, and Dr Macnab of Johannesburg.

At the risk of repetition I would say again that there are two indispensable factors in obtaining a successful result: (1) The complete removal of all infected areas; (2) Effectual sterilisation of the bone and soft parts involved in the acute mastoid suppuration.

I believe the second factor to be more easy of attainment if the field of operation is anointed with the mixture of bismuth, iodoform, and liquid paraffin, which is generally known as B.I.P.

HERBERT TILLEY.

LONDON.

OBITUARY

JAMES DONELAN, M.B., M.Ch. (R.U.I.),

Surgeon, Throat and Nose Department, Italian Hospital, London.

It is with deep regret that we record the death of Dr James Donelan, well-known amongst Laryngologists, which occurred with tragic suddenness on 25th August, in his sixty-sixth year. He had been in poor health for some time owing to cardiac disease, but his general health had given no immediate cause for anxiety.

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James Donelan received his medical education at Trinity College, Dublin, and at the École de Médecine, Paris ; he graduated M.B. and M.Ch. (with Honours) at the Royal University of Ireland in 1886, becoming L.M. in the same year. In 1889, he graduated B.A.O.R.

After holding several resident appointments in Dublin he settled in London in 1887, and began his laryngological career as Senior Clinical Assistant at the Throat Hospital, Golden Square, where he was associated with Sir Morell Mackenzie. For nearly five years (1887-92) he acted as private assistant to Mackenzie, and helped him in revising a contemplated second edition of his great work on *Diseases of the Nose and Throat*, which, however, never reached the completed stage for publication. He also carried out considerable research work for Morell Mackenzie in bringing up to date his chapters on "Goitre," which were to have formed a part of a section on "Diseases of the Neck" in the second edition of his major work.

He was left in charge of Mackenzie's practice whilst the latter was in Germany in attendance on the Emperor Frederick.

In 1895, following his appointment, he established and developed the Throat and Nose Department of the Italian Hospital, Queen's Square, and proved himself a most earnest and skilful worker. He held this appointment at the time of his death.

In 1909 he was made Chevalier, and in 1918, Officer of the Order of the Crown of Italy.

During the War he was Surgeon in temporary charge of an Ambulance Hospital at Crépy-en-Valois (Oise), during the first battle of the Aisne (Sept. 1914), and, from 1914 till 1916, was Medical Referee to the London Committee of the French Red Cross.

In the early period of the War (1914-16) he rendered considerable service by organising, in co-operation with the French Embassy, a short service system under which over 300 British and Colonial surgeons gave voluntary service, for short periods, to the French Medical Service.

In 1915, till the end of the War, he was a member of the Royal Italian Military Medical Commission for recruiting, and for his services he received his promotion in the Order of the Crown of Italy.

Other appointments held by him were those of Lecturer on Diseases of the Nose and Throat, Medical Graduates College, and Honorary Laryngologist to the Royal Society of Musicians.

Formerly Honorary Secretary and Member of the Laryngological Society of London, now merged in the Royal Society of Medicine, he became a Fellow of the Royal Society of Medicine and a Member of the Council of the Section of Laryngology.

In 1918-19 he was President, and it was during his tenure of office that the First Summer Congress of the Section of Laryngology was

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initiated by his predecessor Dr Brown Kelly. He made himself a most popular President, and his presidential address, "Morell Mackenzie, the Father of British Laryngology," was a striking tribute to the great Master, and will remain a valuable contribution to literature, on account of his intimate personal acquaintance with Mackenzie. This Memoir, in which he described Morell Mackenzie as "one of the glories of British Science," has finally dissipated and silenced those calumnies so unjustly heaped on Mackenzie during the latter years of his life, and has permanently raised and secured his reputation on the pinnacle of fame—a position to which his brilliant life-work and services to Laryngology justly entitled him.

In 1895, James Donelan became a Member of the Collaborating Staff of the *Centralblatt für Laryngologie*, and from 1889 onwards he acted in a similar position in connection with the *Journal of Laryngology*.

His contributions to the specialty appeared mainly in the *Proceedings of the Royal Society of Medicine*, the *Journal of Laryngology*, and the *Lancet*. In debate he invariably showed a wide and profound knowledge of general medicine in relation to the specialty, seen most frequently in reference to the Thyroid Gland and General Neurology. In addition to his contributions to medical literature he wrote many articles (anonymously) to the press on a variety of subjects of wider interest, chiefly historical.

James Donelan was the eldest son of the late John Donnellan of Mount Kennett House, Limerick, and he adopted the present form of spelling his name in 1886. He married, in 1889, Sophia Annie, second daughter of the late Major-General James M'Killop Taylor, and is survived by his widow and daughter, and also by a son recently qualified at St Bartholomew's Hospital.

The *British Medical Journal* remarks, "James Donelan will perhaps be chiefly remembered as a genial link between the early days of laryngology in England and its status as a surgical specialty to-day. His private charities were many, and the poor were always a particular care to him. In his younger days he had been an oarsman of some note, having won several cups, and latterly he was a great lover of music, books, old silver, and furniture. His death may have well been hastened by his strenuous work in Paris during the recent International Congress of Oto-Laryngology; he was a Member of the Committee of Organisation, and spoke each day in English, French, and Italian, interpreting the speeches of other Members of the Congress." He returned home from Paris an over-tired man, to find a heavy accumulation of work awaiting him. It was while trying to grapple with this that he met his death.

James Donelan was highly thought of in the profession for his

Electroscope and Endoscopic Tubes

personal qualities, and deeply respected by a large circle of patients—rich and poor. The medical profession mourns the passing of a distinguished member, and his many friends are the poorer by his death. In the memory of all he will retain an honoured place.

I. M.

Sir James Dundas-Grant writes:—"Those who only knew James Donelan as a professional confrère will miss a keen and decided but suave and conciliatory consultant, whose opinion was original, trustworthy, and always tactfully expressed. Those, however, who were fortunate enough to enjoy more intimate association with him in other relations of life will often longingly recall the sunny companion who could cap a classical quip, or join with beaming whole-heartedness in concerted amateur music, as well as in listening with fine critical appreciation to the performances of the recognised artists. This æsthetic side of his nature endeared him to the circle of friends who could sympathise with him in his scholarly and artistic bent. His musical voice and sunny smile were emblematic of his disposition and will not soon be forgotten by those who had the privilege of frequently meeting him."

COMBINED ELECTROSCOPE AND ENDOSCOPIC TUBES WITH INTERCHANGEABLE PROXIMAL AND DISTAL LIGHTING, FOR DIRECT LARYNGO-TRACHEO-BRONCHOSCOPY AND ŒSOPHAGOSCOPY.

Designed by IRWIN MOORE, M.B., C.M., Edinburgh, Surgeon to the Hospital for Diseases of the Throat, Golden Square.

THE apparatus has been specially designed and constructed in order to remedy the many defects of the instruments at present in use; to simplify the technique and armamentarium; and to reduce the difficulties met with in the exploration of the Bronchi and Œsophagus.

The important feature is that both proximal and distal lighting is combined in one instrument, and their interchange is possible while the endoscope tube is *in situ*, without disturbing its position or necessitating its withdrawal; at the same time, it ensures an enlarged field of vision and intensity of light for illumination, which can only be satisfactorily obtained with tubes of large diameter.

The Illuminating Apparatus.—The *handle* consists of a hollow, flattened, oval, metal tube, to the outer surface of which gripping plates are fixed for securing a firm and steady hold. From the lower extremity a solid curved hook projects, which not only further supports and prevents slipping of the hand, but also allows of gentle and graduated leverage. From the upper end of the handle, and at right angles to it, extends a square hollow arm—the tube carrier—to the extremity of which the