

REVIEW.

Otites et Surdités de Guerre. Par M. BOURGEOIS et M. SOURDILLE.
Paris: Masson et Cie. 1917, Pp. 185.

This small nicely got-up book is evidently intended for army surgeons who are being placed in charge of the special branch of otology in the French Army. And for this purpose it is excellently adapted, being at once brief, precise and lucid, and moderate in its opinions.

The writers agree with Dr. Sohler Bryant's recent expression regarding the frequency and importance of the ear injuries in modern war, the number of such affections, real or simulated, having exceeded all expectation. With regard to simulated deafness it is interesting to note that they lay most stress upon Gault's "cochleo-palpebral reflex," which consists in a contraction of the orbicularis palpebrarum when a loud sharp sound is suddenly perceived. The noise, we are warned, must be sudden and produced so as to surprise the patient, and, further, it can only be employed on one single occasion.

The authors believe, as do many otologists in Britain, that, although it may be impossible at present to prove with absolute certainty that the cases of shell-shock deafness we see are many of them purely or largely functional in nature, nevertheless the general aspect and demeanour of those invalids gives sufficient ground for a favourable prognosis.

Dan McKenzie.

CORRESPONDENCE.

To the Editor of THE JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOTOLOGY.

DEAR SIR,—Mr. Yearsley in the January number of this JOURNAL has painted such a rosy and attractive picture of endo-rhinoscopy that one can almost visualise queues of ardent specialists waiting anxiously outside the instrument makers, impatient to secure a naso-pharyngoscope and enter the promised land forthwith. One finds no mention of rocks and shoals in the practice of this method, but I think one may fairly ask, Is it all plain sailing, and do the results obtained, generally speaking, point to its great practical utility in the future?

Five years ago I purchased a naso-pharyngoscope of the Holmes' variety, and have been using it from time to time ever since, and in my experience both the above questions must be answered in the negative, and it is my belief that the instrument is never likely to have anything like the same value as the cystoscope, on which it is based.

In the first place, the method is practically useless in children. The diameter of the tube of the instrument is about 30 per cent. greater than that of the largest sized Eustachian catheter in general use, and to attempt to pass such on the average child without a general anæsthetic is only courting disaster; exceptionally tolerant children with exceptionally wide meatūs are too rare to invalidate this argument.

Secondly, in some adults, even with the use of cocain and manipulating with all care and patience, the instrument cannot be passed into the naso-pharynx without trauma, and though in a larger number of cases it can be so passed after the application of cocain, this drug has the disadvantage of altering appearances considerably.

Thirdly, pus, blood, or thick mucus getting on to the reflecting surface of the instrument during its passage (which it is very apt to do) interferes with the view, and to wash out the nose previous to examination in such cases would, of course, spoil the picture.

It is true that many of the views obtained with the instrument are exceedingly pretty, especially as regards colour effects, but it is a method which can only be used effectively in a certain number of cases, and in my experience in only a small proportion of these can things be shown (*e. g.* the interior of the maxillary antrum), which cannot be seen by the older methods; consequently its advantages in the way of assisting in diagnosis and treatment would appear to be distinctly limited.

I have no desire whatever to throw cold water on the work of so progressive an otologist as Mr. Yearsley, but only to prevent disappointment to those who contemplate spending much valuable time in making routine examinations with this instrument.

No doubt the method will score occasionally, and as an adjunct to catheterisation, the passing of bougies, and such like in difficult cases prove useful, but possibly in the above drawbacks may be found some of the reasons why the text-books mentioned by Mr. Yearsley say so little about the naso-pharyngoscope.

W. H. KELSON.

LONDON, W.

OBITUARY.

CAPT. JOHN NEVILLE GRIFFITHS, M.B.(SYDNEY), D.P.H.(LOND.).

MANY old and recent workers at the Central London Throat and Ear Hospital will be grieved to hear of the death, on active service in France, of Capt. John Neville Griffiths.

He was an Australian, the second son of the late Neville Griffiths, of Queensland, for many years M.P. for East Sydney. At School and University Griffiths combined distinction in study with success in athletics, being the winner of many scholarships, and for several years the tennis champion for Queensland. After graduation, he visited many parts of the world, including Vienna and Berlin, where he studied bacteriology.

Previous to the war, he was practising in London as a throat and lung specialist, but the bent of his interests was gradually turning to otolaryngology alone when the war broke out and snatched Griffiths, along with so many others of our younger men, away from the lines he had laid down for himself. And now the life has closed on the field of battle, and in spirit we offer the salute to a man of the highest character, keen in work, keen in play, and full of the sense of the reality and earnestness of life, yet withal endowed with a genuine simplicity and modesty of demeanour that endeared him to all who knew him.

He was married in December, 1916, and killed on November 30, 1917.
D.M.

T. KINLEY HAMILTON, Adelaide, S. Australia.

(Died December 6, 1917.)

Dr. Kinley Hamilton took his degree of M.D. Dublin in 1879 and his Fellowship of the Irish Royal College of Surgeons in the same year. He subsequently took his M.D. Adelaide (*ad eund.*) in 1885 and practised there in the speciality of the eye, ear and throat for many years.