

Obituary

in a subsequent report, or elsewhere, Mr Layton may publish details of this experience: these may help those who, when the necessity for operation is in doubt, are puzzled to know how much reliance may be placed on the presence of only slight changes in the radiogram: in short, When do the X-ray appearances, apart from definite evidence of gross disease, indicate surely a demand for operation?

The histological examination of bone sections in cases of mastoiditis has now been given up, as Mr Layton has found that a decision as to the limits of the disease is sufficiently accurate when based on naked-eye appearances.

Dr William C. Harvey, reporting on "The Treatment of Diphtheria Carriers by means of Alkaline Nasal Douches," concludes that satisfactory results were gained, success following in a large percentage (78) of cases. Explanation of failure lay in the presence of "marked abnormalities in the nose."

Queen Mary's Hospital, Carshalton, affords a study of 200 cases of rheumatism in children by Dr Gray Hill. The part played by the tonsils is discussed, and it is recorded that in this series the number having tonsils already removed or tonsils healthy amounted to 63 per cent. His experience leads him to agree with Osman and Hunt that, while operation is advisable to prevent impairment of the general health in cases of tonsillar infection with enlarged glands, such operation does not necessarily diminish the risk of subsequent rheumatic infection.

Much statistical information is provided on different subjects, but the special interest of the otologist will probably not be greatly engaged apart from these three reports.

H. ROSS SOUPER.

OBITUARY

DR DE HAVILLAND HALL, whose death we are sorry to say occurred on 27th January, was a physician who early recognised the importance of the Laryngoscope and of Laryngology in the diagnosis and treatment of diseases of the upper respiratory tract. He took the opportunity afforded by the combined posts of Physician to Outpatients and of Physician in Charge of the Laryngological Department at the Westminster Hospital to remedy a deficiency in the Edwards Tables of Examinations of the Chest, then used by examiners. In his *Synopsis of the Diseases of the Larynx, Lungs and Heart*, 1878, Laryngeal Diseases form the first section, under the symptoms "Dysphonia," "Aphonia," "Dyspnoea and Stridor," "Cough."

There is one condition to which Hall later gave especial attention which is not mentioned in the Synopsis.

In his Lumleian Lectures at the Royal College of Physicians in

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1913 on Intrathoracic Aneurism, under the heading Laryngeal Symptoms, Hall observes that "Probably on account of the fact that I was for many years in charge of the Throat Department at Westminster Hospital, and that I have had a large number of throat patients sent to me in private, I have been much impressed with the frequent association of paralysis of the left recurrent nerve with intrathoracic aneurysm." In many cases the vocal cord was found to be already in the cadaveric position, and the patient hoarse. The physician should not wait for the onset of hoarseness, but he should carry out a laryngoscopic examination as a matter of routine, having regard to the fact that, in accordance with the law enunciated by Sir Felix Semon, the *abductor* fibres of the recurrent laryngeal nerve succumb to the effects of pressure or disease before the *adductor* fibres. Consequently the vocal cord, at an early stage of the disease, may be in the position of *adduction*, and, in this event, the voice is practically normal. There are thus three stages:—

- (1) Less vigorous adduction.
- (2) Fixation in the middle line.
- (3) Fixation in the cadaveric position.

Hall quoted cases in illustration.

Hall published the *Diseases of the Throat and Nose* in 1894, as a students' text-book; as such its interest has passed. Yet the book remains one worthy to be included in the library of a laryngologist on account of the great number of references up to 1894, subsequent to Morell MacKenzie's work, including references to English communications, in addition to those taken from the *Centralblatt*. In the second edition, 1901, Mr Herbert Tilley added much on surgery and on the nasal sinuses but the references were omitted.

WALTER G. SPENCER.

LETTER TO THE EDITOR

THE USE OF THE LA FORCE ADENOTOME.

THE EDITOR,

The Journal of Laryngology and Otology.

SIR,—Having been, as I believe, one of the first in this country to use the La Force Adenotome, and having used it ever since, I fully subscribe to Dr Pearce Sturm's eulogy of this instrument; but I feel impelled to challenge his statement that "the respiratory tonsil is . . . a definite structure which should be removed complete in one piece, just as the alimentary tonsils are removed by enucleation" (*vide* the Journal for January 1929, p. 70).