

# GENERAL NOTES

ROYAL SOCIETY OF MEDICINE,

1 Wimpole Street, London, W. 1.

*Section of Laryngology*—*President*, Mr H. J. Banks-Davis, M.B., F.R.C.P.—*Hon. Secretaries*, Mr J. F. O'Malley, F.R.C.S., and Mr E. D. D. Davis, F.R.C.S.

The first Meeting of the Section, Session 1923-24, will be held on Friday, 2nd November, at 4.45 P.M. Members who are desirous of showing patients or specimens should give notice of the same to the *Senior Hon. Secretary*, Mr J. F. O'Malley, 6 Upper Wimpole Street, London, W. 1, at least twelve days before the Meeting.

*Section of Otology*—*President*, Mr Sydney Scott, M.S. *Hon. Secretaries*, Mr Archer Ryland, F.R.C.S.(Ed.), and Mr T. H. Just, F.R.C.S.

The first Meeting of the Section, Session 1923-24, will be held on Saturday, 3rd November, at 10 A.M. Members who are desirous of showing patients or specimens should give notice of the same to the *Senior Hon. Secretary*, Mr Archer Ryland, 50 Harley Street, London, W. 1, at least twelve days before the date of the Meeting.

The attention of Members of the Section of Otology is drawn to the change in the dates of the Meetings of the Section during the ensuing Session. They will no longer be held, as formerly, on the third Friday of the month, but on the first Saturday of the month, concurrently with the Meetings of the Section of Laryngology. The hour of the Meeting has been fixed at 10 A.M.

A Conjoint Summer Meeting of the Sections of Laryngology and Otology will be held in London, on Friday and Saturday, 27th and 28th June 1924.

During the Session 1923-24, certain subjects of general interest have been selected for debate by the various Sections of the Royal Society of Medicine. On Friday, 7th December, at 8.30 P.M. the Sections of Anæsthetics, Laryngology, Otology, Odontology, Ophthalmology, and Surgery will discuss "The Comparative Value of Cocaine Substitutes."

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## THE SEMON LECTURE, 1923.

Dr A. Logan Turner, Edinburgh, has been invited by the Semon Lecture Board to give the Semon Lecture, University of London. The Address, entitled "The Advancement of Laryngology and Otology: A Plea for Adequate Training and Closer Co-operative Action," will be delivered in the Hall of the Royal Society of Medicine, on the afternoon of Thursday, 1st November, at 5 o'clock.

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## THE JACKSONIAN PRIZE, 1924.

The Council of the Royal College of Surgeons of England has selected the following as the subject for the Jacksonian Prize Essay for 1924: "The Pathology, Diagnosis and Treatment of Œsophageal Obstruction."

Candidates must be Fellows or Members of the College, and not on the Council.

The Dissertations for the Prize for the year 1924 must be delivered at the College not later than 4 P.M., on Wednesday, 31st December of that year.

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## SECTION OF OTOTOLOGY—ROYAL SOCIETY OF MEDICINE; SUMMER MEETING, CAMBRIDGE, 29th and 30th June 1923.

The Summer Meeting of the Section of Otology of the Royal Society of Medicine was held at Cambridge on 29th and 30th June in Gonville and Caius College by the kind permission of the Master and Fellows. It had been decided that the work of the Section should be devoted to discussing the anatomy and physiology of the internal ear, and the success of the meeting was already assured when Dr de Kleyn of Utrecht accepted an invitation to give an account of the work on the functions of the Otolith apparatus which he has been doing in conjunction with Professor Magnus.

On Friday evening, after tea in Hall, Dr Albert Gray described his researches into the comparative anatomy of the labyrinth, and illustrated the story of its evolution by many admirable slides and diagrams of his celebrated specimens. Dr F. M. R. Walshe of University College Hospital gave an account of the studies of Sir Charles Sherrington on the tonic reflexes in the decerebrate animal and the latest applications of these reflexes to clinical medicine. Finally, Mr Hartridge of King's College, Cambridge, put forward an ingenious theory to explain the close connection between the vestibular apparatus and the cochlea, based on the analogy of the mechanism which regulates the depth at which a torpedo travels.

The Members of the Section afterwards dined in Hall with the Master, Sir Hugh Anderson. Sir Charles Ballance presided, and in proposing the Master's health thanked him, in a short but eloquent speech, for the magnificent hospitality extended to the Section. The rest of the evening was spent very pleasantly in the cool of the Master's garden.

On Saturday morning, Dr de Kleyn gave his address on the functions of the Otoliths. Speaking in English, he proved himself a complete master of his subject, and created a profound impression by his lucid exposition of this complex problem. Sir James Dundas-Grant opened the discussion, and was followed by Mr Sydney Scott, Mr Cheatle, Mr Jenkins, and Mr Tweedie. There was an excellent attendance of members from all parts of the country. The meeting will live long in the memory of those who were present on account of the importance and novelty of the subject, the erudition of the speakers, and the charming conditions under which it was held.

L. C.

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BRITISH MEDICAL ASSOCIATION, PORTSMOUTH, 1923.

We desire to express our indebtedness to Dr Scott Stevenson for the following notes:—

The Annual Meeting of the British Medical Association proved highly successful, over a thousand members assembling from all parts of the world. Much of the success of such meetings, particularly on the social side, depends on the labours, over many months, of the local Honorary Secretary, and this year that hard-worked official was an aural surgeon, Mr C. A. Scott Ridout, who deserved and received many congratulations.

The Meetings of the Section of Laryngology and Otology, which were held over two days, were well attended, under the presidency of Mr E. B. Waggett, D.S.O. On the first day, a Discussion was held on "Internal Ear Deafness," which was opened by Dr Dan M'Kenzie, who touched on the difficulties of summing up the value of tuning-fork tests in deciding whether a condition arose from middle ear or inner ear deafness. Mixed deafness was, he said, the most common type of all, and the labyrinth affection might be merely functional. The prognosis of nerve deafness in middle ear disease was bad unless the middle ear disease could be arrested. He dealt seriatim with the relation between the vestibular reflexes and nerve deafness, vertigo and tinnitus, noise deafness and senile deafness, and concluded on a hopeful note. Mr W. M. Mollison divided deafness into qualitative and quantitative types; in the former, there was a loss either of the upper or lower tones, and, in the latter, there was an alteration throughout the entire scale. He dwelt upon the value of the monochord in diagnosing nerve deafness. Mr A. J. Wright said that those cases with an obvious cause, such as trauma and syphilis, presented no difficulty, and of the remainder, two-thirds were females. Sir James Dundas-Grant, Dr W. J. Leighton, and the President also spoke.

Mr E. D. D. Davis opened a short Discussion on the "Ophthalmic Complications of Sinus Affections," and said, that in 54 cases of retrobulbar neuritis he could prove in only 4 the existence of sinusitis. Sir St Clair Thomson condemned the tendency to operate on sinuses without evidence of disease, but Dr Ritchie Rodger and Mr Somerville Hastings stated that they had seen dramatic improvement after opening apparently healthy sinuses.

Mr H. D. Gillies read a paper on "The Treatment of Deformities of the Nose," illustrated by lantern slides. He pointed out that in deformity due to tertiary syphilis a two-stage operation was necessary, the first stage to restore the lining of the nose and the second, the cartilage.

On the following day, a Discussion took place on "Spasm of the Larynx," which was opened by Sir St Clair Thomson, who emphasised the importance of the psychological factor in intensifying and even in originating spasm. He quoted cases in adults due to gout, tabes, the morphine habit, and whooping-cough. He had found difficulty, on occasion, in distinguishing between abductor paralysis and adductor spasm, but he indicated clinical methods of solving the difficulty. Sir James Dundas-Grant drew a distinction between laryngismus stridulus and laryngitis stridulosa. He advised the treatment of the laryngeal crises of tabes by locally anæsthetising the larynx. Dr W. H. Kelson

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pointed out that the ventricular bands formed a false glottis which sometimes became spasmodically closed. Mr William Hill, Dr Peter Macdonald, Mr A. J. Wright, Dr Dan M'Kenzie, Dr Davidson (of Queensland) Mr Somerville Hastings, Mr Mark Hovell, and the President also joined in the Discussion.

Dr W. J. Leighton read a paper on "Organotherapy in Diseases of the Ear, Nose, and Throat," and suggested that, in many conditions, organotherapy was a useful adjuvant to other treatment. Abnormally high blood pressure, the climacteric, hypothyroidism, and diabetes were all common causes of ear trouble, and were all amenable to organotherapy. Dr J. A. Gibb communicated a paper on "Referred Pain of Nasal Sinus Origin," and said that the site to which pain was referred was often largely disregarded. The position and the severity of the pain did not always depend on the severity of the sinusitis. Mr A. J. Wright, Mr Musgrave Woodman, and Mr T. B. Jobson discussed the paper. Mr V. E. Negus read a paper entitled "A New Function of the Vocal Cords"; he was of opinion that the vocal cords played an important part in fixing the thorax during independent use of the fore-limbs and supported his thesis by illustrations from comparative anatomy. Sir James Dundas-Grant communicated a paper on "Results of Canfield's Operation on the Antrum," giving his personal experience on the subject. Mr William Hill's paper dealt with "Butyn as a local anæsthetic in the Nose and Throat," and said that he had found it capable of replacing cocaine in some cases but not in all; on the whole, it was less reliable and it was two and a half times as expensive. Dr Eastman Sheehan, of New York Post-Graduate Hospital, gave a cinematographic demonstration of plastic operations upon the nose.

A feature of the Portsmouth Meeting was the number of entertainments and excursions; receptions were held on three nights, and a ball on another; on each day there were garden parties and visits to various naval establishments, and on Saturday there were no fewer than seven different excursions to various places of interest in the neighbourhood. The members of the Section of Laryngology and Otology were as prominent in these gatherings as elsewhere; indeed, one figure of note in the realm of laryngology made speeches not only at the Cripples' Hospital, but at the Temperance Breakfast.

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### DIPLOMA IN LARYNGOLOGY AND OTOTOLOGY.

For the information of our readers, we publish in full the text of the Regulations of the New Diploma in Laryngology and Otology (D.L.O.R.C.P. and S. Eng.) recently drawn up and issued by the Committee of Management of the Examining Board of the Royal College of Physicians of London, and the Royal College of Surgeons of England after conference with various teachers of the subject. The Regulations have been approved by both Colleges and have now come into effect.

It will be in the recollection of many that a movement in this direction was initiated, some time ago, by the Councils of the Sections of Laryngology and Otology of the Royal Society of Medicine, and it will be a matter of congratulation to the Members of both Councils that they now see their efforts rewarded.

# General Notes

## Regulations.

I. Both parts of the examination will be held in the months of June and December.

II. The examination shall comprise :—

Part I. (*a*) The anatomy, embryology, and physiology of the ear, nose, pharynx and larynx. (Candidates will be expected to be acquainted with the vascular, lymphatic, and nervous connections of these parts and with the central nervous system in so far as it relates to the special regions concerned.) (*b*) Elementary acoustics.

Part II. (*a*) The recognition and use of special instruments and appliances. (*b*) The medicine, surgery, and pathology of the ear, nose, pharynx and larynx.

III. The examination will be written, oral, and practical in Part I., and written, oral, practical, and clinical in Part II.

IV. Candidates may enter for Part I. of the examination at any time after a registrable qualification in medicine, surgery, and midwifery has been obtained. (Candidates must present themselves for the whole of Part I. In the event of failure in one division only, candidates will be allowed to present themselves for re-examination in that division.)

V. Candidates may enter for Part II. of the examination on the completion of one year of special study of diseases of the ear, nose, pharynx and larynx, after a registrable qualification in medicine, surgery and midwifery has been obtained, provided that Part I. has been previously passed, and on production of the following certificates :

(*a*) Of having attended the laryngological and aural clinical practice of a recognised hospital or of the laryngological and otological departments of a recognised general hospital for twelve months. (The conditions of this certificate (*a*) will be fulfilled by holding the appointment as house-surgeon or house-physician or as clinical assistant at one of the above hospitals or departments, provided that in the case of a clinical assistant the certificate shows that he has attended for at least three hours a day on two days of the week.)

(*b*) Of having attended operations to the satisfaction of the surgeons in charge.

(*c*) Of having received instruction in pathology and bacteriology with special reference to laryngological and otological medicine and surgery.

VI. The fee for admission or readmission to each part of the examination is £6 6s.

VII. Candidates must give fourteen days' notice in writing of their intention to present themselves for examination, to the Secretary at the Examination Hall, 8-11 Queen Square, Bloomsbury, London, W.C. 1. In the case of Part II. the necessary certificates of study must be produced with the notice.

VIII. Graduates in medicine or surgery of Indian, Colonial, and foreign universities recognised by the Examining Board in England, but whose degrees are not registrable in this country, may enter for the Examination for the Diploma in Laryngology and Otology on fulfilling the same conditions in regard to study.

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IX. The above conditions of study may be modified at the discretion of the Committee of Management in the case of a candidate (*a*) who has carried out original investigations, or has written a thesis on some subject in laryngology or otology; (*b*) whose studies have extended over a prolonged period of time without fulfilling the exact conditions; but exemption will not be granted from any part of the Examination.

### *Syllabus of the Examination.*

*The Ear.*—Congenital deformities. Wounds and injuries. Foreign bodies and parasites. Acute and chronic inflammations and their complications. Oto-sclerosis; tuberculosis; syphilis. Simple and malignant new growths. Varieties of deafness, including deaf-mutism—vertigo—tinnitus. Tumours of the auditory nerve. Malingering.

*The Nose and Pharynx.*—Congenital deformities. Injuries and foreign bodies. Acute and chronic inflammation; vasomotor rhinitis; retro-pharyngeal abscess. Nasal obstruction; adenoid growths. Acute and chronic inflammation of the nasal sinuses. Diseases of the tonsils. Tuberculosis; syphilis. Simple and malignant new growths.

*The Larynx.*—Congenital deformities. Injuries and foreign bodies. Acute and chronic inflammation. Disorders of innervation, sensory and motor. Tuberculosis; syphilis. Simple and malignant new growths.

*Note to Syllabus.*—Candidates will be examined on radiograms; and also will be expected to recognise under the microscope and growing in or on nutrient media the organisms common to infections of the above regions.

For Part I. two examiners will be appointed by the Royal College of Surgeons; for Part II. one examiner will be appointed by each College.

The Committee will, subject to an annual report to the Colleges, determine the courses to be specially recognised as fulfilling the conditions of the Regulations.

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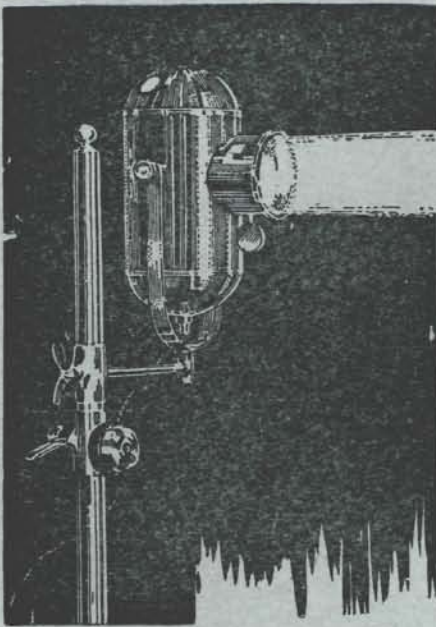
At the recent Meeting of the American Medical Association held at San Francisco, the Section of Laryngology, Rhinology, and Otology, under the Presidency of Dr William B. Chamberlin, passed a resolution requesting the Board of Trustees of the Association to establish a monthly journal pertaining to the specialty of Laryngology and Otology.

At the same meeting the Report of the Committee on Lye Legislation was presented by Dr Wendell C. Phillips, and a number of members were added to the Committee on the recommendation of Dr Chevalier Jackson. The paper on "Lye Strictures of the Oesophagus" by Dr Richmond M'Kinney, in the current issue of the *Journal of Laryngology*, illustrates the necessity of legislation in connection with the sale of lye in the United States.



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