died of tubercle of the spine when we recollect his massive frame and commanding appearance. He was for some years assistant to Prof. Stoerk in the old Allegemeines Krankenhaus, and there I was indebted to him for much help in the year 1893. The acquaintanceship originated in a curious way: Koschier was a native of Dalmatia, and like all dwellers on that part of the Adriatic Coast, he was quite bi-lingual, speaking Italian as easily as German. As I felt more at home in the former language we adopted it for our common intercourse, and it interested other students to hear a German demonstrating to a Britisher in Italian!

When Stoerk died Chiari left the Weiner Poliklinik for the Chair of Laryngology, and it was generally thought that Hajek would succeed him, as he had long worked there. But other influences were at work, and Koschier was elected to the Throat Department in the Mariannengasse.

His name was connected with much literary work, his chief researches being connected with carcinoma of the larynx. Probably he had performed more laryngo-fissures than any other surgeon in Austria, as Chiari handed him his cases for operation. In this he was very successful.

StC. T.

Professor Ludwig Stacke,

Professor of Otology in Erfurt, Germany.

Prof. Ludwig Stacke died suddenly in Germany on January 13, 1918. He was a pupil of Schwartze, and his name is well known in connection with operations on the mastoid. It is claimed in Germany that Schwartze was the first to establish the operation of opening the mastoid antrum, and that Stacke carried the operation a step further by continuing the operation into the middle ear, and so developed what we know as the complete post-aural operation. StC. T.

NOTES AND QUERIES.

Surgical Aphorisms.—By Mr. D'Arcy Power.

The cricoid cartilage is the guide both for laryngotomy and for high tracheotomy. Its position, therefore, must be verified before an incision is made for either operation.

In the operations of laryngotomy and tracheotomy the windpipe has not been opened in the living body unless air rushes out. Inexperienced operators assign many reasons to account for the absence of this outrush.

The first outrush of air is usually followed by a short period of apnœa. Put in the laryngotomy or tracheotomy tube, and then wait until the respirations become regular before proceeding farther.

Do not suture the incision after laryngotomy lest surgical emphysema follow. A dressing of dry gauze kept in place by strapping is sufficient.

Remember that the advance of science now permits of visual exploration of the trachea, bronchi, œsophagus, stomach, rectum and bladder. It is no longer necessary to guess about the condition of these parts nor to be content with skiagrams. Look and see what ails them.

There are three stages in the career of a surgeon: in the first he loses the fear of hæmorrhage; in the second he ceases to multiply operations; in the third he acquires the moral courage to stop in the middle of an operation when he finds the conditions inoperable. There is a final stage which he never attains with the present span of life—the ability to gauge correctly the vital resistance of the patient, yet upon this depends the success of every operation.—*St. Bartholomew's Hospital Journal*, January, 1919.

Swift and his Giddiness.

There has recently been much correspondence regarding the nature of Swift's complaint, but no conclusions satisfactory to the expert were found. The facts recorded are these: For many years Swift suffered with attacks of sickness and vertigo, which he attributed to a surfeit of Shene pippins and a chill caught by sitting in a draughty summer-house. At a later date there was a moderate degree of deafness. His habits were far from abstemious: he freely admitted his fondness for Burgundy and good living. Later still, fits of melancholia and despondency necessitated special attendants, which some of his biographers interpreted as madness. Such could hardly have been the case, for during the period of restraint he wrote many clever epigrams in magazines. He died in 1745. In 1835 his remains, together with "Stella's," were disinterred from St. Patrick's Cathedral. His skull and larynx was hawked about the social circles of Dublin. Dr. Wilde (? Wilde's snare) observed that Swift's skull "affording evidence of 'diseased action' of the brain during life such as would be produced by an increasing tendency to cerebral congestion" (Thackeray). This is not very convincing nor satisfactory to a pathologist; but worse still is the suggestion made by one correspondent in the *Times* that his deafness and vertigo were due to neglected middle-ear suppuration!

Careful search through all available authorities fails to give the slightest support to such a suggestion. The onset and course of the trouble is clearly indicative of Menière's *symptoms*, but not middle-ear disease. He suffered with attacks of vertigo and sickness for many years before complaining of deafness. Of this there is abundant evidence in his own writings, and we must not be too ready to belittle his account of cause and effect. His habits were such as to justify the view that he suffered with auto-toxæmia, which was suddenly intensified by an over-indulgence in pippins. His eccentricities, his domestic relations, his uncontrollable outburst of rage, and the subsequent course of events all support such an interpretation. At all events there is not the slightest evidence that Swift suffered with suppuration of the middle ear.

The late years of his life were undoubtedly attended by great affliction, but not madness. He remarked—"I shall be like that tree: I shall die at the top." So great was his suffering that he dreaded, not death, but life. As Archbishop King said to Delaney, after seeing Swift, "You have just met the most unhappy man on earth." Such was indeed true, for Swift wrote to Bolingbroke—"It is time for me to have done with the world, and so I would if I could get into a better before I was called into the best, and not to die here in a rage like a poisoned rat in a hole."

References.

Times Literary Supp., November 4, 1918.
Ibid., November 28, 1918.
"English Humourists," W. M. Thackeray, 1858.
"Tale of a Tub, etc.," ed. by Lewis Melville, 1911. Dent.

Wyatt Wingrave.

Cephalic Snuff.

In the *Times* of April, 1797, is the following advertisement:

"For complaints in the Head and Eyes the *Cordial Cephalic Snuff* has been found by long experience an effectual remedy for most disorders of the head.

"It is extremely proper for all persons who visit the sick or go into unhealthy places, as it fortifies the head against noxious exhalations and infectious air."

Can our *Insufflatio Menthol Co.* do all this? Wyatt Wingrave.

Peritonsillar Abscess.

"John died of a quinsy
And was buried at Binsey."

Such is the epitaph to the memory of John Doley in Northants. Its author is to be commended not only for its brevity, but also his anxiety to record the cause of the subject's death and the spot of his interment. It is a "plain, unsophisticated epitaph," and "develops the whole catastrophe."

T. P. Outram, *The Etonian*, vol. ii, p. 401, 1822.

Wyatt Wingrave.

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