rubber-tube mannikin, study of the presentation of the body and selection of appropriate instruments are emphasised as essential preliminaries. "Until all these points are determined it is a grave error to insert any kind of instrument," is thoroughly sound advice. He is insistent that with all bodies having sharp points or edges, the concern is not how to grasp them, but how to protect the point. "Search not for the pin but for the point of the pin." The principles laid down are well illustrated by numerous examples which make this part of the book of especial value. Dr Jackson holds that the extraction of a foreign body is a mechanical problem pure and simple. We are not sure that this expresses the whole truth. An old proverb teaches that technical skill without inspiration loses much of its value, and we may perhaps suspect that some measure of the author's success is "an affair of the spirit."

There are useful chapters on the diseases of the air and food tracts. In papillomata of the larynx, treatment by radium has been of no value in the author's hands. He has even seen extensive damage done. He advocates repeated superficial removal of the growth, "scalping off" with forceps, a view with which most workers in this country are in accord. The term hiatal œsophagismus replaces cardiospasm, the view being taken that the functional closure of the gullet occurs at the diaphragmatic level and is due to the "diaphragmatic pinchcock."

The work is an excellent one, full of valuable information. Containing in a concise form all the essentials which a book on this important subject demands, it will appeal not only to the beginner but also to the practised endoscopist. Needless to say, the diagrams and photographs which illustrate it are of great merit. Dr Jackson is to be congratulated on having produced a manual worthy of his reputation.

D. R. PATERSON.

LETTER TO THE EDITORS.

NASO-PLASTIC INNOVATIONS.

TO THE EDITORS,

The Journal of Laryngology and Otology.

SIRS,—In the issue of January last, Major Gillies describes a hinged method of applying cartilage grafts to the nose, and as proof of its efficiency he gives two profile illustrations.

Apart from the fact that the operation so described is by no means new, nasal surgeons will naturally ask where is the advantage, as precisely similar cosmetic results have, for many years past, been obtained by the single superimposed cartilage graft. Before accept-

ing the nasal route both its advantages and the percentage of complete successes will have to be definitely proved, and the extra danger of nasal infection clearly disproved.

It is not shown what thickness of cartilage is used for the septal portion, nor is there any evidence to demonstrate that the cartilage is really giving the support suggested. The difficulty which I have found is that when cartilage sufficiently thick to afford a really definite support is inserted, it may seriously impede the passage of air. Two classes of cases urgently require correction, that resulting from accident and the specific. The former is usually associated with a crumpled septum, and the latter with almost entire absence of the same.

My method of dealing with the question of septal support is probably sounder in principle than that suggested by Major Gillies, and the risk of total loss of cartilage is reduced to a minimum. I introduce the superimposed long cartilage strip in the usual manner, burying a spare piece for future propping purposes if the same should be considered necessary. I sever completely the columella from the lip and septum, and turn it up like the trunk of an elephant; it is then quite an easy matter to introduce a cartilage prop which, if unsuccessful, does not ruin the effects of the first operation. The scar is very soon quite unnoticeable.

The question was raised in the same issue of the *Journal* as to the saving of a portion of cartilage in the event of septic infection. Every truthful plastic surgeon sooner or later has to face this trouble, though the proportion may be reduced by care and experience to a minimum. I consider one of the most important points to be the introduction of a silkworm-gut or horse-hair drain for two days. Once fluid is detected I have found invaluable the flushing out of the cartilage bed, through the original incision, with zinc sulphate followed by ionisation. As I have pointed out elsewhere, many a broken-down operation can thus be saved.

The heading of this letter allows me to draw Major Gillies's attention to the subject of naso-plastic innovations. His method of temporarily burying cartilage required for further use is a valuable and, as far as I know, original idea.

The tubed pedicle flap for nasal and other plastic operations is claimed continually by him as a very valuable innovation.

I must ask Major Gillies and others interested to turn to p. 891 of the *Lancet*, 1917, where the first tubed pedicle flap is fully illustrated. My note, No. 2, under the same, reads as follows: "Separating and undercutting the pedicle and sewing it together tube-wise." This was no sudden inspiration, but the result of considerable experience showing how flaps in themselves become septic from want of protection. The sewing together, where possible,

suggested itself along with skin grafting of the rest. Major Gillies in no way inspired the idea of the pedicle flap, and no case of his showing priority is on record. I must ask that in future he shall acknowledge my original work in the same way in which I have always acknowledged his.—I am, etc.,

J. L. AYMARD,
Formerly Plastic Surgeon, Sidcup and Aldershot.

JOHANNESBURG,
1st March 1923.

GENERAL NOTES

ROYAL SOCIETY OF MEDICINE,

1 *Wimpole Street, London, W.*1.

Section of Otology—Chairman, Sir Charles Ballance, K.C.M.G. *Hon. Secretaries*, F. J. Cleminson, M.Ch., and Archer Ryland, F.R.C.S. Ed. The Annual Meeting of the Section will be held on Friday, 18th May, at 5 P.M.

Members intending to show cases or specimens are requested to give notice of the same to the Hon. Senior Secretary, Mr F. J. Cleminson, 32 Harley Street, London, W.1, at least twelve days before the date of the Meeting.

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SUMMER MEETING OF THE SECTION OF LARYNGOLOGY,
ROYAL SOCIETY OF MEDICINE, AT MANCHESTER, June 1923.

The Annual Summer Meeting of the Section will be held at Manchester on Friday and Saturday, 15th and 16th June.

The Sessions will commence each day at 10 A.M. at the Royal Infirmary. The forenoon of Friday will be devoted to the reading and discussion of papers. At 1.15 o'clock, the local members of the Section will entertain the visitors to luncheon in the Medical Board Room of the Royal Infirmary.

The afternoon Session, commencing at 2.45 o'clock, will be held in the Out-Patients' Hall, where cases will be examined and subsequently will be discussed in the Lecture Theatre.

Tea will be served in the Medical Board Room.

The *Annual Dinner* of the Section will take place on Friday evening.

At the Saturday morning Session, further papers will be read.

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BRITISH MEDICAL ASSOCIATION, PORTSMOUTH, 1923.

The Ninety-first Annual Meeting of the British Medical Association will be held at Portsmouth from the 24th to the 27th July inclusive, and will be presided over by Mr Charles P. Childe, F.R.C.S., Senior Surgeon to the Royal Portsmouth Hospital.

The Sectional Meetings are arranged for the 25th, 26th, and 27th. The Sections of Laryngology and Otology have been combined and placed in the two-day Sections.

The following Office-Bearers have been elected :—*President*—Mr Ernest B. Waggett, D.S.O., London. *Vice-Presidents*—Mr Somerville Hastings,