

General Notes

Hill and Chevalier Jackson. Passing down the inside of the tube an open half-circular slot is provided for the passage of the distal lighting carrier. In this way the light carrier is out of the way of instruments, and there is no reduction in the inside diameter of the tube. A simple binding screw attaches the light carrier to the mouth of the tube, and keeps it in position.

The connecting cable conveying the current from the accumulator battery to the lamp is passed through the hollow handle of the apparatus, and is attached by means of a bayonet-catch fitting terminal provided with a switch for cutting off the current.

The advantage of this arrangement is that the current may be easily switched off and on by the thumb of the left hand, without disturbing its grip on the handle of the apparatus. When exchanging the proximal for the distal light, or *vice versa*, by a simple turn of the connecting terminal, the attached cable may be disconnected.

In examining or operating on any case it is therefore possible, without altering the position of the tube or hand grasping the instrument, to interchange at a moment's notice the proximal and distal light, or *vice versa*.

It does away with the necessity of having two sets of apparatus, *e.g.* those of Brünings' and Chevalier Jackson.

Electric Light Battery.—The cells are arranged in two groups. Each group has its own rheostat and separate binding terminal, so that the higher voltage lamp used for proximal lighting may be connected with the higher voltage cells on one side of the battery, and the lower voltage distal lamp with the other. Two sets of connecting cables are supplied. In this way the distal lamp carrier is always ready for exchanging with the proximal light.

The apparatus has been manufactured for me by Messrs Mayer & Phelps, New Cavendish Street, to whom great credit is due for overcoming many mechanical difficulties.

GENERAL NOTES

ROYAL SOCIETY OF MEDICINE,

1 Wimpole Street, London, W.1.

Section of Otology—*President*, Mr Hunter F. Tod, F.R.C.S. *Hon. Secretaries*, Mr F. J. Cleminson, M.Ch., and Mr Archer Ryland, F.R.C.S. Ed. The next Meeting of the Section will be held at 1 Wimpole Street on Friday, 17th November, at 5 P.M. Members who propose to show patients, specimens, etc., should communicate with the Senior Secretary, Mr F. J. Cleminson, 32 Harley Street, London, W.1, at least twelve days before the Meeting.

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Section of Laryngology—*President*, Mr Charles A. Parker, F.R.C.S. Ed. *Hon. Secretaries*, Mr T. B. Layton, D.S.O., M.S., and Mr J. F. O'Malley, F.R.C.S. The next Meeting of the Section will be held at 1 Wimpole Street on Friday, 1st December, at 4.45 P.M. Members desirous of showing patients or specimens should communicate with the Senior Secretary, Mr T. B. Layton, M.S., 10 Welbeck Street, London, W.1, at least twelve days before the Meeting.

* * *

THE LATE DR JOKICHI TAKAMINE.

We are indebted to Dr Emil Mayer of New York for sending us a short notice of Dr Jokichi Takamine, who died in that city on 23rd July, in his sixty-eighth year. Dr Takamine was a chemist by profession, and he was the first to isolate the active principle of the suprarenal gland, which he named Adrenaline.

A native of Japan, and a graduate of the University of Tokyo, he was one of the early group of students sent by his country to study in foreign Universities. In recognition of his scientific discoveries, Dr Takamine was decorated by the Emperor of Japan with the Order of the Rising Sun, and he received the Degree of Doctor of Pharmacology from the University of Tokyo.

He settled in America, the land of his adoption, marrying an American lady by whom he had two sons. He devoted much of his time in seeking to effect a better understanding between that country and Japan. A sincere friend, a charming host, endowed with a kindly disposition and with many delightful traits of character, Dr Takamine's death will prove a great loss to many who knew him.

* * *

During the present year, two valuable contributions to our knowledge of the brain and its surgery have appeared from the pen of two members of the profession in this country. One, entitled "The Clinical Symptoms of Cerebellar Disease and their Interpretation," formed the subject of the Croonian Lectures delivered by Dr Gordon Holmes, C.M.G.; the other "Brain Surgery," the Presidential Address of Sir William Macewen, C.B., at the Annual Meeting of the British Medical Association in Glasgow. Both addresses are deserving of very careful study by otologists. In the first, we are presented by a physician with an analysis of cerebellar symptomatology, based largely upon clinical observation and research, and demonstrating, by its excellence, how much this method of investigation can accomplish. In the second, we have the matured experience of a surgeon whose pioneer work on the pyogenic infections of the brain and its membranes, published just thirty years ago, became one of the classics in surgical literature.

Although both papers deal mainly with the subject of intracranial tumours, they should none the less, owing to the wide field covered by the authors, commend themselves to the attention of the otologist. His rôle in assisting the physician to locate the subtentorial lesion cannot now be overlooked, and his position will be strengthened not only by the skill with which he carries out and interprets the phenomena evoked by

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the labyrinth tests, but by the acquisition of a more thorough knowledge of the anatomy of the brain.

Many of us must have been conscious of a feeling of regret that Sir William Macewen had maintained so long a period of silence upon a subject on which, in 1893, he had thrown so much light. The silence has been broken and again we have an opportunity of profiting from his expert knowledge. Various aspects of brain surgery are touched upon. Those which deal with abscess will appeal more directly to us. The contra-lateral paralysis of the face and arm in cases of large temporo-sphenoidal abscess, an observation first pointed out by Macewen in 1884, is a clinical picture which has stood the test of further experience. The necessity of handling with the greatest care the pia-arachnoid for the prevention of hæmorrhage and clot formation is emphasised. He dwells upon the value of adhesions, natural or artificial, in the subdural space before the cerebral abscess is opened, and he advocates exploration through the area of the original focus, thus keeping within the limits of Nature's adhesions, instead of opening directly through the skull as practised by some surgeons.

* * *

The Faculty of Medicine of the University of Toronto has prepared a series of "optional courses" available to students during each of the years of the medical curriculum. The subjects cover not only many branches of medicine, but in the first and second year of study, French, German, History, Philosophy and Psychology are included amongst the optional courses. The student is encouraged, at an early period, to make up his mind as to the general type of medical career which he may desire to follow, and having done so, he is in a better position to select those optional subjects which will prove of greatest benefit to him.

Laryngology and Otology are not included amongst the optional subjects of the two last years of study. No attempt is made in the later period of the curriculum to train students as specialists. It is pointed out, very rightly, that it is unsound to give a specialist training to men until they have completed their medical and surgical education, and have served a year as interne in a hospital. For those men, however, who have definitely decided to practise these specialities, facilities are provided, during their "option hours," for taking courses in the scientific or fundamental branches which form the bases of these specialities; amongst these may be mentioned acoustics and other aspects of physics. Presumably revisal courses in the anatomy of the head and neck and in the physiology of the special senses would be included.

The Undergraduate Course in Oto-laryngology at the University of Toronto, which is compulsory, is one of ten weeks instruction. In the fourth year of study, five weeks are devoted to normal anatomy on the cadaver and on the living subject, and to methods of clinical examination. In the fifth year the student returns to further study for five weeks, when he deals with clinical cases illustrating the commoner pathological conditions, and he attends lectures upon the diseases ordinarily met with by the practitioner. He submits to a clinical examination at the Final Professional.

General Notes

We take the liberty of reproducing from our esteemed contemporary *L'Informateur Médical*, Paris, the portraits of Dr and Mrs Urban Pritchard,



whose golden wedding we announced in the October number. The photograph was taken in the courtyard of the École de Médecine during the recent Meeting of the Tenth International Congress of Otology in Paris.

* * *

Dr J. A. Moran Hemmeon, of Halifax, Nova Scotia, writes as follows :—
“The interesting paragraph on Brétonneau, contributed to the July number of the *Journal* by Sir St Clair Thomson, prompts me to send the following note. In the city of Halifax, in the old St Paul's Cemetery, there is a small stone on which is inscribed :

WILLIAM GLEN, synanche trachealis,
9th May, 1827, age, 1½ years.

ARTHUR GLEN, synanche maligna
14th May, 1827, age, 4½ years.

Stranger, whether has desease or medical omission
clad meast in their last cleath.

The above is exactly as inscribed. It may be that the stone-cutter made mistakes in the words. At anyrate, we can be quite sure of the sentiment.”

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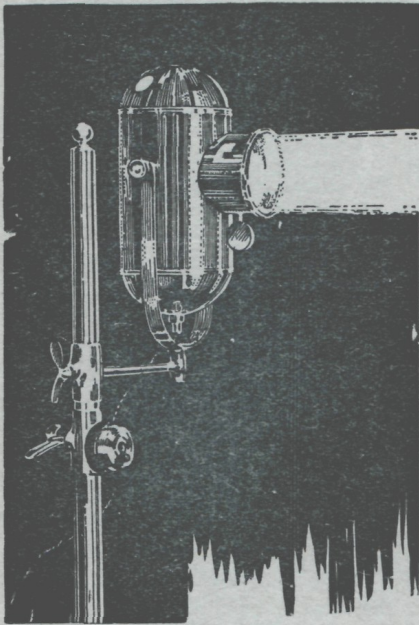
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