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PROFESSOR EMIL ZUCKERKANDL.

WE regret to observe that on May 28 the renowned Prof. Zuckerkandl departed this life after having been a teacher in the subject of anatomy for more than a quarter of a century. He was born in Hungary in 1849, and was thus a countryman of many of the most distinguished figures who have adorned the University of Vienna. His work formed the genuine scientific foundation of modern rhinology, and it is with pleasure that we recall the fact that the superstructure which rests on it has been enlarged, and is still being expanded by his fellow countryman, Onodi. It may be said that since the publication, in 1882, of Zuckerkandl's book on the normal and pathological anatomy of the nose and its accessory pneumatic cavities, his name has been constantly in the mouths of all who study or teach rhinology. We have often, in the discussions in special societies and sections, heard his works referred to by those desirous of finding arguments to confound an opponent; in point of fact, the work "Zuckerkandl" was almost as satisfying to the rhinologist as "that blessed word, Mesopotamia," to the old lady in the well-worn story. Prof. Heymann gives a sympathetic obituary account of him in Semon's *Internationales Centralblatt* for July of the present year, in which a long list of his contributions to rhino-laryngology will be found, and he refers to the interesting and significant fact that in the most famous hand-books on diseases of the upper food- and air-passages it was Zuckerkandl who was

generally called upon to supply the section on the anatomy of the parts. Thus, in Scheff's handbook on diseases of the teeth, the chapter on the macroscopical anatomy of the mouth and teeth is the work of Zuckerkandl, as is also the section on the anatomy and development of the larynx and trachea in Heymann's important handbook.

As Heymann feelingly states, "His pupils—and who of the rhino-laryngologists has not been his pupil?—and the innumerable investigators whom he has guided and stimulated in the most kindly way, will always preserve a grateful remembrance of him."

AURAL TUBERCULOSIS IN CHILDREN.¹

BY WILLIAM MILLIGAN, M.D.

MR. PRESIDENT AND GENTLEMEN,—The heroic efforts which have been and are being made to drive tuberculosis, which in one or other form is responsible for from 7 to 10 per cent. of the existing death-rate, from the face of the habitable globe demand our most hearty sympathy and encouragement. In our own special department the incidence of tuberculous otitis media is of much more common occurrence than is usually supposed, and the high mortality in childhood, to say nothing of the irreparable damage to the ear as an organ of special sense, renders it imperative that the real nature of the disease should be recognised at as early a stage as is possible, and that suitable treatment, local, operative, and hygienic, should be instituted without delay. The difficulties of accurate diagnosis are by no means small, and mainly for the reason that the stage of pure tuberculous infection is often a comparatively short one, while the superadded and mixed infection, pathogenic or saprophytic, which is almost invariable, masks the true nature of the original and underlying pathological process.

The exact frequency of tuberculous otitis media is difficult to estimate, for the reason that so far we know very little about the incubation period of tubercle, and whether tuberculosis arises from an infection which may enter the body at any time of life, and by one or other channel, or whether it is the ultimate development of an infection which has obtained access during the milk-drinking period of life. Certain it is that so far as infection of the middle-ear cleft is concerned, the vast proportion of cases of primary

¹ Read at the London Meeting of the British Medical Association, July, 1910.