

a reasonable length. After the large flow of literature which has swollen the periodical medical press of recent times, it is somewhat surprising how little real advance has been made. It is upon the relations of the tonsils to systemic infections that most light has been shed, and the account of it forms one of the best chapters in the book. The author's conclusion is: "After other sources of infection have been eliminated as far as possible, the removal of the tonsils may be advised as a therapeutic measure, even when clinical examination fails to show any pathological condition in them." He advocates tonsillectomy, and carries it out in the present vogue—a return to the advice of Celsus that "they should be seized by a hook and excised with a scalpel." *D. R. Paterson.*

OBITUARY.

WE regret to notice that death has been busy amongst many of our well-known and esteemed American colleagues. The recently issued *Transactions of the American Laryngological Association* contains obituary notices of no fewer than six of their Fellows. As our readers know, this Association is the blue ribbon of American laryngology. The number of Active Fellows is strictly limited to 100, and there are seldom 90 on the list, as election to it is well guarded. To read of the death of six colleagues in such a select company therefore gives us pause.

The first name is that of Dr. Arthur Ames Bliss, who, although he had studied in London in the eighties, was not very much known on this side. He was at one time associated with Dr. J. Solis Cohen and practised in Philadelphia.

Dr. Charles E. Bean was also much influenced by Dr. J. Solis Cohen, the *doyen* of American laryngology. He practised in Philadelphia and afterwards at St. Paul, Minnesota.

Dr. J. W. Gleitsmann had many friends in London, as, indeed, he had all over the world. He was an excellent specimen of the cultured German-American physician, a well-read man, a lover of art, a mountain climber, and a genial companion. He contributed freely to medical literature, as a reference to our own volumes and indices will show. He was a frequent visitor at congresses, and we have had the pleasure of seeing him in London, as well as in Berlin, Moscow, and Buda-Pesth. It is one of life's little ironies to note that in 1866 he fought for the Germans in their war against their present ally, Austria, and was decorated with the Iron Cross. He had been settled in New York since the early eighties. As he was born in 1841, he had lived a good life—full of activity, heartiness, and geniality.

Dr. Charles Huntoon Knight was also a man of culture and refinement. He was a great lover of music and an expert performer on the violoncello. He was attached to the New York Polyclinic, and his textbook on "Diseases of the Nose, Throat, and Ear" is well known on this side, and has been favourably reviewed in our own pages at the beginning of this century.

Dr. William Kelly Simpson was well known as a laryngologist, but better still as a man with the gift of friendship. He had a perfect genius for spreading cheerfulness about him with his hearty, joyous disposition, and the writer of these notes will always preserve a happy recollection of three days spent with Kelly Simpson in the quadrangles and Common Rooms at Oxford. He succeeded Prof. George M. Lefferts

at the Vanderbilt Clinic and was associated with O'Dwyer in his early intubation work. He died at the comparatively early age of sixty, being suddenly stricken, as he would have wished, while in the full possession of his sparkling faculties.

Dr. Ernest Lorenzo Shurly had also many friends on this side of the Atlantic, where his modesty and charm of manner always made him a welcome visitor to our gatherings or clinics. He was long identified with laryngology in Detroit, and his treatise on "Diseases of the Nose and Throat" was, in its time (1900), a valuable text-book. He was an enthusiastic supporter of a high standard of medical etiquette in the profession. We are sorry we shall not welcome his gentle presence amongst us again.

We sympathise with American laryngology in these severe losses, and cannot let them pass without an exclamation of "Hail and farewell!"

StClair Thomson.

NOTES AND QUERIES.

"The spatial sensibility of the tympanic membrane has hitherto been very little studied, though the subject will well repay much trouble. If we approach it by introducing into the outer ear some small object, like the tip of a rolled-up tissue-paper lamplighter, we are surprised at the large radiating sensation which its presence gives us, and at the sense of clearness and openness which comes when it is removed. It is immaterial to inquire whether the far-reaching sensation here be due to actual irradiation upon distant nerves or not. We are considering now, not the objective causes of the spatial feeling, but its subjective varieties, and the experiment shows that the same object gives more of it to the inner than to the outer cuticle of the ear. The pressure of the air in the tympanic cavity upon the membrane gives an astonishingly large sensation. We can increase the pressure by holding our nostrils and closing our mouth and forcing air through our Eustachian tubes by an expiratory effort; and we can diminish it by either inspiring or swallowing under the same conditions of closed mouth and nose. In either case we get a large, round, tridimensional sensation inside of the head, which seems as if it must come from the affection of an organ much larger than the tympanic membrane whose surface hardly exceeds that of one's little finger-nail.

"The tympanic membrane is, furthermore, able to render sensible differences in the pressure of the external atmosphere, too slight to be felt either as noise or in this more violent way. If the reader will sit with closed eyes and let a friend approximate some solid object, like a large book, noiselessly to his face, he will immediately become aware of the object's presence and position—likewise of its departure. A friend of the writer, making the experiment for the first time, discriminated unhesitatingly between the three degrees of solidity of a board, a lattice frame, and a sieve, held close to his ear." . . . "When an object is brought near the ear we immediately feel shut in, contracted; when the object is removed we suddenly feel as if a transparency, clearness, openness, had been made outside of us."¹

With all due respect to a great authority one is inclined to query whether this peculiar sensation is not due rather to the sense of hearing than to the tactile sensibility of the tympanic membrane. The feeling of *emptiness* in dark space around us—in the silent and deserted streets, on an expansive moor, or on a hill-top at night—is due, partly at all events, to the ease with which feeble sounds are then heard as compared with the same sounds during the busy day, and also to their ringing and echoing quality as compared with their muffled character when they are produced in a more enclosed and shut-in space. Deaf people are probably incapable of appreciating the feeling of empty space. D. M.

¹ "The Principles of Psychology." William James. 1901, vol. ii, p. 139, *et seq.*