

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.*

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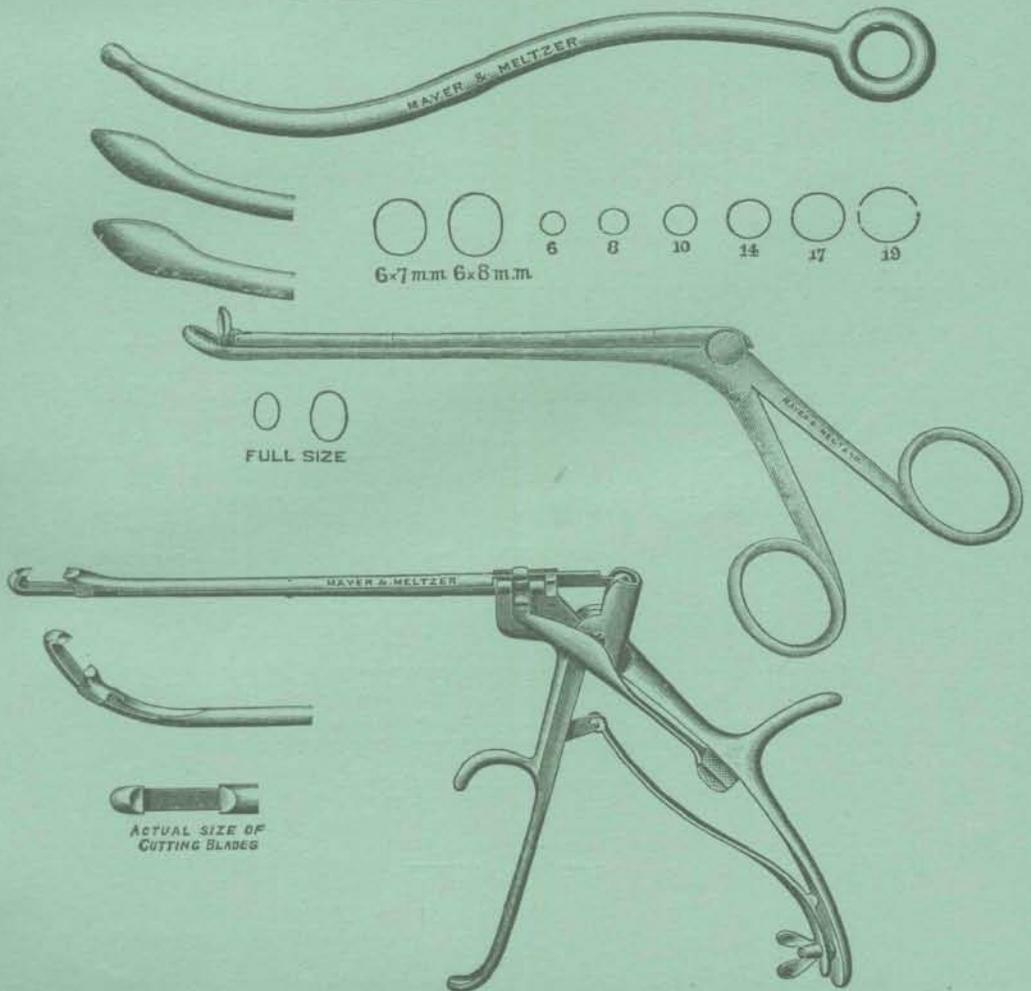
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