Involvement of the Labyrinth by way of the Ductus Endolymphaticus. —**N. H. Pierce.** "Annals of Otology," xxv, 881.

The author has met with two cases in five years. These are described. All recovered. The author concludes that the duct may be involved more frequently than is supposed in acute softening processes of the mastoid and that the region of the saccus should be explored preferably to opening the bony labyrinth. *Macleod Yearsley.*

MISCELLANEOUS.

Endothelioma of the Right Bronchus Removed by Peroral Bronchoscopy. —**Chevalier Jackson** (Pittsburg). "Amer. Journ. Med. Sci.," March, 1917.

The patient was a clerk, aged thirty-five, whose illness had begun five years previously with a "heavy cold." He complained of wheezing and a feeling of compression in the right side of his chest, also of a sensation as of a ball valve suddenly shutting off sometimes inspiration, and at other times expiration. Hæmoptysis had occurred on several occasions. He had spent two years in a sanatorium for the tuberculous, but no tubercle bacilli had been found in the sputum. X-ray examination showed opacity of the lower lobe of the right lung continuous with the hepatic opacity. Physical examination pointed to obstruction of the right main bronchus. By a process of exclusion the diagnosis was reached of pedunculated intra-bronchial growth. Bronchoscopy, under local anæsthsia, showed a tumour of slightly nodular shape with smooth shining surface almost filling the dilated right main bronchus, and attached to the right wall of the latter just above the orifice of the middle-lobe bronchus. The growth was immediately removed with cutting forceps and the patient was well in a week, and had, when the report was published, been in good health for nine months. Microscopic examination showed the growth to be an endothelioma with evidence of malignancy. The author concludes that diagnostic bronchoscopy is indicated in cases of "monolateral asthma," bronchial obstruction, and in cases regarded as tuberculous when persistent search fails to reveal tubercle bacilli; and that peroral bronchoscopic removal of an endobronchial tumour is feasible under local anæsthesia, and may be justifiable in a malignant endobronchial growth if small, circumscribed, and not ulcerated. As this is the only recorded case of apparent cure of an endothelial endobronchial tumour by peroral bronchoscopy, and only the second endoscopic removal of any form of malignant growth from a bronchus, the author deprecates too many or too sweeping deductions. He adds that one and a half years have now elapsed since the operation, and the patient is in perfect health without expectoration or any other symptom. *Thomas Guthrie.*

OBITUARY.

ALFRED JOHN MARTINEAU, Major, R.G.A., F.R.C.S.(Ed.), M.R.C.S., L.R.C.P.(Lond.).

READERS of this Journal will regret to hear that Major Martineau was killed in France on April 17, shot by a sniper, whilst doing reconnaissance work in connection with his battery.

The youngest son of the late Judge Martineau, he was born in 1873, and was educated at University College School and St. Thomas's

Hospital. At St. Thomas's he had a brilliant career, taking the College first prize in his first and second years, the College second prize in his third year, and the Treasurer's gold medal and the Cheselden medal (Surgery) in his fourth year. He took the M.R.C.S., L.R.C.P.(Lond.), in 1895, and the F.R.C.S.(Ed.), in 1899.

In 1895–96 he was Assistant House Surgeon and House Surgeon in St. Thomas's Hospital, and afterwards Assistant House Surgeon at the Great Ormond Street Hospital for Sick Children, House Surgeon at the Brompton Hospital for Consumption, and then for two years senior House Surgeon at the Nottingham General Hospital.

In 1900 he settled in general practice in Brighton but, soon after being appointed to the staff of the Throat and Ear Hospital there, gave up general practice and devoted himself entirely to throat and ear work. His thorough training in general surgery was of the greatest value to him in his special work, in regard to both his breadth of view in dealing with his patients and his skill and dexterity as an operator. He was never the sort of man who can account for all diseases by a spur on the septum, but had a very deep and broad view of medicine.

As a relaxation from professional work he joined the Royal Garrison Artillery in 1906, and, finding the work intensely interesting, soon gave up the whole of his holidays and spare time to it. At the beginning of August, 1914, he was as usual in summer camp at Newhaven, but, instead of returning at the break up of camp to his practice, he was put in command of the fort at Newhaven, being promoted Major. There he remained during the early part of the war, then after a course of training at Lydd, went in 1916 with his battery to France. For the last ten months of his life he commanded the 19th Siege Battery, and it was while doing reconnaissance work in a wood recently evacuated by the Germans that he was shot dead by a German sniper. How he was adored by his junior officers and men can perhaps be partly realised by those of us who have spoken to, or seen letters from, them. Major Martineau leaves a widow and two sons.

ARTHUR J. HUTCHISON.

CORRESPONDENCE.

MALPOSITION OF CERVICAL VERTEBRÆ, CAUSING A PHARYNGEAL SWELLING.

To the Editor of THE JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOLOGY.

DEAR SIR,—The paper by Dr. Edgar Cyriax in the August number of the JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOLOGY recalls some observations on the normal subject which I made several years ago and published, as a clinical note, in this JOURNAL for November, 1915.

My contention was that by rotation of the head to either side a swelling (simulating retropharyngeal abcess) could be produced in the pharynx of any person, the swelling being caused by the transverse process of the axis vertebra.

If the head is rotated to the right, the swelling occupies the right half of the posterior pharyngeal wall; if to the left, the left half. The part involved is the wall of the oro-pharynx, just behind the tonsil. The naso-pharynx remains unaltered, since the level of this cavity corresponds to the basi-sphenoid and anterior arch of the atlas vertebra.