

General Notes

range of alternative procedures, particularly in respect of certain methods introduced by American Operators, is somewhat limited.

For senile cataract the author advocates an extraction with iridectomy conducted on orthodox lines. He inclines to the pardonable heresy that the practical advantages of reversible and ivory-handled instruments outweigh the theoretical virtues of those which are single and constructed entirely of metal. He suggests the following method of co-ordinating the movements concerned in the corneal section. Having made the counter puncture, further axial progress of the knife is accompanied by upward movement of the point, whilst withdrawal is associated with upward movement of the hilt. Thus the surgeon's attention is not divided between the two extremities of the incision, and the alternate depression and elevation of the handle instinctively combined with sawing movements, instead of being voluntarily suppressed, is preserved as a simple, continuous, and elegant *tour-de-maitre*.

That English is gradually becoming the universal language of medical science is due in no small degree to the labours of the Indian School of Ophthalmic Surgeons. Colonel Maynard has enriched ophthalmic literature with a treatise to which the words *Λύχνου ὄζει*—"it smells of the lamp"—said of the work of Demosthenes, will never be applied.

SAMUEL LODGE.

WM. OLIVER LODGE.

GENERAL NOTES

THE SEMI-JUBILEE OF "THE LARYNGOSCOPE."

We desire to take the present opportunity of congratulating Dr Max A. Goldstein, the esteemed Editor of our contemporary, *The Laryngoscope*, upon the attainment of its semi-jubilee. The Journal now celebrates the twenty-fifth anniversary of its uninterrupted monthly publication. The first issue appeared in St Louis in July, 1896, with Frank M. Rumbold and Max A. Goldstein as conjoint editors. In 1898, a European Editor was added in the person of Sir St Clair Thomson, who continued for some years to hold the position. Notwithstanding the various changes which it has been deemed necessary to make in the personnel of the Staff and in the conduct of the Journal, Dr Goldstein's position as Editor has remained unchanged since its inception. He is still at the helm, and he has been mainly responsible for placing the Journal in the accredited position which it now occupies amongst contemporary Medical Periodicals, not only in the United States but beyond its borders. We express the hope that he may continue to guide and control the fortunes of *The Laryngoscope* for a further period of time in the same successful manner as he has done in the earlier years of its history.

General Notes

A SURGICAL ACCIDENT: NASAL PLUGS IN TRACHEA.

From *The British Journal of Surgery*, April 1920.

The following account of an unusual accident should be worth recording as a warning to others. I recently performed a submucous resection of the nasal septum on an adult male patient under ether anaesthesia, with a preliminary local application of cocaine and adrenalin. The operation was uneventful, and at its conclusion I put a plug in either side of the nose, to act as a splint and keep the flaps of mucous membrane in opposition. It has been my custom for some years to use, for this purpose, the finger of an ordinary rubber operating-glove filled with gauze. As the patient was being wheeled from the operating-theatre it was noticed that he was cyanosed and not breathing. His pulse was good. I started artificial respiration, but no air would enter the chest, and I then noticed that the plugs were missing from the nose. I did an immediate tracheotomy, but no air entered on artificial respiration. I then removed the plugs with Paterson's direct laryngeal forceps, through the tracheotomy wound; they were both impacted at the tracheal bifurcation. The patient recovered with artificial respiration, and had an uninterrupted convalescence.

Apparently the patient inhaled the two plugs by one sudden deep inspiration, which, in view of their size (a soft cylinder, one inch diameter by three inches long), was an extraordinary proceeding. The lesson seems to be that it is unsafe to leave a plug in the nose unless anchored externally.

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ROYAL SOCIETY OF MEDICINE.

At a Special General Meeting of Fellows held in the Society's House on Monday, 20th June, at 5 P.M., the following resolutions were passed by a large majority:—

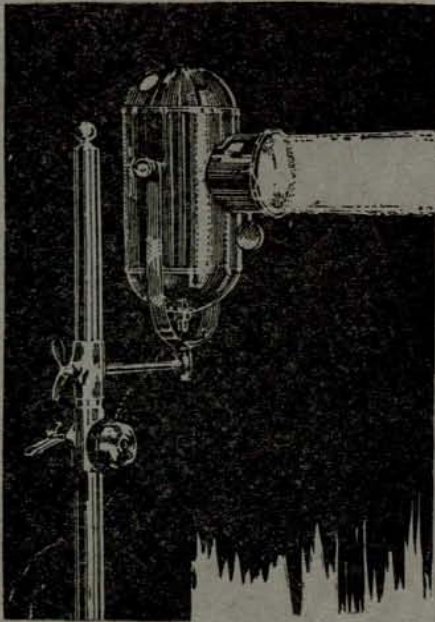
(1) That the By-laws be altered so as to provide that the "Proceedings" of the Society shall be published under the direction of the Council as regards arrangements for publication and the financial cost incurred, but this shall not interfere with the right of each Section to decide what shall appear as its own "Proceedings," subject only to the financial limitations imposed by the Council of the Society.

(2) That the By-laws be altered so as to provide that the copyright of papers accepted by the Society, or by any of the Sections, becomes thereby the property of the Society.

(3) That the By-laws be altered so as to provide that the subscriptions of all Fellows in the London Postal Area be £5, 5s. per annum, and that the subscriptions of all other Fellows in the United Kingdom be £4, 4s.

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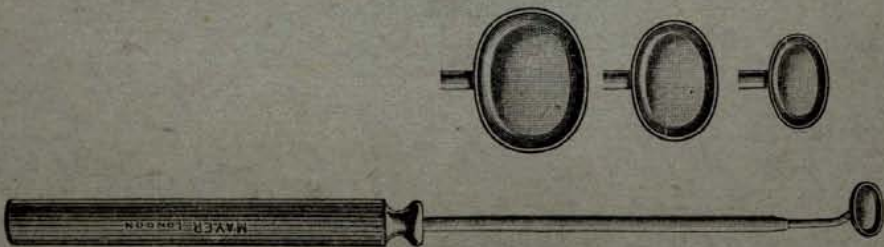


Chiron Examination Lamp (Regd.)

The Chiron Lamp has been approved by many leading Specialists, and we have no hesitation in recommending it as superior to any lamp yet produced. The Burner of the $\frac{1}{2}$ -Watt type, of special design, gives a brilliant illumination of about 200 candle-power.

Tonsil Paste Applicator

Devised by IRWIN MOORE, M.B., C.M. (Edin.), Surgeon to
the Throat Hospital, Golden Square



Vide "The Treatment of Enlarged or Diseased Tonsils in Cases where Surgical Procedures are Contra-indicated" (*Journal of Laryngology*, October 1919).