

Thirdly, pus, blood, or thick mucus getting on to the reflecting surface of the instrument during its passage (which it is very apt to do) interferes with the view, and to wash out the nose previous to examination in such cases would, of course, spoil the picture.

It is true that many of the views obtained with the instrument are exceedingly pretty, especially as regards colour effects, but it is a method which can only be used effectively in a certain number of cases, and in my experience in only a small proportion of these can things be shown (*e. g.* the interior of the maxillary antrum), which cannot be seen by the older methods; consequently its advantages in the way of assisting in diagnosis and treatment would appear to be distinctly limited.

I have no desire whatever to throw cold water on the work of so progressive an otologist as Mr. Yearsley, but only to prevent disappointment to those who contemplate spending much valuable time in making routine examinations with this instrument.

No doubt the method will score occasionally, and as an adjunct to catheterisation, the passing of bougies, and such like in difficult cases prove useful, but possibly in the above drawbacks may be found some of the reasons why the text-books mentioned by Mr. Yearsley say so little about the naso-pharyngoscope.

W. H. KELSON.

LONDON, W.

OBITUARY.

CAPT. JOHN NEVILLE GRIFFITHS, M.B.(SYDNEY), D.P.H.(LOND.).

MANY old and recent workers at the Central London Throat and Ear Hospital will be grieved to hear of the death, on active service in France, of Capt. John Neville Griffiths.

He was an Australian, the second son of the late Neville Griffiths, of Queensland, for many years M.P. for East Sydney. At School and University Griffiths combined distinction in study with success in athletics, being the winner of many scholarships, and for several years the tennis champion for Queensland. After graduation, he visited many parts of the world, including Vienna and Berlin, where he studied bacteriology.

Previous to the war, he was practising in London as a throat and lung specialist, but the bent of his interests was gradually turning to otolaryngology alone when the war broke out and snatched Griffiths, along with so many others of our younger men, away from the lines he had laid down for himself. And now the life has closed on the field of battle, and in spirit we offer the salute to a man of the highest character, keen in work, keen in play, and full of the sense of the reality and earnestness of life, yet withal endowed with a genuine simplicity and modesty of demeanour that endeared him to all who knew him.

He was married in December, 1916, and killed on November 30, 1917.
D.M.

T. KINLEY HAMILTON, Adelaide, S. Australia.

(Died December 6, 1917.)

Dr. Kinley Hamilton took his degree of M.D. Dublin in 1879 and his Fellowship of the Irish Royal College of Surgeons in the same year. He subsequently took his M.D. Adelaide (*ad eund.*) in 1885 and practised there in the speciality of the eye, ear and throat for many years.