

The subject of artificial larynges is discussed as fully as is possible in a book of this size, but the descriptions are not very clear, and the whole results are slightly disappointing, inasmuch as no one has yet succeeded in devising an artificial larynx which is popular with the patient.

Some pages are devoted to a description of dentures used after the removal of the upper jaw, and will be familiar to most dentists, but sufficient emphasis is not laid on the necessity for early application of a prosthetic apparatus to be worn by the patient almost immediately after the operation, which makes the stretching of the scar tissue easier, and gives a better final result.

The most striking omission of the book, however, is the fact that no mention is made of the more recent appliances for cases in which the temporo mandibular articulation has been destroyed and the greater part of the ramus has been lost. Again, nothing more artistic than the older apparatus for prosthesis of the nose is described, although it may be true that, at the best, the results in this field are disappointing

E. D. D. Davis.

NOTES AND QUERIES.

THE EDUCATION OF THE OTO-LARYNGOLOGIST.

SIR,—One of these days we shall have Peace. What about that new Heaven and new Earth?

What about the education of the oto-laryngologist?

Is a high qualification in general surgery still to be the only *sine qua non*, or should we set about agitating for evidence of a thorough education in our special work before admitting any practitioner as an oto-laryngologist?

Even if we did agitate would it make any difference?

The present qualifications in general surgery imply a prolonged and severe disciplinary training in subjects which have very little bearing on oto-laryngology. Does a knowledge of the development of the *Fallopian* tubes, for example, teach a young man how to inflate the *Eustachian* tubes without inducing emphysema?

Should not these high surgical qualifications be modified so that men may be trained as specialists and as such examined? Should not an attempt be made to induce the qualifying bodies to recognise specialties?

The answer authoritatively made to this last question is that the candidate for the higher qualification in general surgery is expected to know, as a specialist knows, the surgery of all the special regions. He *may be expected* to be such a general specialist. But he cannot be. No man can be. Not even the examiners.

Is one and the same candidate ever asked to catheterise the ureters and also to demonstrate to the examiners the endoscopic view of the pyriform sinus in the pharynx? Would the examiner be able to recognise the latter if he saw it?

Those questions are knocking to-day at be-porticoed doors, and are awaiting a reply. Will there be any reply?

The oto-laryngologist should be highly trained in general surgery. Certainly! But must this training be so severe, so prolonged, so

expensive in time and money? (England is going to be very poor.) Must the candidate be so deeply grounded in general embryology and anatomy that he has no time during his budding years to give to original or research work in oto-laryngology?

Did our young men before the war do *any* original work in oto-laryngology? If not, why not?

Shall we expect them to do any research work in our specialty in the future, or must we still go on cribbing from the Germans? Must we still accept our juniors straight from the hands of examiners in general surgery, and call them, after a few months in, our clinics, specialists in oto-laryngology?

Perhaps there is not any need for original work in oto-laryngology. Perhaps we know everything that can be known. Perhaps oto-laryngology (in England) is unworthy of ranking any higher than, say, with all respect, proctology.

But suppose the opposite. Suppose that oto-laryngologists are proud of their work; jealous of its high position; ardent for its furtherance; enthusiastic for its future. Suppose that they think that their successors should be trained and examined in oto-laryngology before practising as such in hospital and in private. Suppose that oto-laryngologists should demand from their juniors evidence of original or research work; evidence of special skill in instrumental manipulation; evidence of deep and special knowledge of these regions and their abnormalities and diseases, medical as well as surgical.

Suppose all this, I say, and then let me ask: Can anybody tell us how we can induce our qualifying establishments to recognise these necessities and to act upon them?

PELION.

BEAUTIFYING THE RACE.

Dr. A. Keith writes, in reply to our note on the above subject in the March number: "The reports which appeared of what I said—or, rather, did not say—at the Royal Institution are very misleading. It is the adenoid facies which constitutes the essential change in our national physiognomy. The central problem is the cause of adenoids, but the mechanical effects of adenoids, so far as respiration is concerned, do not account for the extraordinary changes which are occurring. As soon as my hands are free I shall write my evidence out in full."

DR. HERBERT S. BIRKETT.

Our Canadian *doyen* has not taken a long rest after his three and a half years on the French front. Soon after his return home in February, Dr. Birkett was called to Ottawa, and there informed that the United States Government has asked for his services as adviser to the Medical Services of the U.S. Army. The British Government were very desirous that he should accept this appointment, and at the present moment Colonel Birkett is attached to the British Embassy at Washington, with duty at the great Medical Camp at Fort Riley, Kansas. This appointment is a great compliment, and we particularly appreciate it as an honour to an exponent of laryngology. At the same time it is very gallant of our colleague to so soon take on such a responsible post, and we admire his devotion to the Empire in these critical times.

Lancet.—"We have nothing but praise for this Annual."

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THE MEDICAL ANNUAL, 1917.

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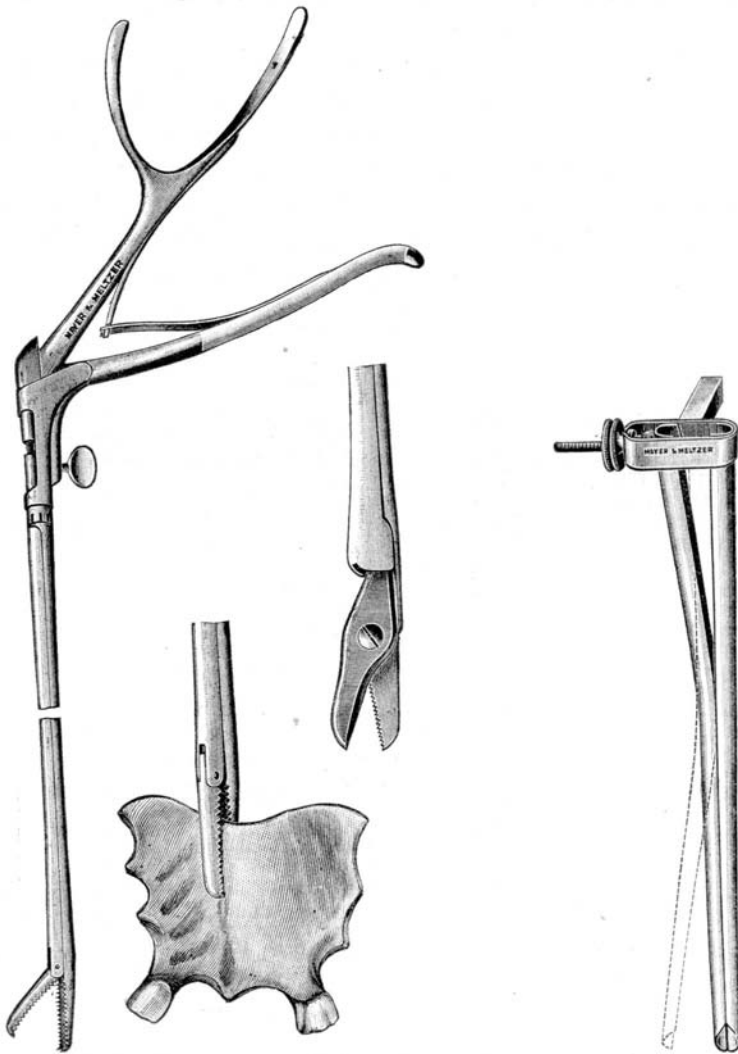
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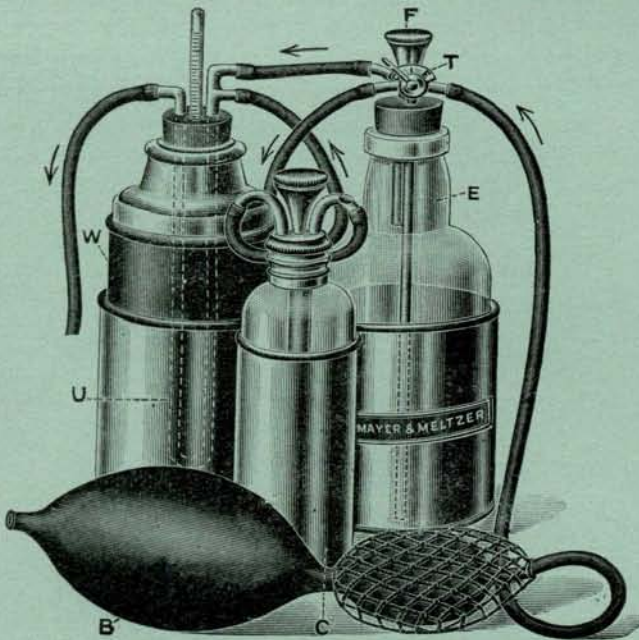
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