GENERAL NOTES

ROYAL SOCIETY OF MEDICINE.

I Wimpole Street, London, W.I.

SECTION OF LARYNGOLOGY.

President: T. B. Layton, D.S.O., M.S., 19 Queen Anne Street, W.1.

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SECTIONS OF LARYNGOLOGY AND OTOLOGY.

The Summer Meeting will be held at Oxford on Friday and Saturday, July 5th and 6th. The programme will be as follows:

FRIDAY, JULY 5TH.

Morning: Meeting of the Section of Laryngology.

Discussion: "The Tonsils in relation to Focal Sepsis."

Speakers: Professor L. J. Witts and others. Afternoon: Meeting of the Section of Otology.

Papers:

Mr. R. G. Macbeth: "The Results of Treatment of Ménière's Disease."

Professor H. Cairns: "The Pathology and Treatment of Brain Fungus."

Mr. T. B. Layton: "Some Notes on the Surgical Anatomy of Cerebral Abscess."

Evening: Dinner at Worcester College.

SATURDAY, JULY 6TH.

Morning: Meeting of the Section of Otology.

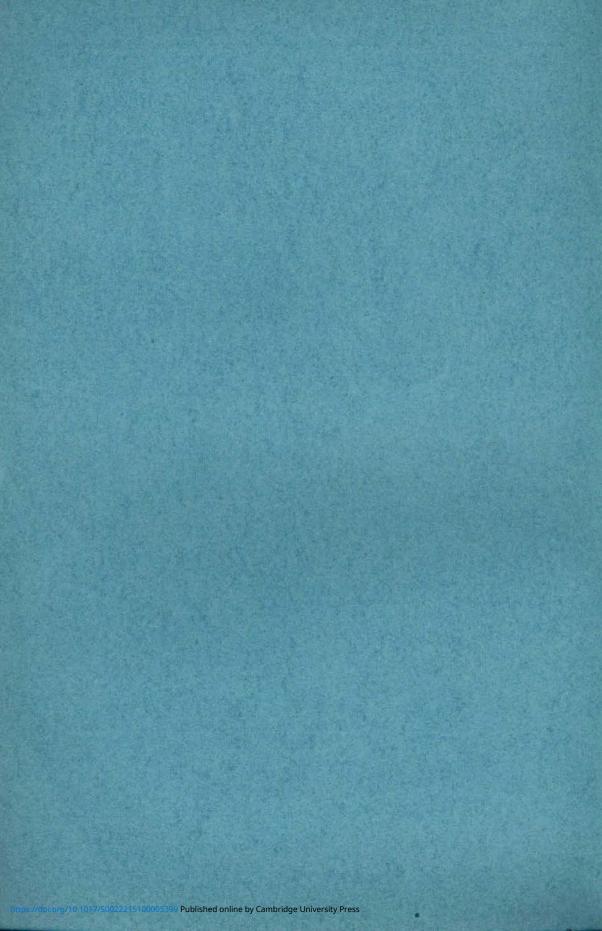
Discussion: "The Central Mechanism of Audition."

Openers: Professor W. E. leGros Clarke (Anatomy); Dr. A. F. Rawdon-Smith (Physiology and Experimental Psychology).

Afternoon: Clinical Meeting.

Members are asked to make their own travelling arrangements and their own arrangements for accommodation at hotels. The Randolph and the Mitre Hotels are recommended, the former is close to Worcester College and to the meeting place. Members are advised to apply early for accommodation.

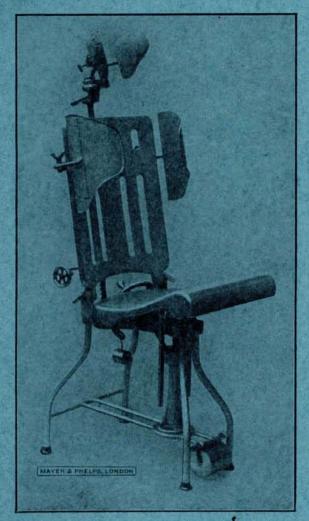
Accommodation for about 40 Members, unaccompanied by their wives, is available in Worcester College. Members who would like to be in College are asked to notify the Honorary Secretary as early as possible.



OPERATION CHAIR

Devised by Mr. MUSGRAVE WOODMAN, M.S., F.R.C.S.

for work in the upright position on the head and neck under an anæsthetic. Sufficiently rigid and stable to enable the surgeon to undertake



work on the brain, mastoid and gasserian ganglion as well as for use in general nose and throat work.

The head rest can be moved in all directions, and locked with one lever in an absolutely rigid position. One pad placed on the left side of the head, the other behind the occiput, leaves the right side of the head free for operative work, and vice versa, a forehead band holding the head immovable.

The seat can be raised and lowered through a range of $7\frac{1}{2}$ inches.

The back can be lowered and fixed at any angle from the vertical to the horizontal, and with the arm supports in position it is impossible for the patient to move while under the anæsthetic.





Printed and published for the Proprietors by Headley Brothers, 109 Kingsway, London, W.C.2 and Ashford, Kent