Movements of rotation of the head take place chiefly at the joints between the atlas and axis vertebræ. While the head and atlas vertebra rotate together, the axis vertebra moves but slightly and, lagging behind it causes the bulging of the pharyngeal wall which I have described as a normal condition, visible in anyone, though naturally more noticeable in those who are of bony and spare build, and whose pharyngeal mucous membrane is thin and atrophic.

Those observations may be readily confirmed, and, in studying any case of supposed malposition of the cervical vertebræ, it is well to bear in mind such fundamental facts regarding the mechanics of the normal cervical spine as I have set forth.

It would be interesting to know whether the swelling, observed by Dr. Dundas Grant, was lateral in position, and whether it disappeared or diminished in size, when the head was rotated towards the affected side.

2, Coates Place,
Edinburgh,
August 20, 1917.

I am,
Yours faithfully,
Douglas Guthrie.

To the Editor of The Journal of Laryngology, Rhinology, and Otology.

Dear Sir,—I have for many years recognised and described to my pupils the lateral swellings to which Dr. Guthrie refers, and I can absolutely confirm the excellent description which he gives of them. I may mention that they ought to be very familiar to anyone who makes a laryngoscopic examination on patients who are in bed, as the head has usually to be turned round towards the observer, and the cushion formed by the pre-vertebral muscles projected forwards by the transverse process of the vertebra becomes very obvious.

The swelling observed by me, and described in Dr. Cyriax's paper, is not a lateral one, but mesial, and corresponds to the cushion of Passavant, referred to by some French writers. When present it causes the formation of an isthmus in the middle of the naso-pharynx, the cavity above it being only thoroughly accessible to forceps of the Quinlan type.

London. Dundas Grant.

NOTES AND QUERIES.

Mr. Macleod Yearsley has been appointed Visiting Aurist to the Jews' Deaf and Dumb Home.

"*AD*ductor" and "*AB*ductor" again.

We very much regret that on pp. 75 and 76 of the February, 1917, issue of the Journal of Laryngology, Rhinology, and Otology, "*Ad*ductor" is printed for "*Ab*ductor," as follows: On p. 75, in the title of the abstract; on p. 76, in lines 13 (twice) and 16 (once).

Probably our readers have already made this correction for themselves. We are obliged to Dr. L. Gordon Davidson, of Sydney, New South Wales, for drawing our attention to the misprint.

The Education of the Specialist in Oto-Laryngology.

Wishart ("The Laryngoscope," January, 1916, p. 57) states that Canada is threatened with the burden of a load of ill-trained specialists. In the Universities of McGill and Toronto it is only very recently that the course on oto-laryngology has been made clinical instead of didactic. The specialist exists to

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give assistance to the general practitioners not to enter into competition with them in any shape or form. The qualifications of the specialist should include: (1) A knowledge of the more important modern languages. (2) A post-graduate position as hospital intern. (3) A year or more in general practice. (4) An internship (of at least eighteen months) if the choice be oto-laryngology. (5) A year of post-graduate instruction upon (*a*) clinical diagnosis and treatment; (*b*) functional tests; (*c*) bedside work on surgical cases; (*d*) surgical practice on the cadaver; (*e*) minor operations in the out-patients' ward; (*f*) demonstrations and lectures on normal and pathological anatomy, histology, and physiology; (*g*) diagnosis and pathology of labyrinth diseases. Finally, the specialist must become attached to a hospital. Wishart says that few universities are yet equipped to give adequate preparation for specialising. In the future specialisation will not be allowed without such university post-graduate training. We have too many so-called "specialists"—the damaged fruit of commercial post-graduate colleges, which are managed by a board of stockholders for the sake of the "almighty dollar." A man after getting his degree, and with his sheepskin still damp from the signatures of the faculty members, at once goes abroad for special studies, to Paris, London, Vienna, where he takes a few special courses by privat docents, given in a poorly understood foreign language. Six or twelve months later he arrives home - his friends having already been informed by numerous letters of his wonderful attainments abroad—armed with instruments of the latest pattern, declaiming about the most recent methods of treatment of which he is now the only possessor.—J. S. FRASER.

NOISE AND SHELL-SHOCK.

"It is often the case that sudden and unexpected or loud noises aggravate those suffering from shell-shock, and it is interesting in this connection that Homer associated fear with sounds, for he stated, 'terror and consternation at that sound, the mind of Priam felt; erect his hair, bristled his limbs, and with amaze he stood motionless.' The reason for this association is probably connected with the fact that the sense of hearing is the most highly evolutionised, and therefore the least stable of the senses and is thus the most easily disturbed. Also, it may be due in part to the fact that the auditory nerve is closely related to the vestibular nerve, which is again connected with the static sense and with the control of movement. The vestibular nerves, though giving rise to no sensations, are nevertheless closely connected at their roots with the roots of the motor-oculi nerves as well as with other motor centres in the medulla and cerebellum. The auditory nerves are thus correlated and continuously associated with movements, yet there is no knowledge in consciousness that there is a connection between the eyes, the bodily movements, and hearing" (Sir R. ARMSTRONG-JONES, *St. Bartholomew's Hospital Journal*, July, 1917, p. 97).

It is interesting to remember in connection with these remarks that the auditory (acoustic) and vestibular nerves are associated in their end-organs, and not in their central nervous connections. The presumption, therefore, would be that sound of certain kinds may directly stimulate the vestibular end-organs in the semi-circular canals, and in favour of this supposition is the fact that in certain hyperæsthetic states loud sounds may induce vertigo in the patient.

It is possible, in other words, that the *alarm* (using that phrase in its widest psychological meaning) induced by a loud sound may be partly due to impressions conveyed not only through the cochlea, but also through the semi-circular canals,

It is difficult, indeed, in view of the close union of the vestibular and hearing end-organs, to escape from the idea that inasmuch as they lie in close proximity to each other, and indeed in contact with the same body of fluid, so their functions must be similarly united at times.—DAN MCKENZIE.

BOOKS RECEIVED.

Otites et Surdités de Guerre. Par *H. Bourgeois & M. Sourdille.* Masson et Cie., Paris, 1917.

Operative Surgery of the Nose, Throat, and Ear. Edited by *Hanau W. Loeb.* Vol. ii. London: Henry Kingston, 1917.

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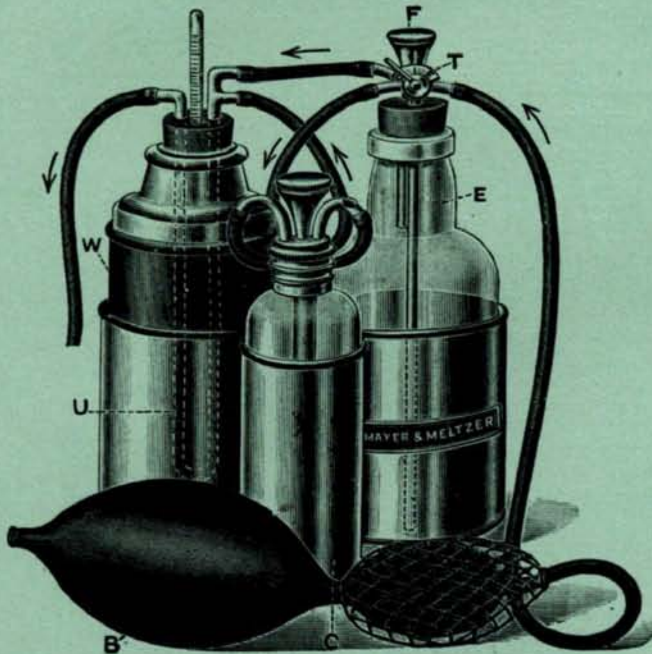

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