

negative) in the region of the promontory are markedly enlarged. This indicates a deficiency in lime salts. In one case of active syphilitic labyrinthitis, Beck found a large area of rarefaction, probably due to syphilitic osteo-porosis. These areas of rarefaction were not found in the chronic catarrhal cases. Beck believes that otosclerosis is similar to the osteo-malacia found in other bones, and holds that it is due to a disturbance (hypo-action) of internal secretion, especially of the adrenals and pituitary. He treats his cases with adrenalin and pituitrin, and seems to be pleased with the result.

J. S. Fraser.

MISCELLANEOUS.

Bowman, Frederick B.—Ultero-membranous Stomatitis and Gingivitis among Troops: its Cause and Treatment. "Proceedings of Royal Society of Medicine, Medical Section," February, 1916, p. 113.

The author states that the number of cases of severe ulcerative conditions of the throat and mouth seen at Moore Barracks Pathological Laboratory would seem to warrant a report on their cause and treatment. He summarises his report in the following way:

A very severe form of communicable mouth and throat infection is common among the Canadian troops in England, and from reports is also widespread among the British troops in France.

Clinically, cases of this nature are diagnosed as syphilis, mercurial stomatitis, diphtheria, pyorrhœa alveolaris, etc., according to the form assumed. Apparently they are due to Vincent's organism (*spirochætæ* and *fusiform bacilli*). Although *amœbæ*, *streptococci*, etc., are also found present, it is only when Vincent's organisms have disappeared that the condition undergoes cure.

When the gums are attacked the disease is more acute than ordinary pyorrhœa, and in some instances the gums and mouth appear much the same as in scurvy.

The throat condition sometimes cannot be diagnosed clinically from syphilis, and in all suspicious cases a Wassermann reaction should be done before a definite diagnosis is made or treatment is begun. The therapeutic test is valueless, as one full dose of salvarsan will usually clear up a badly ulcerated throat due to Vincent's organism.

The disease may be coincident with any other throat infection. It is sometimes chronic and may persist for months. A striking feature consists in the accompanying great depression and even vague constitutional disturbances which utterly unfit the man as a fighting unit.

The infection in the gums is very persistent, but may be ameliorated and is usually cured by the use of a simple prescription composed of arsenic and ipecacuanha solutions. The throat, even when deeply ulcerated, may be healed in a short time with the same solution.

Archer Ryland.

OBITUARY.

DR. JULES BROECKAERT.

THE premature death, in the forty-ninth year of his age, of Dr. Jules Broeckært, of Ghent, in London on July 17, 1916, deprives Laryngology of one of its most industrious and enthusiastic scientific workers.

It was in 1895 that Dr. Broeckaert's name became known to laryngologists. His very first contribution to the literature of the specialty showed that a serious new-comer had arisen. He repeated Krause's experiments on the laryngeal cortical centres, and confirmed the fact that after their extirpation the laryngeal nerves and muscles remain intact ("Recherches expérimentales sur le centre cortical du larynx," *Revue de Laryngologie*, No. 15, August 1, 1895).

From this time onward his name appeared more and more frequently in the annals of laryngological and also of otological literature, and it is no exaggeration to say that between 1900 and 1914 very few laryngologists have contributed so many original papers to the treasury of specialist knowledge as the late Dr. Broeckaert. They altogether amount, Madame Broeckaert kindly informs me, to 115 contributions.

What always struck me most forcibly in his efforts was, first, the manifoldedness of his interests, and secondly, the complete mastery over the methods of research by which he prosecuted his labours.

With regard to the first of these points it would be difficult to name a topic on which his facile pen had not enriched our knowledge. Everything in the domain of our specialty appeared equally familiar to him, and whenever he wrote about a rhinological, pharyngological, or laryngological subject or about phenomena linking our specialty to general medicine or surgery, one could be sure to find something original in his experiences and suggestions.

Concerning the technical equipment which he brought to bear on his studies, his command of every method of investigation was truly admirable—clinical, pathological, histological, microscopic, experimental lines of research seemed equally under his control, and, as he was additionally gifted with the power of clearly expressing his thoughts, it was always a pleasure to read his contributions, even when one did not see eye to eye with him.

From among the multitude of his scientific interests, however, Broeckaert returned time after time to two subjects, which had become particularly dear to his heart. These were: Injections of hard paraffin for correction of nasal deformities, and the question of the anatomy, physiology, and pathology of the laryngeal nerves.

Shortly after the introduction of the paraffin treatment he warmly took to it, and speedily became a fervid advocate of the hard paraffin method. He designed improvements in the manner of its application as well as safeguards against complications, and invented suitable instruments for the performance of the operation. As recently as 1913 he assured the Belgian Society of Surgery, on the basis of twelve years' experience, that these injections represented by far the best means of dealing with most forms of nasal deformities, and that their results were the more brilliant, since they were of a permanent character. His writings and demonstrations before various medical societies probably contributed more than anything else to popularise the method, and until the end of his days he was justly looked upon as a leading authority on this subject.

He was less happy with regard to his second pet-subject: the innervation of the larynx. If mere industry could have produced significant results, he surely would have achieved them. Ever since his repetition of Krause's cortical experiments he devoted himself with unflagging zeal to the study of this question in all its branches. In the years 1902 and 1903 he wrote, after numerous experimental and microscopic researches of his own, a paper on the normal and pathological anatomy and physiology of the recurrent laryngeal nerve ("Étude sur le nerf récurrent laryngé;

son anatomie et physiologie normales et pathologiques." *La Presse otolaryngologique Belge*, No. 11, 1902, and Nos. 1-5, 1903), in which he also studied the rôle of the sympathetic nerve in the innervation of the larynx. Six years later this enormously industrious study was followed by a monograph: "Les Paralysies Recurrentielles" (Bruxelles, Hayez, 1909), in which the author reported the literary results gained on that question during the past six years, together with renewed investigations of his own. It would not be proper for me on this occasion to enter at length upon the author's contentions. Suffice to say that, whilst quickly



DR. BROECKAERT.

forming and shortly afterwards relinquishing one hypothesis of his own after the other concerning the explanation of the median position of the vocal cord in incomplete paralysis of the recurrent laryngeal nerve, Broeckaert steadfastly adhered to the one conviction that—whatever might be the explanation of that position—Semon's view, viz., that the abductor fibres of the recurrent laryngeal nerve were more vulnerable in progressive organic lesions than the adductor-fibres, must be wrong. It was no use discussing the matter with him; his conviction had become a dogma, and he did not budge from it. All the same, one could never deny respect to so obviously honest a conviction, expressed, moreover,

always in strictly scientific language and free from all personalities. Our friendship, certainly, never suffered from this divergence of opinions.

Jules August Broeckaert was born at Ghent on April 7, 1867. He passed his final medical examination "maxima cum laude" on June 22, 1892, at the University of Ghent, and soon became one of the mainstays of the Belgian Oto-Rhino-Laryngological Society, before which he read many papers and gave demonstrations. At one time he was its President, and he was also a Vice-President of the Belgian Society of Surgeons. He was Editor of the special journal *Le Larynx*, and corresponding member of many foreign Laryngological Societies and Sections, amongst them the Laryngological Section of the London Royal Society of Medicine and the Laryngological Societies of France, Italy, Holland, Paris, and Berlin. On various occasions he acted as delegate of the Belgian Government at International Medical Congresses, which he used to attend very regularly, and at which he was repeatedly invited to introduce general discussions. He was also the Belgian delegate at the International Committee for the Organisation of the International Medical Congresses.

Shortly after the beginning of the German invasion of Belgium he took refuge with his family in London. There he acted first as physician at the War-Refugees' Camp at Earl's Court, and later at St. Anne's Home. He also was Professor at the Training College for Belgian Nurses.

In July, 1915, he went with his family to Holland but did not find a suitable opening there and returned to London early this year. His hope to attain a position in his own line was not realised, and he had to practise as a general practitioner and accoucheur amongst those of his own countrymen who had made London their abode. Although successful beyond his own hopes, the strain of working up lines of practice totally different from his own very seriously told upon him, and he bitterly complained to me of overwork when we lunched together only ten days before his untimely end. He had, at that time, made up his mind to settle, for the present, in Paris, where he hoped to find specialist work. Shortly after our meeting, however, his health began rapidly to fail; he could take no nourishment, and after a week's struggle went to bed early on July 16. Apoplexy with right-sided hemiplegia supervened the same day; he lost consciousness and died early next morning—as clearly as possible a victim of this terrible war!

Broeckaert's personality was charming; always an amiable smile on his face, always inclined to look at things from the bright side, always full of love for his wife and children, with whom everyone will most deeply sympathise. He has done good work for our speciality, and all who have known him will cherish his memory. *Felix Semon.*

THOMAS JAMES WALKER, M.D., F.R.C.S., J.P.

(Peterborough.)

MANY of our *confrères* both at home and abroad whose memories can carry them back to the early days of laryngology will learn with deep regret of the death of one of the pioneers of their art in the person of Dr. T. J. Walker of Peterborough.

Born in 1835, T. J. Walker was the son of a doctor, a Dumfriesshire man, who had settled in Peterborough. After a university career of much promise and brilliancy the younger Walker joined his father in