

5. A negative serum remains quite liquid, and "runs" when the tube is tilted.

6. In serums intermediate between strong positive and negative the reaction is less definite, but, generally speaking, the degree of coagulation appears to correspond to the degree of positiveness or otherwise.

7. Coagulation, when present, tends to become more marked the longer the tubes are allowed to stand—for example, a tube that was read as \pm after thirty hours became a $+$ after standing for nine days; this fact might be made use of in determining the finer grades of positive and negative.

It would be premature to form any definite conclusions on such a small series of tests, but the results obtained are sufficiently striking to show the potentialities of the method, and to give rise to the hope that this rival of the Wassermann test may lead to a simple and reliable method of diagnosing syphilis.

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Reports of Societies.

THE LARYNGOLOGICAL SUMMER MEETING.

The Section of Laryngology of the Royal Society of Medicine held a highly successful summer meeting at the House of the Royal Society of Medicine on Thursday, June 2nd, and Friday, June 3rd, 1921. The President, Dr. JOHNSON HORNE, was in the chair, and there was a very satisfactory attendance, a large number of the Scottish and provincial members of the Section being present, undeterred by the difficulties of travel at the present time, in addition to a number of distinguished foreign and colonial visitors.

The meeting was opened on Thursday afternoon by the PRESIDENT, and Mr. MARK HOVELL thereafter read a paper on the indications for and against complete tonsillectomy as a routine operation, which was followed by an interesting discussion. Mr. Mark Hovell held that enucleation of the tonsils for enlargement was unjustifiable, and, although he was supported by Professor BURGER of Amsterdam, who considered that tonsillotomy in children was better than tonsillectomy because it did not require anaesthesia, yet the other speakers were practically unanimous in favour of tonsillectomy as against tonsillotomy. Mr. ROSE, although he disagreed with the idea of leaving tonsillar tissue behind, thought the scarring after the complete operation was a great disadvantage, especially to singers; Mr. FAULDER, on the other hand, considered that singers were worse off with septic tonsils than with scars. Sir WILLIAM MILLIGAN, who thought the allegation as to scarring exaggerated, was of opinion that the complete operation was absolutely necessary, and Mr. STUART LOW agreed that if the tonsil was diseased it ought to be removed. Mr. HOLT DIGGLE stated that he had found that many tonsils which could not be diagnosed as such clinically were in fact tuberculous. Mr. O'MALLEY considered that the fear of haemorrhage ought not to weigh against the operation of tonsillectomy, as he had found that the number of cases published of haemorrhage was greater in the period when tonsillotomy was practised than in the tonsillectomy period of the last eleven or twelve years. Mr. HERBERT TILLEY said that he had passed through all the stages and he now enucleated tonsils by dissection only.

Mr. WALTER HOWARTH described the operation he practised on the frontal sinus. In the discussion which followed on the relative value of the external and the intranasal operations on the frontal sinus the merits of Mr. Howarth's contribution were acknowledged. Sir STCLAIR THOMSON, in a paper on the usual site of origin of intrinsic cancer of the larynx, said that his experience of fifty laryngo-fissures now led him to believe, contrary to his former opinion, that the usual site was the anterior and middle thirds of the vocal cords. The paper was illustrated by drawings and specimens shown on the epidiascope.

In the morning session next day the papers were mainly of technical interest. Dr. LOGAN TURNER opened with a paper on paralysis of the vocal cords in cases of malignant tumours of the mamma, and Sir WILLIAM MILLIGAN followed with an exposition of his methods of practising diathermy in inoperable pharyngeal and epiglaryngeal malignancy. Dr. IRWIN MOORE'S paper on eversion of the sacculus laryngis, the so-called prolapse of the

ventricle, started an animated discussion, which, however, did not obscure his thesis that the so-called prolapse was in reality an eversion of the caecal appendix called the sacculus.

Mr. HOBDAY then read an interesting contribution on the results of over 2,000 cases of vocal cord paralysis in horses treated by the stripping of Morgagni's ventricle. Mr. Hobday practised this operation for the relief of roaring and whistling horses, and he suggested that it might be useful in the treatment of bilateral paralysis in man for which at present tracheotomy was all that could be done. In the discussion that followed, however, it was remarked that the conditions in man which gave rise to bilateral paralysis were usually of such a serious and advanced nature that it was doubtful if Mr. Hobday's operation could be satisfactorily performed, while Mr. VLASTO pointed out additional difficulties in technique to which the slight anatomical differences gave rise. Mr. TILLEY probably expressed the opinion of the meeting when he said that there were certain comparatively rare conditions in which the operation might well be tried.

The last paper in the morning session was by Mr. SYME, on bronchoscopy in the treatment of asthma; in a series of 23 cases he had had in 12 alleviation of the symptoms after the application of a 10 per cent. solution of silver nitrate to the bronchi by the aid of the bronchoscope. A subsequent speaker stated that the passing of the bronchoscope into each lung without any application had been of benefit in asthma, but in his reply Mr. Syme stated that he had done so, and had also used other applications, without the benefit which silver nitrate had given.

In the afternoon a number of demonstrations were given by Dr. MORTON on some recent developments in x-ray treatment for laryngeal cases; by Dr. MULALLY on the technique of blood transfusion; and by Mr. LAYTON, who demonstrated some specimens from the Onodi collection. The afternoon session was followed by the ordinary clinical meeting of the Section of Laryngology, when Dr. DOUGLAS GUTHRIE showed a specimen of a collar stud which in the oesophagus of an infant had caused osteomyelitis and death. Dr. CUBLEY demonstrated new tracheotomy instruments; Sir STCLAIR THOMSON showed a number of cases of tuberculosis of the larynx in which good results had followed treatment with the galvano-cautery; and Dr. FREDERICK SPICER showed a case of laryngocele after operation, which he had previously shown last year and which gave rise to considerable discussion. Other cases were shown by Mr. JEFFERSON FAULDER, Dr. DAN MCKENZIE, Mr. O'MALLEY, and Dr. ELEANOR LOWRY. In the evening a very successful dinner was held at the Trocadero Restaurant, at which Professor Burger of Amsterdam, Sir Frank Colyer, Sir Charles Gordon-Watson and other guests were present, and on Saturday morning a number of special operations were performed at University College Hospital by Mr. Herbert Tilley and others.

An interesting ceremony in connexion with the Summer Meeting took place on Sunday, June 5th, when a number of representative laryngologists met at Wargrave to place a laurel wreath on the grave of Sir Morell Mackenzie in the churchyard there. The members of the Section and other guests were invited to lunch by Dr. Irwin Moore, who lives at the house in Wargrave which was formerly Sir Morell Mackenzie's, and thereafter they walked in procession to the churchyard, where they were met by the vicar, who held a short memorial service. The laurel wreath was placed on the grave by Mr. Mark Hovell and Dr. Donelan, both old pupils and house-surgeons of Mackenzie's, and Mr. Mark Hovell made an oration on the qualities of Sir Morell Mackenzie as a man, and told of the long battle against ill health which the great laryngologist had had, of his innumerable acts of private charity, and of his many achievements. Sir STCLAIR THOMSON then spoke of him from the professional point of view as the "father of laryngology," and said that, following Lamb's advice, whenever a new book on laryngology was published he read Mackenzie's old book, and there found many of the so-called new ideas. Sir JAMES DUNDAS GRANT also spoke, referring to the fact that a commemorative tablet had been placed on the house at Leytonstone where Morell Mackenzie was born. The villagers of Wargrave crowded into the old churchyard, and the village choir led the singing of appropriate hymns. In the background were the two surviving daughters of Morell Mackenzie, and

Mr. Gustave Garcia, son of the great Manuel Garcia, stood near. Round the grave of the pioneer of the science who had been dead for nearly thirty years were grouped, with bowed heads, most of those whose names are best known in laryngology to-day, and there, in the brilliant sunshine of the summer afternoon, the touching little ceremony ended.

CARDIAC MASSAGE.

At a meeting of the Section of Surgery of the Royal Society of Medicine, held on June 1st, Dr. A. GOODMAN LEVY read a communication on cardiac massage. He claimed that consistently successful results—at least in the case of cats, though not in the case of dogs—had been obtained in the laboratory, and therefore the results obtained when dealing with the human subject ought to be much better than they were, even allowing for the fact that the completeness of laboratory control was not possible. Successes were recorded, but failures were so many as almost to bring the method into disfavour. The purpose of cardiac massage was to create an artificial circulation; the procedure employed was purely mechanical, and must be combined with an efficient method of artificial respiration. Success was rarely possible without this accompaniment, and to justify cardiac massage both the surgeon and the anaesthetist should be thorough in all that they did. The term "massage" was inappropriate; it was not a massage of the muscular tissues of the heart which was intended, but an effective rhythmical compression of the heart, including the expulsion of the contents of both ventricles, for he had not found his attempts successful unless the right ventricle as well as the left received attention. He discussed the various methods of access; in nearly all the successful cases pressure was applied under the diaphragm, not involving the incision of the diaphragm, as in the transdiaphragmatic method, but success had been claimed for the thoracic route also. There was no question at all as to the adequacy of massage to restore the beat of a heart over-dosed with chloroform, but syncope from primary cardiac failure introduced other considerations. Not more than two minutes should be allowed for the chance of spontaneous recovery with primary cardiac syncope, and after that time massage should proceed without hesitation. A point of some importance in the procedure was intermittency. If the massage was not successful after ten minutes, the action should be intermitted by intervals of rest, from fifteen seconds increasing to forty-five seconds, and it would often be found that during the rest period or on resumption of massage following it the heart recovered. A table of times shown by Dr. Levy indicated that the duration of massage before recovery occurred was very variable, and apparently had no relation to the interval between the moment of syncope and the commencement of massage.

The lateness of the hour ruled out almost all discussion upon Dr. Levy's paper, but there was time for one member of the Section to suggest that the good results were solely due to the artificial respiration given concurrently with the massage, and would be forthcoming just the same if the massage were omitted.

THE Société Belge de Neurologie et de Psychiatrie recently celebrated its twenty-fifth anniversary at Brussels, when the subject for discussion introduced by Drs. Ley and Alexander was the psychological and anatomical study of senility.

THE forty-first annual meeting of the Ontario Medical Association was held at Niagara Falls, from May 31st to June 3rd, and the Canadian Society of Anaesthetists, the Interstate Association of Anaesthetists of America, the Ontario Radiological Society, the Canadian Radiological Society, and the Ontario Hospitals Association held meetings concurrently. Besides addresses on surgery by Dr. Starr Judd, and on medicine by Dr. Frank Billings, there were sectional meetings and discussions on medicine, surgery, obstetrics and gynaecology, radiology, ophthalmology, and oto-rhino-laryngology, and a scientific exhibit with special demonstrations. There were three dinners, at one of which the President of the Association, Dr. Zeurner Mullin, spoke, and at another the President of the Trades and Labour Congress of Canada, while many other social attractions were arranged.

Rebuelus.

OPERATIVE SURGERY.

WE are glad to welcome the third edition of the manual of *Operative Surgery*,¹ by THOMSON and MILES, which is a companion volume to the *Manual of Surgery* by the same authors. Any disappointment with which the surgical profession received the first edition has been completely dissipated by the admirable production now before us; its scope is considerably wider than that of the first edition, and we are sure that the volume will appeal to all classes of the profession not only on its own merits but also from the fact that it may be regarded as thoroughly representative of the surgery of the Edinburgh school. The book is divided into two sections—general and regional; the former deals with surgical technique, anaesthetics, and general considerations as to amputations and operations on blood vessels, nerves, bones, and joints; the latter part is concerned with operations on the various regions. It is significant that in the chapter on anaesthetics the description of the action and mode of administration of ether takes precedence of that of chloroform, and occupies five times the number of pages. The general discussion on the various anaesthetic substances is very fair-minded, the claims of each being presented fully and adequately, with, on the whole, a preference for open ether. The up-to-dateness of the book may be realized from the introduction in the chapter dealing with transfusion of blood, of Moss's classification of blood groups. Following the plan adopted in the first edition, each chapter in the regional part of the book is preceded by a succinct anatomical description of the parts to be dealt with. This anatomical introduction is apt by some authors to be overdone, but any reader of this work will agree that the interest of the descriptions of the operations is greatly enhanced by the short anatomical sketch of the parts involved. We note with a certain measure of regret that in these anatomical descriptions the new nomenclature seems to be generally employed, though in each instance the old nomenclature appears alongside. Illustrations are plentiful but by no means redundant, and they are of high quality. A few errors in the letterpress have crept in (page 37 line 37, page 432 line 13, page 529 line 10), while the clamp shown in the picture illustrating Mitchell's operation for piles is not Mitchell's clamp but an ordinary transverse serrated forceps. These are, however, small blemishes in a most excellent work, and are indicated simply for the purposes of alteration in the next edition. The book is one which can be very heartily commended to practitioners, operating surgeons, and men preparing for a fellowship examination; its production reflects the highest credit not only on the authors but also on the publishers.

WE were able to welcome the first English edition of SCHMIEDEN'S *Operative Surgery*,² with commendatory words. The second edition is somewhat enlarged, and apparently an effort has been made to make the work less of an operative surgery class-room book and more like a volume of value to the practitioner and the surgeon. To a very great extent, however, the book remains more suitable for the student taking a course of operative surgery than for the practising surgeon. The illustrations, though well drawn, are more helpful when operating on the cadaver than on the living subject. The book appears to be popular in Germany, as six editions have already appeared. The observations in the translator's introduction are, on the whole, somewhat trite, and one has difficulty in comprehending the meaning he desires to be attached to two diagrams consisting of a series of seven black dots labelled stomach, heart, lung, etc., connected together in one instance by a dotted line and in the other by a plain

¹ *Operative Surgery*. A companion volume to a *Manual of Surgery*. Vols. I and II. By Alexis Thomson, F.R.C.S. Edin., and Alexander Miles, F.R.C.S. Edin. Third edition. London: Henry Frowde, and Hodder and Stoughton. 1920. (Cr. 8vo, pp. 637; 279 figures. 16s. net.)

² *The Course of Operative Surgery*. A Handbook for Practitioners and Students. By Professor Dr. Victor Schmieden, Professor of Surgery in the University of Halle, and Arthur Turnbull, M.B., Ch.B. (Glasg.) lately Demonstrator of Anatomy in the University of Glasgow. Second enlarged English edition. 1920. London: Baillière, Tindall, and Cox. (Roy. 8vo, pp. xx+350; 436 figures. 25s. net.)