

## NORMAL AND PATHOLOGICAL SPECIMENS OF THE EAR, NOSE, AND THROAT IN THE ROYAL COLLEGE OF SURGEONS, LONDON

Although known and valued by E.N.T. workers, it has hardly been appreciated generally that London possessed perhaps the largest and most valuable collection of museum specimens illustrating the surgery of the ear, nose, and throat.

The Museum of the Royal College of Surgeons has been for many years assembling a select number of pathological, anatomical, and physiological specimens concerned with this specialty. One of its earliest gifts of normal anatomy was received when Toynbee presented his 300 specimens of the anatomy of the temporal bone. This addition was, later, greatly enriched when Arthur Cheatele handed over to the Museum his unrivalled series of sectioned temporal bones. The basis of the group of specimens related to rhinology was formed when the large collection of Onodi, from Budapest, was secured and presented by the otolaryngologists of this country. A valuable addition to the laryngological section of the Museum was made when V. E. Negus presented the specimens forming the foundation of his classic study on the comparative anatomy and physiology of the larynx. This last addition escaped damage when the Museum suffered considerably during London's bombardment by the Germans in May last.

Owing to the dispersal, for greater safety, of the specimens then undamaged it has not yet been possible for the College authorities to compile and publish a complete and accurate statement of the loss to medical science suffered by the Museum from enemy action. So far as specimens relating to E.N.T. are concerned the following information has been made known:

The catalogues of the Museum have been preserved, and it will be possible in the future to reproduce many specimens of normal anatomy from fresh material. The Onodi collection of the anatomy of the nose and accessory sinuses was heavily damaged, but about 95 specimens are intact and the others, being of normal human anatomy, can in time be replaced. The Toynbee and Cheatele collections have suffered even more severely. It is to be hoped that after the war young aural surgeons will be forthcoming to re-establish the Toynbee and Cheatele series of temporal bones. As to the pathological specimens, it is not possible to give a full report at present.

It is interesting and comforting to recall that the fourteen specimens of the anatomy of the paranasal sinuses, recently presented by the late Professor Hajek, are intact and complete. Professor Hajek was able to escape from Vienna about two years ago, and, with the generous help of American and British colleagues, he reached London with his devoted wife—a sister of the well-known dramatic writer Schnitzler. Here, by the help of his confreres, he was able to spend the last two years of his life in modest but comfortable conditions and in the enjoyment of the liberty which he so much appreciated. When he made his escape from Vienna he was only allowed to bring with him, in money, the equivalent of ten shillings. He and his wife had to produce and leave behind their gold watches. The only pieces of gold they were allowed to export were their wedding rings. In spite of these difficulties he managed to bring away with him fourteen specimens of his valuable collection of rare irregularities of the anatomy of the nasal sinuses. The rest of his 150 specimens had to be left in Austria. These fourteen formed part of the specimens which he had shown, during nearly fifty years, in the practical classes which the American editors of his well-

known book<sup>1</sup> deservedly called "famous." They are illustrated in that work, which these translators of the English edition referred to as "a recognized classic."

As a token of his gratitude for his deliverance from the city where he had so long been one of the most esteemed teachers in the Faculty of Medicine, and for the welcome he had received in London, Hajek presented these valuable specimens to the Royal College of Surgeons through Mr. T. B. Layton, cataloguer of the Onodi Collection. It is one of life's ironies, and it is a comfort to remember, that when the German bombs were doing so much damage to the science and teaching of surgery in London they missed some of the most valuable specimens in oto-laryngology, which had come originally from Vienna and Budapest.

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<sup>1</sup> *Nasal Accessory Sinuses*. In two volumes. London: Henry Kimpton. 1926.

## Local News

### NEW ZEALAND

[FROM OUR CORRESPONDENT IN WELLINGTON]

#### Hospital Control: The Burden of Cost

The possibility of an alteration in representation on hospital boards in the event of the Government's finding a greater share of hospital costs has been mentioned by the Minister of Health in the course of a discussion with board members. Rating expenditure has become a matter of great concern to hospital boards, and various aspects of the position have been put to the Minister in the hope of relief. It has been represented to him that boards are not nearly so well off as had been expected as a result of the payment by the Health Department of six shillings per occupied bed per day under the Government Social Security Scheme. The rise in cost has completely wiped out any advantage (6s. against 3s. in fees collected previously). A result is that increased levies have to be made on contributing local bodies. The Minister in reply has stated that officers of his Department are now working on a scheme to provide relief for some of the hospital boards. A great deal of thought, he said, must be given to the problem, and if the system is to be changed all the factors must be considered.

#### A National Problem

The Minister was asked if it was possible with any change in the system of rating that hospital board administration might be taken out of the hands of local bodies. He said in reply that he agreed with some form of local control because that was democracy; further, he added, if the Government was expected to find higher and higher amounts for hospitals there would need to be more State control. In his opinion, a large measure of departmental administration for the boards could be accomplished without any disservice to local bodies. The Minister said he realized that boards were alarmed at the increase in cost. In the matter of expenditure some boards had reached their peak and could not reasonably ask the ratepayers to find more money. When there was desperate need for accommodation with all room taxed heavily the time had come to recognize that it was not a local but a national problem and that it became necessary to rearrange the hospital rating system. The Minister explained that, so far as he knew, it was not intended when the Social Security Scheme was being prepared that the contribution of 6s. per head per day should be fixed and static for all time. The problems facing some boards would be looked at along with other proposals to meet a serious position. Regarding capital costs, where the burden on local ratepayers was such that they could not be asked to find the money locally, in his view the charge should become a national responsibility, but the actual details would require a lot of thought. It was also explained by the Minister, in discussing the matter with one of the hospital boards, that with capital expenditure the Government's contribution was £1 for £1, while for maintenance there was a fluctuating