

Obituary

is introduced much like a stomach tube. Air is blown into the stomach and the interior becomes visible. The procedure requires about one minute but may be prolonged to fifteen minutes without difficulty. Orientation is learned by experience.

Contraindications are, aortic aneurysm, angina pectoris, oesophageal strictures and varices.

Benign gastric ulcers are usually well seen and may be found present after negative X-ray examination. Diagnosis of malignant ulcer can be made more easily by gastroscopy than by any other method. Changes in the gastric mucous membrane are discernible and three types of gastritis are observed, superficial, atrophic and hypertrophic.

The article is illustrated and has a bibliography.

ANGUS A. CAMPBELL.

OBITUARY

SIR CHARLES BALLANCE

By the death of Sir Charles Ballance on February 8th aural surgery in this country has lost its great master. He was put in charge of the aural department of St. Thomas's Hospital, in addition to being on the general surgical staff, more than fifty years ago, and though he held many other appointments and his work embraced all aspects of surgery, especially neurological surgery, he always retained his interest in aural surgery, which he found in a most primitive condition. The neglect or at all events the ineffective treatment of suppuration in the middle ear in those days provided a rich harvest of intracranial complications and he shared with Macewen the credit of placing the treatment of these on a proper surgical basis. His attitude to the whole subject is shown by the wide outlook revealed in the *Surgery of the Temporal Bone*, those two noble volumes published many years afterwards, a store of historical learning, clinical wisdom and magnificent illustrations. Everything he undertook was carried out on the same big scale. His experimental researches in surgical pathology are well known, and these were conducted on the same principles. The animals had to be big, and a baboon was always preferred to a rhesus. A gorilla would have been better still, and he always envied Sir Charles Sherrington, who had had the opportunity of making experiments on a gorilla. He found the step from aural surgery to neurological surgery a short one and his achievements in neurological and in general surgery have been recorded and

Review of Book

appreciated elsewhere. With all these other interests, the interest in aural surgery never flagged and he always retained the position of leader. There can be but few of the younger otologists of any experience who have not had the privilege of meeting him at a consultation over a difficult or anxious case, and appreciating his careful and gentle examination of the patient, his unfailing support and his way of saying "I think this patient will get well." He seemed to be tireless, and he said that he never knew what it was to feel tired until stricken by influenza. This inexhaustible energy and persistence lasted after the days of active surgical practice and it seemed that whatever else happened he must work. Thus the opportunity of working in America with Dr. Arthur Duel on an experimental research into the surgical treatment of facial palsy provided a great solace to the regrets of retirement and the sorrows of family bereavements. The fruitful results of that research are now familiar, and were recorded by him in his Lister Lecture, at which he made his last public appearance. His kindness, his generosity and his large view will be missed by many, but by none more than by the otologists.

LIONEL COLLEDGE.

REVIEW OF BOOK

Nasal Sinusitis and Mental Disorders. By F. A. PICKWORTH.
Published by H. K. Lewis. Price 16s.

Dr. Pickworth has done over one thousand *post mortems* in which he has paid particular attention to the sinuses, and this fact alone will commend his book to the attention of rhinologists.

The subjects of these *post mortems* had been under direct clinical observation for long periods before death, and thus Dr. Pickworth has been in a position to correlate his *post mortem* findings with *ante mortem* symptoms and behaviour. Many cases have been carefully examined histologically and bacteriologically and it is not too much to say that the result is a new and most important chapter not only in the study of lunacy but in medicine as a whole. The essential result of his findings is that bacterial toxins and even organisms themselves within the accessory nasal sinuses may permeate and pass through the bony walls of the sinuses into the cranial cavity, without necessarily giving rise to any of the usually recognized clinical signs of meningitis. Micro-organisms have been traced from the sub-epithelial layer of the sinus mucosa down to the periosteum, through the bone and finally