

Hospital. At St. Thomas's he had a brilliant career, taking the College first prize in his first and second years, the College second prize in his third year, and the Treasurer's gold medal and the Cheselden medal (Surgery) in his fourth year. He took the M.R.C.S., L.R.C.P.(Lond.), in 1895, and the F.R.C.S.(Ed.), in 1899.

In 1895-96 he was Assistant House Surgeon and House Surgeon in St. Thomas's Hospital, and afterwards Assistant House Surgeon at the Great Ormond Street Hospital for Sick Children, House Surgeon at the Brompton Hospital for Consumption, and then for two years senior House Surgeon at the Nottingham General Hospital.

In 1900 he settled in general practice in Brighton but, soon after being appointed to the staff of the Throat and Ear Hospital there, gave up general practice and devoted himself entirely to throat and ear work. His thorough training in general surgery was of the greatest value to him in his special work, in regard to both his breadth of view in dealing with his patients and his skill and dexterity as an operator. He was never the sort of man who can account for all diseases by a spur on the septum, but had a very deep and broad view of medicine.

As a relaxation from professional work he joined the Royal Garrison Artillery in 1906, and, finding the work intensely interesting, soon gave up the whole of his holidays and spare time to it. At the beginning of August, 1914, he was as usual in summer camp at Newhaven, but, instead of returning at the break up of camp to his practice, he was put in command of the fort at Newhaven, being promoted Major. There he remained during the early part of the war, then after a course of training at Lydd, went in 1916 with his battery to France. For the last ten months of his life he commanded the 19th Siege Battery, and it was while doing reconnaissance work in a wood recently evacuated by the Germans that he was shot dead by a German sniper. How he was adored by his junior officers and men can perhaps be partly realised by those of us who have spoken to, or seen letters from, them. Major Martineau leaves a widow and two sons.

ARTHUR J. HUTCHISON.

CORRESPONDENCE.

MALPOSITION OF CERVICAL VERTEBRÆ, CAUSING A PHARYNGEAL SWELLING.

*To the Editor of THE JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND
OTOLOGY.*

DEAR SIR,—The paper by Dr. Edgar Cyriax in the August number of the JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOLOGY recalls some observations on the normal subject which I made several years ago and published, as a clinical note, in this JOURNAL for November, 1915.

My contention was that by rotation of the head to either side a swelling (simulating retropharyngeal abscess) could be produced in the pharynx of any person, the swelling being caused by the transverse process of the axis vertebra.

If the head is rotated to the right, the swelling occupies the right half of the posterior pharyngeal wall; if to the left, the left half. The part involved is the wall of the oro-pharynx, just behind the tonsil. The naso-pharynx remains unaltered, since the level of this cavity corresponds to the basi-sphenoid and anterior arch of the atlas vertebra.

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.

"ADDUCTOR" AND "ABDUCTOR" AGAIN.

We very much regret that on pp. 75 and 76 of the February, 1917, issue of the JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOLOGY, "Adductor" is printed for "Abductor," 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 otolaryngology has been made clinical instead of didactic. The specialist exists to