integrity. His name was honoured by laryngologists throughout the world, but it never came prominently before the public. He lacked the "pushfulness" which is supposed to be characteristic of his countrymen, and, indeed, he hated the "public means which public manners breeds." His death has robbed the profession to which he belonged of a most capable physician and a thoroughly honest man.

[By kind permission of the Editor of the *British Medical Journal* we are able to publish the above appreciative notice of the late Dr. Whistler, and we are indebted to the Manager of the same Journal for the loan of the block from which the accompanying portrait has been produced. The portrait is a reproduction of a drawing by the distinguished artist J. MacNeill Whistler.]

## NOTES.

An Appendix to the "International Directory of Laryngologists and Otologists," compiled by Mr. Richard Lake, is in course of preparation. In it will be found corrections of names and addresses already given, an additional list of names and addresses received since publication, and an obituary list.

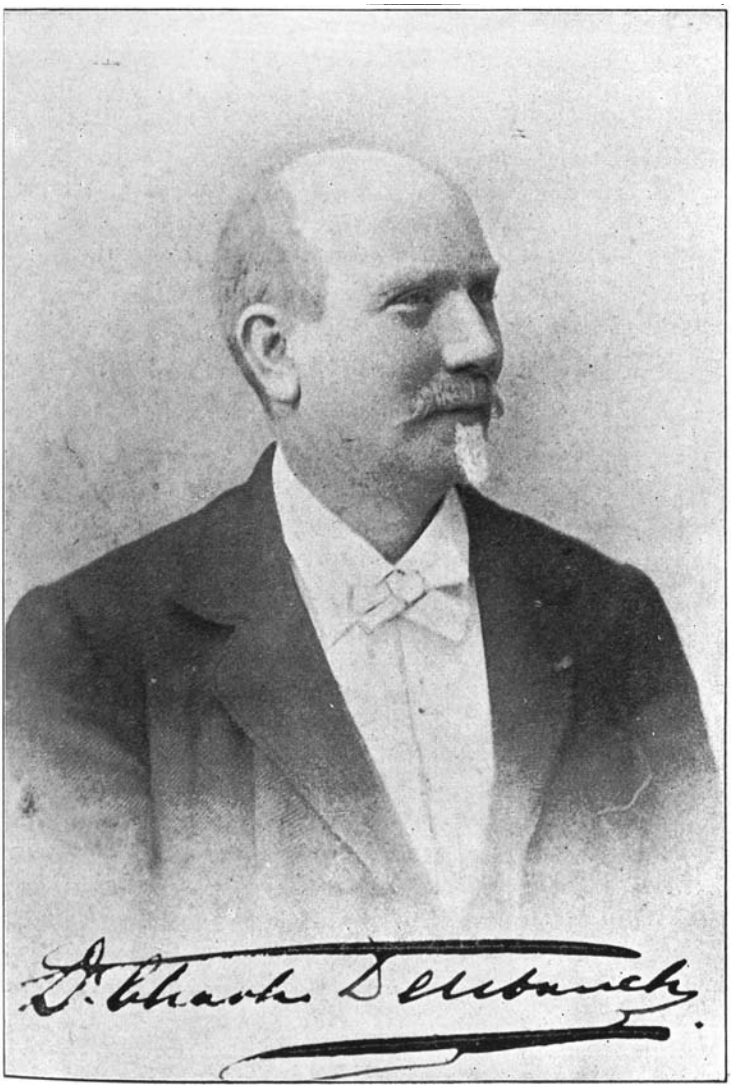
Notwithstanding the difficulties and labour in the production of an International Directory, considerable additions have been obtained for the foreign list, which will materially add to its value and completeness. The decision of the Editors of the Journal of Laryngology, Rhinology, and Otology, under whose auspices the Directory is published, to allow no name to be inserted in the British list for which sanction has not been given in writing, at once explains some omissions and criticisms. The Editors, whilst desirous of making the Directory as complete as possible, consider it best to adhere to this course. It is therefore hoped that all engaged in the practice of laryngology, rhinology and otology will assist as far as possible in making this useful work complete.

We are glad to be able to publish a portrait of the late Professor Delstanche, and regret it did not reach us in time to appear in our last issue, which contained an obituary notice of the eminent aurist.

Dr. Dundas Grant has been elected President of the Hunterian Society, one of the oldest of the London medical societies.

Amongst leading otologists who have filled the presidential

https://doi.org/10.1017/S1755146300167599 Published online by Cambridge University Press



THE LATE PROFESSOR DELSTANCHE.

https://doi.org/10.1017/S1755146300167599 Published online by Cambridge University Press

https://doi.org/10.1017/S1755146300167599 Published online by Cambridge University Press

chair of general medical societies in London, we may note Sir William Dalby and Mr. George Field, who within recent years have presided over the Medical Society and the Harveian Society respectively.

# SOCIETIES' MEETINGS.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

*January* 23, 1900.

Mr. Charles A. Ballance made a communication on *the Conduct of the Mastoid Operation for the Cure of Chronic Purulent Otorrhœa, with Special Reference to the Immediate Healing of the Cavity in the Bone left by the Operation by means of Epithelial Grafts.*

In no department of surgery has more progress been made during the last twenty years than in the surgical treatment of chronic suppurations of the temporal bone and the complications which arise therefrom. This progress has been due to an increase in real knowledge, in part pathological and in part anatomical.

Suppuration in the temporal bone follows the same course as suppuration in cavities of any other bone, say the tibia. As Stacke wrote in 1889: "Otology is an offshoot of surgery, and only in close adherence to it and in the true and conscientious observance of its principles is success to be sought for and to be found. The most important principle is the care for free, unhindered, spontaneous drainage. Incomplete drainage and, as a consequence, further and deeper bone disease, is the difficulty in healing middle-ear suppurations."

In certain cases of chronic middle-ear suppuration there is no doubt as to the advisability of operating. Thus, when brain symptoms, so-called, arise, the source of infection must be removed; but here the surgeon has to consider not only the removal of temporal bone disease, but also the relief of intra-cranial inflammation by operation. Again, patients with chronic otorrhœa may present one or more of the following signs: Optic neuritis; attacks of malaise with fever and headache; vomiting; vertigo; atresia of the meatus; pain in the ear; sudden onset of facial palsy; mastoid abscess or tenderness; carious fistula over mastoid; polypoid granulations springing from a demonstrable carious focus in tympanum

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