Although this strengthens the view that the Eustachian tubes are channels of infection, it may be urged that spirochætæ are not peculiar to the throat, and that they are said to occur in any region where tissues are breaking down.

NOTES.

Review of the History of the British Laryngological, Rhinological, and Otological Association.

A Correction.

The attention of the writer of this review has been drawn to a *lapsus calami*, which is probably so obvious that it is not likely to have misled any reader. At the same time he is desirous of correcting it. Those who have read the review would notice that in the reference to Dr. John Macintyre's presidential address (Journ. of Laryngology, Rhinology, and Otology, July, 1907, p. 322), he is credited in the year 1893 with having dilated upon the uses of the X rays in the diagnosis of diseases of the throat, nose, and ear. Although Dr. John Macintyre's name is widely identified with the use of these rays they were, as a matter of fact, not introduced into science until four years later, and therefore the statement is an erroneous one. The writer begs to apologise for his error, which those who realise the every-day use into which this agent has come, and still more those who are familiar with Dr. Macintyre's researches and publications in connection with it, will readily accept. It is only right to add that when reference was made to what Dr. Macintyre had done in the way of advancing the application of physical agents in relation to diagnosis and treatment, his energies had been by no means confined to this department of our work, and those who have read the *Transactions of the British Laryngological Association*, more especially those who were present at its meetings, will remember how he took up the science of bacteriology in its earlier days and did pioneer work in the popularisation of its bearings and importance in regard to the pathology of the diseases of those parts of the human frame to which we specially devote our attention. The writer feels that it is the scantest justice to Dr. Macintyre to make this emendation.

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The Spittoon as a Sialogogue.

In an amusing article on the question: "Shall we or shall we not have cuspidors?" the editor of the *Montreal Medical Journal*, January, 1907, discusses the subject learnedly. He says that it is a question of considerable importance, and one that has a wide physiological bearing, inasmuch as the cuspidor is actually a sialogogue. To quote:

"A cuspidor in the middle of a room is an instant outstanding invitation, which, thanks to ancestry and inherited habits, compels attention. In the matter of cuspidorial marksmanship nothing but a bull's-eye will do. An inner is annoying; a magpie or an outer disgusting; for is not secretion of saliva a stage in the physiology of nausea? And a miss is appalling.

"Besides, on the sialic range, if many misses are recorded the marker may give notice. Of course, the shots should be classified: the nursery match for green shots; a more advanced, larger range for second class shots; whereas first class shots might be allowed in the living rooms. The position this leads to is this: If a cuspidor induces a man to spit who had no thought or intention of doing so, and if one man in ten misses the mark, the city bye-law is at once infringed, and the public health hindered, to say nothing of the public being outraged. Hence, to guard against the possibility of bad marksmanship, the only recourse would be to increase the size of the target." Price Brown.

PROCEEDINGS OF THE AMERICAN LARYNGOLOGICAL ASSOCIATION.

Twenty-ninth Annual Congress, held at Washington, D.C., May 7, 8, and 9, 1907, in connection with the Seventh Triennial Congress of American Physicians and Surgeons.

(*Continued from page* 342.)

Tuberculosis of the Accessory Sinuses of the Nose.

The scientific business of the Congress was opened with a paper with the above title, read by Dr. J. W. Gleitsmann, of New York City. The paper, which closed with a bibliography of recorded cases, was, in the main, an analysis of these cases. The majority of instances of sinus tuberculosis are referable to extension from

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