liquids which follows it, the narrowness of the tube through which air is admitted, and the tendency to the formation of decubital ulcers. "Deglutition-pneumonia" is, of course, the main danger. In regard to tracheotomy the traumatism of the trachea is the special additional factor; the air, however, enters through a wide channel, but has not the advantage of being warmed and moistened as it has in the case of intubation. In a very interesting pneumographical study he makes a comparison between ordinary tracheotomy and tracheotomy with a fenestrated cannula and valve allowing of inspiration only through the outer orifice of the tube, expiration continuing through the larynx. In the former case breathing is much more rapid and the needful repose is abrogated. This is much less marked when the valve and fenestrated cannula is used. It was found also that with the ordinary cannula, asphyxia from want of oxygen was much more rapid, but, on the other hand, asphyxia from carbonic acid much less so, showing that with the modified cannula the absorption of the gases inspired was greatly heightened. Moreover, the capacity for coughing was preserved, the restoration of voice could be noted, and the dilatation of the larynx greatly favoured by the blast of expired air passing through it. The author describes his valve cannula, and there seems little doubt that his experiments with it in the case of dogs are extremely convincing. He has, however, only once tried it on the human subject, and it remains to be seen whether the cannula he recommends is likely to be found free from inconvenience when the discharge and other difficulties incident to acute laryngeal stenosis in children are present. The principles enunciated are of the utmost theoretical value, and their application to actual practice is well worthy of consideration. *Dundas Grant.*

## NOTES AND QUERIES.

### King George's Hospital.

A large hospital for sick and wounded soldiers, consisting of no fewer than 1650 beds, has been opened in London under the auspices of the Red Cross Society and the St. John's Ambulance Association.

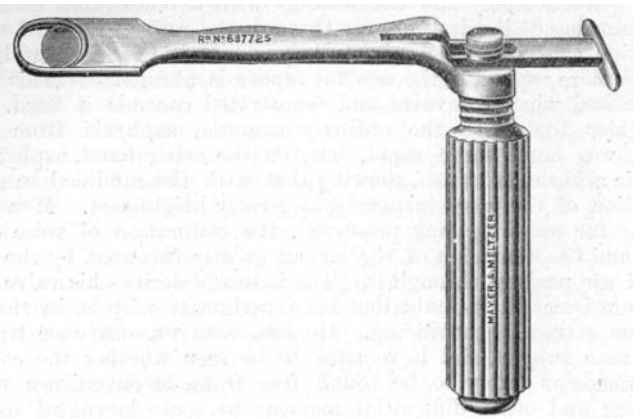
According to intimations which have appeared in the public press the following gentlemen have been appointed to the Department for Diseases of the Throat, Nose, and Ear:—Sir StClair Thomson, Dr. Dundas Grant, Mr. Herbert Tilley, and Mr. Arthur H. Cheatle.

## NEW INSTRUMENTS.

*To the Editor of* The Journal of Laryngology, Rhinology, and Otology.

Sir,—In the current issue of the Journal under the head of "New Instruments," there is an illustration of a tonsil guillotine, which, from the description appended, might lead to the belief that it was of original design. Herewith I enclose an electro of the guillotine I designed a year or two ago in consequence of a conversation I had with Dr. Irwin Moore. It is my old guillotine (of which thousands have been made)

turned upside down to suit the modern fashion of removing the tonsil. Messrs. Mayer and Meltzer have sold many of them, and have a bundle in their shop for sale. The electro I enclose is a copy of the block which they have had for a considerable time. There is a difference, however, in the two instruments (mine and the one you illustrate), for in the latter, half the sheath and blade are cut away near the handle, where the greatest strain comes; in other words, the instrument is weakest where it




should be strongest; this, I need scarcely point out, is *bad engineering*. With this exception, the instrument is like mine.

Yours obediently,

London, W., *February* 10*th*, 1915. Charles J. Heath, F.R.C.S.Eng.

[We have submitted a proof of Mr. Heath's letter to Dr. Sanderson, and he has replied as follows.]

*To the Editor of* The Journal of Laryngology, Rhinology, and Otology.

Sir,—About sixteen months ago I spoke to Mayer & Meltzer's representative with reference to having a guillotine made similar in measurements and appearance to the short Mackenzie instrument that I had been accustomed to use, but with a reinforced shaft and the blade on the inner side. The device, present in Mr. Heath's and Mr. Stuart-Low's instruments, of placing the fixing screw on top of the handle was used, but I was quite unaware until the latter part of last year that Mr. Heath had had his own instrument altered to suit the times.

I had the opportunity of seeing this instrument for the first time only a few days ago. Mr. Heath states that there is only one difference between the two instruments, viz., that in mine half the sheath and blade are cut away near the handle. Mr. Heath may cut as much of his instrument away as he chooses; he will never get the two to correspond. The engineering is so far successful that I have removed over 1200 tonsils without any visible sign of strain in the instrument.

Yours faithfully,

54, Rodney Street, Liverpool; *February* 22 1915. W. Sanderson.

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# CENTRAL LONDON THROAT AND EAR HOSPITAL

## GRAY'S INN ROAD (Near King's Cross Stations).

**The work carried on at this Hospital comprises:**

### 1. The Daily Out-Patient Clinic.

The Medical Officers attend as follows:

| Surgeons. | Out-Patient Clinic. | In-Patient Operations. |
|---|---|---|
| Mr. CHICHELE NOURSE | Wednesday, at 2 p.m. | Friday, at 2.15 p.m. |
| Dr. ABERCROMBIE | Thursday, at 2 p.m. | Wednesday, at 2.15 p.m. |
| Mr. STUART-LOW | Saturday, at 2 p.m. | Monday, at 2.15 p.m. |
| Dr. ANDREW WYLIE | Monday, at 2 p.m. | Tuesday, at 2.15 p.m. |
| Dr. ATKINSON | Tuesday, at 5 p.m. | Thursday, at 2 p.m. |
| Dr. DAN MCKENZIE | Friday, at 5 p.m. | Thursday, at 4 p.m. |

Assistant Surgeon.
Mr. HAROLD KISCH . . { Monday and Thursday } at 2 p.m.

### 2. The Minor Operations.

These are performed at 9 a.m. on Monday, Tuesday, Wednesday, Thursday, Friday.

### 3. The In-Patient Department.

### Major Operations.

These take place at 2 o'clock on Monday, Tuesday, Wednesday, Thursday, Friday.
The list of operations is to be seen on the notice board in the Out-patient Consulting Room.

### 4. Lectures and Demonstrations.

**Courses of Practical Instruction** are given throughout the year by Members of the Staff, on Tuesdays and Fridays, at 3 p.m. punctually.

The Courses consist of two classes twice a week devoted to Anatomy, Pathology, Diagnosis and Treatment of the special diseases dealt with at the Hospital. They may be joined at any time.

A **Surgical Anatomy and Operative Surgery Class** is held when desired. The teaching is practical and demonstrative, and is illustrated by diagrams, models, specimens and instruments.

### 5. The Pathological Laboratory

Is at all times available to students. Dr. Wyatt Wingrave, Pathologist to the Hospital, is in attendance daily at 3 p.m.

### Clinical Assistants

Are appointed from among those gentlemen who have enrolled themselves for attendance on the practice of the hospital.

Further particulars may be had on application to the Dean.

### Fees.

| | |
|---|---|
| Course of Practical Instruction ... ... ... | 1 guinea. |
| „ „ „ with attendance at Clinics | 2 guineas. |
| Operative Surgery Class ... ... ... | 5 „ |

For attendance on the practice of the Hospital (Clinical Assistants)—

| | |
|---|---|
| Three months ... | 5 guineas. |
| Six „ ... | 8 „ |
| Perpetual ticket ... | 10 „ |

Clinical Assistants are admitted to the Practical Course Free.

**WYATT WINGRAVE, M.D.,**
**Dean.**

**RICHARD KERSHAW,**
**Secretary Superintendent.**

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