

irritation and rhinitis sicca may be concerned. Matsui records two cases in which the polypus grew out of the inferior turbinal. (1) Male, aged forty, nasal obstruction and frequent epistaxis. Right nose blocked by a dark purple strawberry-like growth on anterior and posterior rhinoscopy. The swelling was removed by the hot snare with little bleeding; no recurrence. (2) Similar. Microscopic examination showed greatly dilated vessels and many "decayed glands." Baurowicz has stated that in one case out of eight the growth takes place from the lower turbinal. Matsui says the term "bleeding polypus of the septum" should be replaced by "bleeding polypus of the nose."

*J. S. Fraser.*

**Hays and Lewisohn.—Hæmorrhage following Posterior Tip Operation (on Inferior Turbinal). Blood Transfusion. "Laryngoscope," February, 1916.**

The writers record the case of a male, aged thirty, who complained of irritation in his throat. On examination it was found that the posterior end of the left inferior turbinal was enlarged. (The patient had had tonsils removed under general anæsthesia two years before.) Local anæsthesia was now employed, and the turbinal operation was carried out without difficulty and with almost no hæmorrhage. At 4 p.m. there was profuse hæmorrhage with pallor and feeble pulse. Packing removed and nose syringed with hot saline. Bleeding stopped. On the seventh day again severe hæmorrhage: anterior and posterior nasal plugging, followed later in the day by morphia hypodermically and saline per rectum. Afterwards horse serum was injected into the gluteal region, and on the same evening the temperature rose to 104° F. On the next day pain in left ear, followed by spontaneous rupture of drumhead, and later by mastoid tenderness (pneumococcus infection): 900 c.c. of citrated blood transfused. Two days after that another profuse hæmorrhage from nose necessitated anterior nasal plugging, and a deep injection of human serum, and later a second transfusion. Again next day profuse epistaxis. Yankauer was called in and placed two sutures round the raw area and then packed the nose with gauze soaked in coagulin. There was no more bleeding, and the patient made a good recovery in spite of arthritis in the shoulder and wrist.

The writers gives the following account of the technique for transfusing citrated blood: A tourniquet is applied to the donor's arm and a vein punctured with a large size cannula. While the blood is running into a glass jar it is mixed with a 2 per cent. sodium citrate solution at the rate of 1:10. For instance, if we want to transfuse 500 c.c. of blood we would mix it with 50 c.c. of the 2 per cent. citrate solution. We then introduce a cannula into the recipient's vein, and with the aid of a salvarsan flask inject the donor's blood into the recipient's vein.

*J. S. Fraser.*

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**THE LATE DR. JULES BROECKAERT.**

IN the issue of the JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOTOLOGY for October, 1916, there appeared from the pen of Sir Felix Semon an obituary notice of our distinguished Belgian colleague, Dr. Jules Broeckkaert whose untimely death in tragic circumstances we all deplore.

The tragedy is deepened by the straits in which his wife and four-

little children are left to face the dangers and inclemencies of a world at war.

That being so, a subscription list for their benefit has been opened under the auspices of the Otological and Laryngological Sections of the Royal Society of Medicine, London, a movement which merits, and we are sure will obtain, the hearty support of all oto-laryngologists not only in the British Empire, but also in the United States of America, where Broeckaert's name and scientific eminence are well known.

In the few days that have elapsed since the list was opened the following have given or promised subscriptions:

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Subscriptions may be sent to Mr. Mark Hovell (President, Laryngological Section, Royal Society of Medicine), 105, Harley Street, London, W., England, or to the Editor of the JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOTOLOGY.

They will be acknowledged in these columns.

## NOTES AND QUERIES.

### SHAKESPEARE AND RHINO-LARYNGOLOGY.

The last volume of the "Transactions of the Medical Society of London" has just reached us. It is numbered xxxix, 1916. It is a goodly tome, and it is one which we are likely to keep on account of a contribution which makes the book not a dear one to those who are not Fellows of the Society even when purchased at the price of 10s. 6d. We refer to the Annual Oration by Sir StClair Thomson on "Shakespeare and Medicine," which was delivered on May 1 last, *i. e.*, the first day of the week devoted to the celebration of the Shakespeare Tercentenary. It was a happy thought which prompted the Orator to show the interest of our liberal profession in our country's greatest poet and philosopher, and it is a particular satisfaction to note that an address dealing with the whole gamut of human existence was composed and delivered by one of ourselves, for it will go far to remove the unworthy reproach of "narrow-mindedness" so often levelled at specialists.

Larger works have been written on the medical knowledge of Shakespeare but few have given us so much pleasure in reading. Many of them are a weary agglomeration of quotations, more or less connected with matters medical. In this Oration a wise selection has been made under the headings of "Shakespeare as a Medical Seer"; "Medicine in the 16th Century"; "the Physicians in the Plays"; "Quacks"; "Shakespeare's General Medical Knowledge"; "Shakespeare's Medicine of the Period"; "His Medical Knowledge of some particular subjects (Consumption, Fresh Air, Syphilis, Cancer, Obstetrics, Public Health,