

your cases carefully and do not divide the tendons unless you are convinced that nothing else will do the work as well.

NOTES ON A TRIP ABROAD.

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MY observations in London were confined to the clinics of Mr. Tilley, in University College, and Mr. Lowe, in the Central Throat Hospital. The former is the speediest operator in the resection of the septum that I have seen anywhere. A private case in which he removed tonsils and adenoids, as well, did not from first to last occupy more than 25 minutes, and he made no appearance of hurry. Mr. Lowe has no fear of deformity following his resections of the septum, where he finds it needful to remove the anterior supports completely.

In Birmingham we had a small attendance at the section, but the material was excellent. There were three sessions, at each of which a single topic was thrashed out, and if time allowed a paper or two read. This method of conducting the programme appeals to me as rational, and I hope it may be adopted more fully in this side of the ocean.

The treatment of tuberculosis of the larynx, which has not been up for discussion since 1905, was introduced by Dundas Grant, Watson Williams, and Seccombe Hett, and the subject was ably brought up to date by these speakers. Dundas Grant dwelt chiefly upon the value of rest to the larynx as regards both voice and cough, the necessity for the removal of nasal obstructions, the benefits of treatment by galvanopuncture, and the value of injections into the superior laryngeal nerve for the relief of pain. His paper was an exceedingly useful discussion of a number of points which in themselves small collectively mean so much for the well being of the sufferer.

Watson Williams expressed a firm conviction in favour of sanatorium treatment as tending to the general well being of the patient, and laid stress on "moist climates, freedom from wind and dust, and moderate elevation, as being most favourable both for pulmonary and laryngeal tuberculosis." Tuberculin injections of doses just large enough to avoid any febrile reaction, were justified by his experience of twenty years' use, and Dr. Williams expressed some interesting views upon infection from human type and from bovine type considering the laryngeal symptoms were found in conjunction with the former type, and therefore required a distinction in the choice of tuberculins.

On the whole he deprecated local treatment, except in special cases.