functions and disorder of functions of the central nervous system, arising from sudden and prolonged exposure to forces generated by high explosives.

It is obvious that in modern trench warfare the brain of the soldier is exposed to a constant stream of exciting and terrifying sensory impressions, and that the shell bursting near him merely acts as the last straw on an utterly exhausted nervous system.

The extrinsic conditions of warfare—the unceasing din, the exposure to cold and wet, the gruesome spectacles, the dreads and fears—all undoubtedly predispose to shell-shock: whilst of even greater importance as a predisposing factor are intrinsic conditions, such as a neurotic disposition or an inborn or acquired neuropathic taint.

Aphonia is a frequent symptom, and it differs in no way from hysterical aphonia. Those patients often shout during sleep, and this may be a prelude to the recovery of speech. One man, on being told that he had been talking in his sleep, was so surprised that he said, “I don’t believe it.” In some such cases the fear effect on the conscious mind inhibits the respiratory movements necessary for phonation, and X-ray examination shows that the diaphragm is hardly moving at all. Under such circumstances, breathing exercises may be usefully employed.

Aphonia is often accompanied by deafness, and the patient may recover his speech and yet remain deaf. In only about 17 per cent. of the cases is the deafness really due to ear diseases; in the majority of cases it is purely functional.

The treatment of shell-shock varies according to the symptoms. Insomnia is frequent, and for this the writer has found the continuous warm bath (up to an hour or more) of great value.

Severe cases require quiet repose in single rooms, but the patient should be kept occupied and amused by knitting, basket-making, etc.

Discipline is very essential during convalescence, and diversion of the mind by useful occupation in workshop or garden has been most successful in restoring to health and strength these disabled men.

Douglas Guthrie.

REVIEW.
Injuries of the Face and Jaw and their Repair, and the Treatment of Fractured Jaws. By P. Martinier, Professor of the Dental School of Paris, and Dr. G. Lemerle, Professor of the Dental School of Paris; translated by H. Lawson Whaile, M.D., F.R.C.S., Capt., R.A.M.C. Published by Baillière, Tindall & Cox. Price, 5s. net.

This is a small book of 345 pages, by two French dentists, chiefly devoted to consideration of various prosthetic apparatus. There are numberless mechanical devices described, with minute attention to detail, and this alone makes the book a valuable one to surgeons and dental surgeons interested in modern plastic work. The translator, Capt. H. Lawson Whaile, has done his work sympathetically in producing a book pleasant to read and easily understood, whilst maintaining the spirit of the original.
The subject of artificial larynges is discussed as fully as is possible in a book of this size, but the descriptions are not very clear, and the whole results are slightly disappointing, inasmuch as no one has yet succeeded in devising an artificial larynx which is popular with the patient.

Some pages are devoted to a description of dentures used after the removal of the upper jaw, and will be familiar to most dentists, but sufficient emphasis is not laid on the necessity for early application of a prosthetic apparatus to be worn by the patient almost immediately after the operation, which makes the stretching of the scar tissue easier, and gives a better final result.

The most striking omission of the book, however, is the fact that no mention is made of the more recent appliances for cases in which the temporo mandibular articulation has been destroyed and the greater part of the ramus has been lost. Again, nothing more artistic than the older apparatus for prosthesis of the nose is described, although it may be be true that, at the best, the results in this field are disappointing.

E. D. D. Davis.

NOTES AND QUERIES.

THE EDUCATION OF THE OTO-LARYNGOLOGIST.

Sir,—One of these days we shall have Peace. What about that new Heaven and new Earth?

What about the education of the oto-laryngologist?

Is a high qualification in general surgery still to be the only sine qua non, or should we set about agitating for evidence of a thorough education in our special work before admitting any practitioner as an oto-laryngologist?

Even if we did agitate would it make any difference?

The present qualifications in general surgery imply a prolonged and severe disciplinary training in subjects which have very little bearing on oto-laryngology. Does a knowledge of the development of the Fallopian tubes, for example, teach a young man how to inflate the Eustachian tubes without inducing emphysema?

Should not these high surgical qualifications be modified so that men may be trained as specialists and as such examined? Should not an attempt be made to induce the qualifying bodies to recognise specialties?

The answer authoritatively made to this last question is that the candidate for the higher qualification in general surgery is expected to know, as a specialist knows, the surgery of all the special regions. He may be expected to be such a general specialist. But he cannot be. No man can be. Not even the examiners.

Is one and the same candidate ever asked to catheterise the ureters and also to demonstrate to the examiners the endoscopic view of the pyriform sinus in the pharynx? Would the examiner be able to recognise the latter if he saw it?

Those questions are knocking to-day at be-porticoed doors, and are awaiting a reply. Will there be any reply?

The oto-laryngologist should be highly trained in general surgery. Certainly! But must this training be so severe, so prolonged, so