LETTERS TO THE EDITORS

To the Editors,

The Journal of Laryngology.

Sirs,—In a letter which appears in the January number of the Journal, I ventured to criticise some remarks in an article in the November number by Dr Chevalier Jackson, in which he called in question the value of lower as opposed to upper bronchoscopy for removal of foreign bodies even in infants.

In the course of an interesting paper in the March number of the Journal, Dr Richmond M'Kinney mentions the cases of two infants of two years in each of which a "Lima Bean" had been inhaled into the trachea. In the first, much anxiety arose during attempted removal *per vias naturales*, owing to the bean becoming momentarily impacted in the larynx and causing complete obstruction; while in the second case, passage of the bronchoscope through the larynx was followed by impaction of the much swollen bean across the lower end of the trachea, with resulting death from asphyxia.

It is not clear to me that the risks of such accidents would, as Dr M'Kinney seems to suggest, be greatly reduced by the avoidance of general anæsthesia, but the cases do seem to illustrate very forcibly the great advantage, in such conditions, of inferior as opposed to superior bronchoscopy. The presence of a tracheotomy opening in the first case would have avoided any anxiety from laryngeal obstruction; and, in the second case, might well have prevented the fatal result, owing to the ease and rapidity with which a foreign body can be removed from the lower end of the trachea by means of a comparatively wide and short tube passed through a tracheotomy opening.—I am, etc.,

Thomas Guthrie.

Dear Sirs,—I shall be obliged if you will afford me a little space in which to reply to Mr Mark Hovell's letter in your February issue. If Mr Hovell will refer to my first letter, he will find that I did not say that enucleation was "justifiable merely because the tonsil is fixed by adhesions to the pillars": I was discussing the choice between enucleation with the guillotine and by dissection, and stated that, in my opinion, the dissection operation should be reserved for tonsils which cannot be removed entirely with the guillotine, including among others, those fixed by adhesions. I am glad to find that we agree that an enlarged tonsil is in an unhealthy condition, and I regret that I misunderstood him on this point; but the misunderstanding was a natural one, for he says in his paper that "it must be remembered that all enlarged tonsils are not diseased." On the main point, I am afraid that we must remain in disagreement; I have seen, and

still see, so many cases which in partially removed tonsils continue to give trouble, that I am firmly convinced, after long trial of both methods, that a tonsil, if removed at all, should be removed entirely.—Yours faithfully, HAROLD BARWELL.

SIRS,—In the March issue of the Journal Dr MacGibbon of Christchurch, N.Z., asks for an authoritative opinion upon "The Blood-Clot Method of Closing the Mastoid after the Simple Operation." If he will refer to the Journal, March 1919, p. 73, he will find the technique of the method described by me when I showed a consecutive series of 12 cases before the Otological Section of the Royal Society of Medicine.

I think he will allow that the success of the method does not depend on "luck, or to the fact that the operation was not necessary."

Since the meeting referred to above, the method has been extensively practised by others, amongst whom I may mention Mr Musgrave Woodman of Birmingham and Dr M'Nab of Johannesburg.

The essentials for success are *complete* removal of the infected mucous membrane of the antrum and of every infected mastoid cell; the cleansing of the bone wound with hydrogen peroxide followed by the application of methylated spirit to dry the wound; and finally, a free application of a B.I.P.P. of the consistence of liquid cream. The skin wound is then sutured in its entirety and pressure applied in order to squeeze out between the stitches as much blood and emulsion as is possible. Of course the meatus is sterilised as completely as possible.

As a rule the patient can leave the hospital in ten days with a well-healed wound.

I have never had a fatality following this method, although many of the cases have presented themselves with half an inch of œdema over the outer surface of the mastoid, and in others the dura mater has been exposed by the disease over the lateral sinus or the roof of the antrum.—Yours, etc., HERBERT TILLEY, F.R.C.S.

GENERAL NOTES

ROYAL SOCIETY OF MEDICINE,

1 *Wimpole Street, London, W.* 1.

Section of Laryngology—President, Sir William Milligan, M.D. *Hon. Secretaries*, Walter G. Howarth, F.R.C.S., and T. B. Layton, D.S.O., M.S. The Annual Meeting of the Section will be held on Friday, 5th May, at 4·45 o'clock.

As the Council of the Section has decided to abandon the ordinary