

## Letter to Editors

The description of choanal polypi is not perhaps quite happy. No mention is made of their occurrence in children, and the statement (p. 356) that they have no tendency to recur after simple removal would not obtain universal acceptance.

In describing the external operation on the frontal sinus no mention is made of the great value of a preliminary skiagram.

In the section dealing with adenoids, more emphasis might be laid on the fact that the presence of the adenoid facies, chest deformity, etc., is an indication that operation has been postponed too long, and that these signs are not essential for diagnosis. The "best age" for operation is in our opinion not "between 5 and 8 years," but whenever symptoms exist. Much harm is often done by expecting, or waiting for, the classical signs and symptoms before operation is considered necessary.

In conclusion, we can cordially recommend this work as a practical guide to the postgraduate student.

A. J. WRIGHT.

*Practical Tuberculosis.* HERBERT F. GAMMONS, M.D., 8vo, p. 158.  
Published by Henry Kimpton, 1921.

The little work bearing this "portmanteau" title is an essay on phthisis by the superintendent of the Woodlawn Sanatorium, Dallas, Texas, and purports to be "a book for the general practitioner and those interested in tuberculosis." In our experience American textbooks are either very good or, on the contrary, poor, and this one belongs to the latter class. The whole book is a collection of loose and frequently very questionable statements, for which, as a rule, no reason is given.

We cannot think that the book will be of much use to any general practitioner who has qualified in this country, and still less to anyone "specially interested in tuberculosis."

R. A. WORTHINGTON.

## LETTER TO EDITORS

TO THE EDITORS,

*The Journal of Laryngology.*

SIR,—Professor Chevalier Jackson, in his interesting Critical Review of Peroral Endoscopy in the November number of the Journal, appears to throw doubt upon the value of tracheal or lower as compared with upper bronchoscopy, because "a tube too large to go through the larynx will not enter either main bronchus," and conversely a

## General Notes

tube that will enter the main bronchi "will readily pass through the normal larynx." While this may settle the question for Professor Jackson with his great skill and probably unrivalled experience, one cannot help feeling that for those of less ability and experience who are called upon to remove a foreign body from the bronchus of, say, an infant under one year of age, the following points are worthy of consideration.

(1) Subglottic swelling necessitating an emergency tracheotomy may, in such a case, follow upper bronchoscopy, especially if the case has been a difficult one, and the manipulations prolonged. It can hardly be questioned that an emergency tracheotomy to relieve urgent dyspnoea following some hours after the main operation will entail a much greater risk to life than a preliminary tracheotomy.

(2) In order to remove a foreign body from a main bronchus, it may, in some cases, be sufficient to pass the tube down to the orifice of the bronchus without actually entering its lumen. In such a case a wider tube can be used by lower than by upper bronchoscopy.

(3) It is surely important to consider not only the diameter of the tube which can be employed, but also its length, and I would suggest that to the average operator when dealing with the class of case to which I refer, it is of very great value to be able to use as short a tube and get, so to speak, as near to the foreign body as possible. Whether the latter be in a main bronchus or in one of the smaller branches, proximity to it will be much favoured by approach through a tracheotomy opening. Most people will agree that, other things being equal, it is much more easy to remove, say, an impacted tooth-plate from near the upper than from near the lower end of the œsophagus. To me, at least, every additional inch of tube appears to increase the difficulty, and the narrower the lumen of the tube the more is this the case. Surely the advantages of a short tube such as one may use through a tracheotomy wound in an infant are not to be despised?—I am, yours etc.

THOMAS GUTHRIE.

## GENERAL NOTES

ROYAL SOCIETY OF MEDICINE,

1 Wimpole Street, London, W.1.

*Section of Otology*—President, Dr A. Logan Turner. *Hon. Secretaries*, Norman Patterson, F.R.C.S., and F. J. Cleminson, M.Ch. The next Meeting of the Section will be held on Friday, 20th January 1922, at 5 o'clock. Members proposing to show patients or specimens, etc.,