

LETTER TO THE EDITOR

THE USE OF THE LA FORCE ADENOTOME.

TO THE EDITOR,

The Journal of Laryngology and Otology.

SIR,—If Mr A. J. M. Wright had used the La Force adenotome in the case he reports in the *Journal of Laryngology and Otology* for November 1928, p. 779, he would not have had to perform tracheotomy in order to extract a large mass of adenoids from the bifurcation of the trachea. The adenoid mass would have been in the box of the adenotome.

The respiratory tonsil is not a mass of granulation tissue which calls for curettage, but a definite anatomical structure which should be removed complete in one piece, just as the alimentary tonsils are removed by enucleation. The only instrument capable of accomplishing this is the La Force adenotome. No surgeon who has used it is likely ever again to apply the dangerous and inefficient curette. Nor is he likely to encounter suppurative nasopharyngitis of traumatic origin, with its not infrequent tubo-tympanic extension. I never curette the nasopharynx of a child, nor permit it to be done by any assistant in my department, for I regard it as a surgical outrage. I have incontrovertible evidence that it is the cause of much chronic nasopharyngeal sepsis and tubo-tympanitis in children.—I am, etc.,

F. PEARCE STURM, M.D.

LEIGH, November 1928.

GENERAL NOTES

ROYAL SOCIETY OF MEDICINE.

1 Wimpole Street, London, W. 1.

Section of Otology.—*President*, Mr Somerville Hastings, M.S. *Hon. Secretaries*, Mr Nicol Rankin, M.C., M.B., 56 Harley Street, London, W.1, and Dr F. C. Ormerod, M.D., 13 Welbeck Street, London, W.1.

The next Meeting of the Section will be held on Friday, 1st February, at 10.30 A.M. Members desirous of showing patients or specimens should communicate with the Senior Hon. Secretary at least twelve days before the meeting.

Section of Laryngology.—*President*, Mr H. Bell-Tawse, F.R.C.S. *Hon. Secretaries*, Mr Lionel Colledge, F.R.C.S., 2 Upper Wimpole Street, London, W.1, and Mr M. E. Vlasto, F.R.C.S., 26 Wimpole Street, London, W.1.

The next Meeting of the Section will be held on Friday, 1st February, at 5 P.M. Members desirous of showing patients or specimens should communicate with the Senior Hon. Secretary at least twelve days before the meeting.

General Notes

During the Session 1928-29 the Sections will meet on the following dates :—On Friday, 1st February, 1st March, 3rd May (*Annual*) and 7th June.

The Section of Otology will meet at 10.30 A.M. and the Section of Laryngology at 5 P.M.

* * *

BRITISH MEDICAL ASSOCIATION, MANCHESTER, 1929.

The Ninety-seventh Annual Meeting of the British Medical Association will be held in Manchester in July. The Association meets under the Presidency of Arthur Henry Burgess, M.B. (Vict.), F.R.C.S. Eng., Honorary Surgeon to the Royal Infirmary and Professor of Clinical Surgery, Victoria University, Manchester.

The Section of Laryngology and Otology will meet under the Presidency of Mr F. H. Westmacott, C.B.E., F.R.C.S.

* * *

THE JOURNAL OF LARYNGOLOGY AND OTOTOLOGY, LTD.

The Eighth Annual Ordinary General Meeting of the Company will be held at 11 Chandos Street, London, W.1, on the afternoon of Friday, 1st March, at 6.30 o'clock. The General Report and the Balance Sheet of the Company will be submitted to the Shareholders.

* * *

ANNUAL "JOURNAL" DINNER.

The Annual Dinner will be held on the evening of Friday, 1st March. The Chair will be taken by Mr W. M. Mollison, F.R.C.S., one of the Directors of the Company. The arrangements, which are in the hands of Mr Archer Ryland, F.R.C.S.E., will be announced in the next number of the *Journal*.

* * *

SCOTTISH SOCIETY OF OTOTOLOGY AND LARYNGOLOGY.

At the Meeting of the Society held at the Victoria Infirmary, Glasgow, on Saturday, 24th November 1928, Dr John L. Howie, Glasgow, was elected President.

The Society offers a prize of £20 for the best piece of Clinical or Laboratory Research Work in Oto-Laryngology. The prize is open to Clinical Tutors, House Surgeons and Clinical Assistants attached to the Clinics of Ordinary and Corresponding Members of the Scottish Society of Otology and Laryngology. The paper embodying the research work must be sent to the Hon. Secretary, Dr W. T. Gardiner, 18 Chester Street, Edinburgh, not later than the 1st November 1930.

* * *

Dr T. Ritchie Rodger, M.D., F.R.C.S.E., Hon. Surgeon to the Ear, Nose and Throat Department, Royal Infirmary, Hull, has been unanimously elected Sheriff of the city of Hull.

Mr Cassidy de Wet Gibb, F.R.C.S.E., M.R.C.S. Eng., L.R.C.P. Lond., has been appointed Honorary Laryngologist to the Torbay Hospital, Torquay, Devon.

Dr E. Hamilton White has been appointed Lecturer on Oto-Laryngology in the Faculty of Medicine, McGill University, Montreal.

General Notes

THE NATIONAL INSTITUTE FOR THE DEAF.

In the last Report of the National Institute for the Deaf—this was founded four years ago—it is made clear that comparatively little financial support is given by the public to its valuable work. Apparently it has always been more difficult to enlist sympathy for the hard of hearing than for the blind. Nevertheless it may prove and does prove in an economical sense a serious loss to the State, in that so many thus afflicted are unable to become useful members of the community. According to the Report of the Institute, nearly 40,000 deaf-born persons in this country depend for assistance upon voluntary agencies after the school age is passed. State provision ceases at the end of the period of school education.

The work of the Institute is handicapped by the lack of financial help. One of its objects is to secure a national organisation of the various societies and associations which interest themselves in the welfare of the deaf. To effect this it aims at promoting the establishment of county associations composed of representatives of the Education Authorities, Poor Law Authorities, voluntary schools and welfare societies. The problem of unemployment, too, which presents special difficulties both for the congenital and acquired deaf, must be faced and means adopted for securing their entrance into industry in occupations suited to their disability. Through the agency of its Medical Committee an attempt is being made to give advice as to the means to be adopted for preventing deafness, and further, warnings are issued against the use of various remedies so skilfully advertised by unqualified persons. The Institute suggests that the provision of specialist treatment in ear, nose and throat affections under the National Health Insurance Scheme would play an important part in the prevention of deafness.

* * *

ENUCLEATION OF THE TONSILS IN THE DOG.

In the *Veterinary Journal*, of October 1928, Mr Guy Sutton records the case of removal of the tonsils from a Sealyham terrier dog, aged 18 months. The owner of the animal reported that the dog had breathed with difficulty during the past three months; respiration was accompanied by a snoring sound and the animal was in poor condition. The faucial tonsils were distinctly hypertrophied and there was no question that operation was indicated.

To check the risk of excessive salivation, $\frac{1}{100}$ grain of atropin combined with morphia as the narcotic was administered. Special pressure forceps were provided in case of hæmorrhage. Both tonsils were removed bloodlessly by means of a wire snare slowly tightened. Three days later the dog was returned to its owner. Snoring had ceased and breathing was normal. The tonsils, examined microscopically, proved to be simple hyperplasias of lymph adenoid tissue.

* * *

BOOKS RECEIVED FOR REVIEW.

The Troubled Conscience and the Insane Mind, by Charles Blondel, Professor of Psychology in the University of Strasbourg, with an Introduction by F. G. Crookshank, M.D. Psyche Miniatures (Medical Series), Kegan Paul: 1928. Price 2s. 6d.

An Index of Symptomatology, by various writers; Edited by H. Letheby Tidy, M.A., M.D. Oxon. With 130 Illustrations. Bristol: John Wright & Sons, Ltd. 1928. Price £2, 2s. net.

Models of the Labyrinth



These models (King's College Hospital pattern) were devised by

Mr A. H. CHEATLE

and

Mr NEGUS

for teaching purposes and for investigating labyrinthine diseases.

The pointers on the Head frame lie parallel with the Frankfort plane, so that when the frame is on the head the models lie in correct orientation in all respects. The patient's head can be put in any position and the exact relations of each of the canals are seen; rotation and caloric tests can be carried out with the frame in position.

Surgical Instrument Manufacturers

Established over Sixty Years

Mayer & Phelps

CHIRON HOUSE
59-61 New Cavendish St.
London, W. 1

