

## Letters to the Editors

As two out of three of the principles guiding the selection of cases as suitable for a test are different, it is not surprising that the results should differ. However, the paper is an absolutely straight one and there is no juggling with facts or figures.

With regard to Dr Norrie's paper on the treatment of enlarged inferior turbinals, I can confirm almost entirely what he has said. Some years ago Professor Leduc pointed out to me the superiority of the treatment of such cases by zinc electrolysis over the galvano-cautery. Tissues coagulated by the galvano-cautery are a good pabulum for micro-organisms, while those coagulated with zinc form a very bad one. I found it difficult to introduce his needle cut from zinc sheeting, and used a zinc-plated steel needle. Dr Norrie introduced to me the zinc wire, and I find it most satisfactory. Gauge 22 is suitable for ear work; gauges 16 or 14 are suitable for needles for the inferior turbinal, or for treating synechiæ between the nasal septum and outer wall; and gauge 10 for electrolysis, used for the purpose of destroying an area of the inner wall of the maxillary antrum in the inferior meatus in cases of maxillary empyema without polypus formation or other complication.

The use of zinc ionization, or zinc electrolysis, I have found of great benefit in various common conditions, and in many patients it has resulted in speedy alleviation without operation and loss of work.

A. R. FRIEL.

LONDON, *February* 1926.

### HÆMORRHAGE AFTER REMOVAL OF ADENOIDS.

TO THE EDITORS,

*Journal of Laryngology and Otology.*

SIRS,—In the *Journal of Laryngology and Otology*, February 1926, two cases of hæmorrhage following adenoid curettage are reported. In both the life of the patient was endangered by the bleeding, which in one is described as profuse, in the other as severe. Elaborate procedures were in each case needed for its control. It is moreover recorded that "both patients lost so much blood in a very short time that their recovery was a matter of doubt." Emphasis is laid upon the unconvincing facts that the first had on one occasion bled profusely from a cut lip, and near relations of the second had bled for two days after tooth extraction.

I have noted many similar records in the literature of recent years, but in a long personal experience have never seen post-operative hæmorrhage. I attribute this not to good luck but to the fact that for the past twelve years I have never curetted the naso-pharynx. In every case I have removed the pharyngeal tonsil complete in one

## General Notes

piece, together with its so-called capsule, by means of the adenotome of La Force.

The results of this technique are so perfect that no surgeon who has experience of it is likely to return to the barbarous curette, which, even when it removes the growth completely, and this is by no means always the case, leaves a traumatised and chronically inflamed naso-pharynx.

It is true that a correct pattern of adenotome cannot at present be obtained from surgical instrument makers in this country, but any American or Continental firm will supply it. The adenoid curette has had its history, and it still has its place; not however in the kit-bag of the modern surgeon, but in some quiet museum devoted to the antiquities of Laryngology.—I am, etc.,

F. PEARCE STURM.

EAR AND THROAT CLINIC,  
LEIGH, LANCS, *February* 1926.

## GENERAL NOTES

ROYAL SOCIETY OF MEDICINE,

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

*Section of Laryngology.*—*President*, W. H. Kelson, M.D. *Hon. Secretaries*, Philip Franklin, F.R.C.S., 27 Wimpole Street, London, W. 1, and Norman Patterson, F.R.C.S., 82 Portland Place, London, W. 1.

The next Meeting of the Section will be held on Friday, 7th May, at 5 P.M. Members who are desirous of showing patients or specimens are requested to give notice to the *Senior Hon. Secretary*, along with a short précis stating the more important facts. These should be sent at least twelve days before the meeting.

The Summer Meeting of the Section of Laryngology will be held on Thursday and Friday, the 3rd and 4th June. The first Session will open on Thursday at 4 P.M., and the second on Friday morning at 10 o'clock.

On the evening of Friday, 4th June, the Annual Dinner of the Section will take the form of a Banquet in honour of Sir St Clair Thomson, M.D., for the purpose of recognising his position as President of the Royal Society of Medicine and as an appreciation of his many valuable services to Laryngology. The dinner will be held at the Hotel Victoria. Application for seats should be made to Mr Norman Patterson, F.R.C.S., 82 Portland Place, London, W. 1.

The arrangements in connection with the Meeting and with the Banquet will be announced in a future number of the *Journal*.

*Section of Otology.*—*President*, G. J. Jenkins, F.R.C.S. *Hon. Secretaries*, F. W. Watkyn-Thomas, F.R.C.S., 14 Welbeck Street, London, W. 1, and T. B. Layton, D.S.O., M.S., 10 Welbeck Street, London, W. 1.

The next Meeting of the Section will be held on Saturday, 8th May,