

Letters to the Editors

This may be true, but is not the advocacy of the large osteoplastic and dural flaps rather a confession that the author still finds early pre-operative diagnosis unreliable?

Is there not still such a thing as a "latent brain abscess." Does any surgeon undertake a true "interval operation" on the brain with a light heart?

The truth is that in the matter of accurate diagnosis, except perhaps in the initial and terminal stages, there is much work to be done and that, except in the matter of the examination of the blood and cerebro-spinal fluid and the vestibular and cerebellar functions, little of value has been added to the facts marshalled by the pioneers of forty years ago. The author, however, has recorded two observations which may prove fruitful, viz. :—

(1) Varying degrees of transient or permanent hemianopsia without hemiparesis of the face and limbs (unfortunately the field-charts given are not above criticism).

(2) The localisation of a temporo-sphenoidal abscess by the radiographic shadow of a collection of gas produced by anaerobic organisms in the uppermost segment of the cavity.

These observations should stimulate systematic careful field of vision taking and radiographic examination in suppurative nasal and aural cases, whether any of the classical symptoms of brain abscess are present or not.

The reviewer hopes that his criticisms will not discourage intending readers, but, on the contrary, will stimulate the careful study of a valuable and interesting contribution to brain surgery

The Bibliography and collected cases of cerebellar and frontal lobe abscesses represent an amount of research which can only be described as colossal.

HUGH E. JONES.

LETTERS TO THE EDITORS.

TO THE EDITORS,

Journal of Laryngology.

Re Medical Examination for Royal Navy.

SIRS,—You will agree that we are frequently requested, by doctors and parents, to remove the tonsils and adenoids from the throats of Candidates for the Navy, when, in the absence of that "bogey," the Naval Medical Examination, we should not think of operating.

Feeling confident that there was an erroneous belief abroad concerning an extraordinarily exacting standard governing the verdicts

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of the Naval Medical Board, I ventured to write to the Director General asking for a ruling on the subject.

Sir Robert Hill very kindly allows me to send you his reply for publication in the Journal. It will, I think, save many youngsters from operations which, in the strict surgical sense, are unnecessary.—Yours truly,

E. B. WAGGETT.

LONDON.

SIR ROBERT HILL'S REPLY.

Many thanks for your letter.

It is very seldom that we disqualify a boy for throat trouble alone, and certainly *never* for simple hypertrophy of the tonsils. Of course, adenoids, when discovered, have to be removed before joining Dartmouth, but they would not by themselves disqualify a boy.

In cases of deafness which appear to us to be due to adenoids, we usually turn down the boy and strongly advise the parents to appeal, when we call in a throat and ear specialist. If he concurs that removal of the adenoids will clear up the deafness, the parents are advised to have it done, and the boy comes up for examination and, if all right, he goes in.

In questionable cases with glands and a not too strong chest, a pair of ragged, unhealthy tonsils, would probably prejudice the Board against the boy.

I wonder if I have made myself clear. Do, please, write again if there are any points I have missed.—Yours, etc.,

ROBERT HILL.

MEDICAL DEPARTMENT,
THE ADMIRALTY, 19/4/23.

TO THE EDITORS,

The Journal of Laryngology and Otology.

DEAR SIRS,—I am sorry to inflict a further letter upon you. After all, we are in search of knowledge, and wish only to get the best results for our patients. In spite of Dr Guthrie's modification in the operation on the mastoid, I cannot yet accept Mr Tilley's teaching as sound. It may be because I am far away in the Antipodes where we have, necessarily, to depend almost solely upon our own experience!

The operation is done to get rid of purulent and necrotic processes in the antrum and mastoid, and at the same time to restore the middle ear to its normal, functioning state.

Accepting Dr Guthrie's modification, if it be such, of "Bipping" the cavity before closure, that does not do away with the necessity