

LETTER TO THE EDITORS

HYPERTROPHY OF PHARYNGEAL LYMPHOID TISSUE.

THE EDITORS,

The Journal of Laryngology and Otology.

SIRS, — Among my out-patients, this morning, I saw a case of exaggerated lateral hypertrophic pharyngitis in a boy of 8 years, who had had his tonsils partially removed (?) three times. The masses, as described in "Wright & Smith," involved the posterior surfaces of the posterior pillars and were as large as an ordinary man's hypo-thenar eminence. These masses extended from the pharyngo-epiglottic folds below, upwards to the fossæ of Rosenmüller. Small portions of tonsils and adenoids remained. The lingual tonsil was only slightly hypertrophied. During gagging the masses touched one another.

I have seen other cases where the hypertrophied lymphoid tissue formed a mat all round the oropharynx.

It is a big undertaking to cauterise so large a mass, and curettage or morcellement is, I think, wrong. I can only suggest to the parents careful removal of the tonsillar and adenoid remains, and then general treatment including a digestible form of iron, iodine, and small doses of thyreoid extract. This condition is common and appears to me to be associated with thyreoid dyscrasia. Thyreoid disease is exceedingly common in the district. It is not associated with absence of sunlight in New Zealand, because we have in the surrounding districts here about the same average sunshine hours as in Southern Italy!

I have been in the habit of ordering a modified form of climatic and open-air treatment in these cases.

I shall be glad to have the experience of laryngologists on this matter.—Yours faithfully,

T. A. MACGIBBON, M.D.

CHRISTCHURCH, N.Z., 20th April 1926.

GENERAL NOTES

ROYAL SOCIETY OF MEDICINE,

1 Wimpole Street, London, W. 1.

Sections of Laryngology and Otology.—The Session 1926-27 will open on Friday, 5th November. The Section of Laryngology will meet on Friday, 5th November, at 5 P.M., and the Section of Otology on Saturday, 6th November, at 10.30 A.M.

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THE SEMON LECTURE, 1926.

Dr A. Brown Kelly, M.D., D.Sc. (Glasg.), has been invited by the Semon Lecture Board to deliver the Semon Lecture, University of London.

General Notes

BRITISH MEDICAL ASSOCIATION, EDINBURGH, 1927.

The Ninety-fifth Annual Meeting of the British Medical Association will be held in Edinburgh in July 1927, under the Presidency of Sir Robert Philip, M.D., F.R.C.P. (Ed.), Professor of Tuberculosis in the University of Edinburgh.

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SCOTTISH SOCIETY OF OTOTOLOGY AND LARYNGOLOGY.

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, or clinical assistants attached to the Clinics of the Ordinary or Corresponding Members of the Scottish Society of Otology and Laryngology. The papers embodying the research work must be sent to the Secretary of the Society, Dr W. T. Gardiner, 18 Chester Street, Edinburgh, before the 1st November 1926.

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THE INTERNATIONAL CLINIC OF OTO-RHINO-LARYNGOLOGY AND FACIO-MAXILLARY SURGERY, PARIS, 1926.

We are indebted to Dr Douglas Guthrie for the following notes on the Course:—

The Second Annual Post-graduate Course of the International Clinic of Oto-Rhino-Laryngology and Facio-maxillary Surgery was held at the St Louis Hospital, Paris, during May and June 1926, under the direction of Professor Fernand Lemaître, with his associates, Dr J. Eastman Sheehan (New York) and Dr Ferris Smith (Grand Rapids, Mich.). Drs Sheehan and Smith gave a complete course on the Plastic Surgery of the Face and Jaws, illustrated by lantern and cinematograph. Many operations were performed at the Clinic, while ample facilities for operative practice on the cadaver were afforded at the Faculté de Médecine in the afternoons.

Additional lectures and operative demonstrations were given by Professor Lemaître (Drainage of Brain Abscess), Dr Victor Veau (Cleft Palate and Harelip), Dr Dupuy-Dutemps (Dacryocystostomy), and Dr Douglas Guthrie (Otology in Childhood).

The lecturers and those attending the classes, representing seven different nations, dined together in the Restaurant Drouant on 11th June, when Professor Lemaître spoke of the aims and objects of the Clinic. He said that the work was increasing, and that next year he hoped the teaching would be under the patronage of the University of Paris. There would be three separate courses of instruction, dealing respectively with plastic surgery, oto-laryngology, and peroral endoscopy, instead of one comprehensive course as at present. It was the aim of the Clinic to provide in one centre the best teaching from the various countries of the world.

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DIPLOMA IN LARYNGOLOGY AND OTOTOLOGY.

The Council of the Royal College of Surgeons of England has elected the following to examine for the above Diploma: in Part I., Mr Herbert Tilley, F.R.C.S., and Mr Arthur Cheatle, F.R.C.S.; in Part II., Mr Sydney R. Scott, F.R.C.S.

General Notes

Dr James C. G. Macnab, F.R.C.S. (Ed.), has been appointed Consulting Surgeon to the Ear and Throat Department of the General Hospital, Johannesburg.

Dr Andrew Campbell, F.R.C.S. (Ed.), has been appointed Surgeon to the Ear and Throat Department of the General Hospital, Johannesburg, on the retirement of Dr James C. G. Macnab.

Dr T. F. Andrew, F.R.C.S. (Ed.), has been appointed Assistant Surgeon to the Ear and Throat Department of the General Hospital, Johannesburg, *vice* Dr Andrew Campbell promoted.

Dr J. A. Pienaar, M.B., Ch.B. (Ed.), has been appointed Registrar to the Ear and Throat Department at the General Hospital, Johannesburg.

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THE LATE DR NEIL MACLAY.

We record with sincere regret the death of Dr Neil Maclay which occurred suddenly at Bamburgh, Northumberland, on Saturday 26th June. The Section of Laryngology, Royal Society of Medicine, was represented at his funeral by Dr W. J. Harrison, Newcastle-on-Tyne, who laid a wreath on the grave on behalf of the President and Council of the Section.

The obituary of Dr Maclay will appear in the next number of the *Journal*.

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ODOURS AND THE SENSE OF SMELL.

In a short article in a recent number of *Nature*, Dr J. H. Kenneth, to whose interest in the subject of Osmics we have more than once referred in these Notes, draws attention to the many problems which still require elucidation in this department of science. Members of the specialty seeking for a field of investigation might with advantage turn their attention to one or more of the various aspects of olfaction, regarding which our knowledge is still defective.

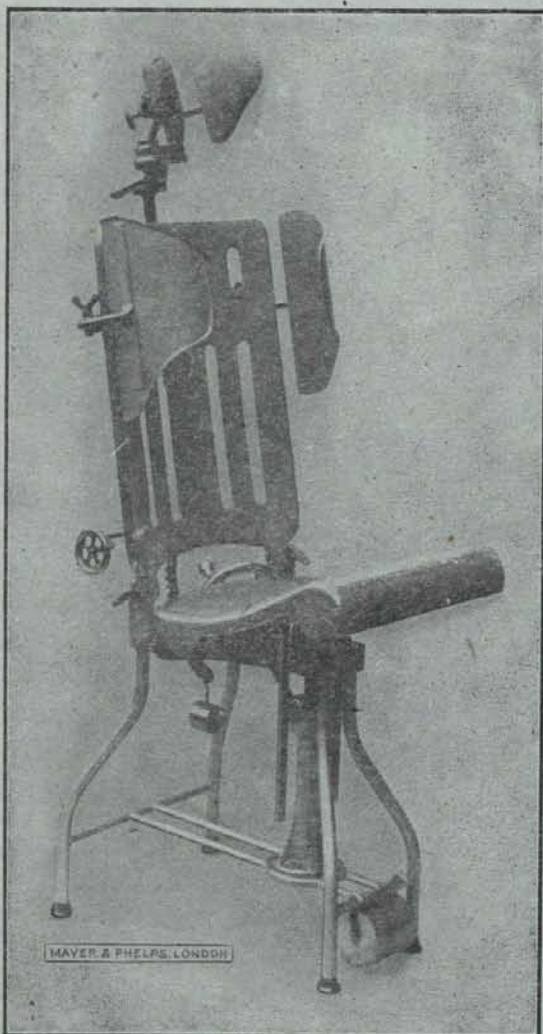
Kenneth divides the subject into three main interdependent parts, morphological, psycho-physiological, and physico-chemical, each of which provides material for further research. The more distinctly clinical side is also touched upon in this connection. There are inborn and acquired likes and dislikes, which form a kind of olfactory syndrome or diathesis characteristic of the individual. He suggests that owing to fluctuations in the affective judgment of odours due to changes in metabolic conditions, it would seem probable that an olfactory diathesis would have some diagnostic value, especially if linked with an examination into colour preferences. While an appreciable amount of work has been done on the question of smell and sex, there is room for further investigation. The images called up by odours are so vivid, that there would seem to be a case for their occasional employment in the practice of psycho-analysis. The classification of odours, the methods of educating the sense of smell, and the question of olfactory fatigue are all problems of interest.

OPERATION CHAIR

Devised by MUSGRAVE WOODMAN, F.R.C.S.

Surgeon to Throat and Ear Department, General Hospital, Birmingham.

Exhibited at the meeting of the Section of Laryngology, Royal Society of Medicine, 6th November 1925.



The Chair is designed for operative work on the head and neck under an anæsthetic and for general use in nose and throat work. It is sufficiently rigid for operations on the brain, mastoid, and gas-serian ganglion.

The seat can be raised and lowered.

The back can be adjusted to any angle and with the arm supports in position it is impossible for the patient to move while under the anæsthetic.

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