

## G. H. Bateman and M. O. Carruthers

laryngeal nerve paralysis. As this subsequently showed signs of recovery it was probably due to traction on the nerve at operation.

The patient left hospital 15 days after removal of the bone and was swallowing normally.

Re-examination 5 weeks later showed that complete recovery of the recurrent nerve paralysis had taken place.

### Conclusion

1. An intra-mural œsophageal foreign body offers no obstruction to the passage of food, barium, etc., but is associated with increasing pain on swallowing.

2. A thin flat bone may only show on X-ray when taken "edge on". One has no true indication of the shape or size of a foreign body unless it is visible on at least two films taken in different planes (see Fig. 2b).

3. Locating a large foreign body even when the site is exposed from the neck may be extremely difficult. The introduction of an endoscope may assist (*a*) by providing something hard against which to palpate, or (*b*) as a transilluminator to outline the F.B.

4. Successful surgical removal of an intra-mural foreign body offers perhaps the safest and quickest road to recovery.

### Acknowledgments

Our thanks are due to Dr. J. W. McLaren for the X-rays and to the Photographic Department of St. Thomas's Hospital for the photographs.

## GENERAL NOTES

### OLD ILLUSTRATION BLOCKS

It is our custom to destroy blocks after three years. It may be that some authors would like to have their blocks for possible future use. In such case would they write Headley Brothers, Ashford, Kent, as soon as possible, and in any case within three years of their first being used.

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THE attention of members is drawn to the *EXCERPTA MEDICA* Section XI which is a most valuable international abstracting service as it gives each month abstracts of all the important papers in Oto-Rhino-Laryngology. The subscription is £4 8s. od. a year and the agents for Great Britain, the Dominions and the Commonwealth (excluding Canada) are E. and S. Livingstone Ltd., 16 and 17 Teviot Place, Edinburgh. We regret that in previous issues the price was incorrectly stated as five dollars or the equivalent.

## General Notes

### BRITISH ASSOCIATION OF OTOLARYNGOLOGISTS

#### ANTERIOR POLIOMYELITIS AND EAR, NOSE AND THROAT OPERATIONS

THE attention of members is drawn to the Medical Memorandum on Poliomyelitis, No. 93222/7/63, dated July, 1954, issued by the Ministry of Health and Department of Health for Scotland. The relevant passages in this report, which are of interest to Otolaryngologists, are as follows :

#### 1. EPIDEMIOLOGY.

(a) The present evidence suggests that the portal of entry is usually the mouth and that the primary site of infection is in the mucosa of the oropharynx or the small intestine.

(b) In bulbar poliomyelitis following tonsillectomy it seems that the virus most probably travels to the medulla along the cranial nerves supplying the pharynx.

(c) It is fairly generally accepted that specific trauma, especially tonsillectomy, may precipitate paralysis.

#### 2. CONTROL MEASURES : AVOIDANCE OF CERTAIN TRAUMA.

(a) *Tonsillectomy.* The postponement of tonsillectomy when poliomyelitis reaches unusual proportions in a locality is strongly advised, particularly because when poliomyelitis follows recent tonsillectomy, serious illness, with bulbar involvement, appears to be more frequent. The Medical Officer of Health can assist by informing local hospital authorities when and where the incidence of the disease is unusually high, so that the surgeon may then take this hazard into account before deciding to operate.

(b) *Tooth Extractions.* There is very little evidence that tooth extractions may predispose to bulbar poliomyelitis. Nevertheless as with ear, nose and throat surgery the possibility should be kept in mind by dentists undertaking non-urgent extractions in areas of epidemic prevalence.

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### OTOLARYNGOLOGY LECTURES 1956

THE following lectures, arranged jointly by the Royal College of Surgeons of England and the Institute of Laryngology and Otology will be delivered in the Lecture Hall of the College at 5.30 p.m.

1956

April 5th. Mr. T. Holmes Sellors. Perforations of the air passages and the œsophagus.

May 3rd. Dr. Hans Engström, Göteborg, Sweden. "Electron-microscopic studies of the olfactory membrane."

July 5th. Professor W. V. Mayneord. Recent scientific development in radiotherapy.

The lecture arranged for May 3rd by Mr. E. J. Radley Smith on the Physiology and Pathology of the Pituitary Gland has unavoidably been postponed until the next session. His place has been taken by Dr. Engström.

## General Notes

### MEDICAL RESEARCH COUNCIL

#### ALEXANDER PIGOTT WERNHER MEMORIAL TRAVELLING FELLOWSHIPS IN OPHTHALMOLOGY AND OTOTOLOGY, 1956-57

The Medical Research Council invite applications for Travelling Fellowships in Ophthalmology and Otology for the academic year 1956-57, for which special provision has been made by the Alexander Pigott Wernher Memorial Trustees. Under the terms of the bequest from which these awards are made, the funds are to be applied "towards the prevention and cure of blindness and deafness in the United Kingdom and British Empire and in particular research in connection therewith by financing medical men and students within the Empire to study methods and practices in all countries of the world".

These Fellowships are intended for suitably qualified medical graduates who are likely to profit by a period of work in Ophthalmology or Otology at a centre abroad before taking up positions for higher teaching and research in these branches of medical science. Candidates will be required to submit an outline of their proposals for work at a selected centre. The awards will normally be tenable for one year: no provision can be made for travelling grants for short-term visits abroad.

The Fellowships provide for the payment of a maintenance allowance at the rate of £650 per annum for a single Fellow or £900 per annum for a married Fellow, subject to appropriate adjustment in the case of Fellowships tenable at centres outside the sterling area; in addition, an allowance is made for travelling and other approved expenses.

*Forms of application for these Fellowships may be obtained from the Secretary, Medical Research Council, 38, Old Queen Street, London, S.W.1, with whom applications must be lodged by the 31st March, 1956.*

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### THE INSTITUTE OF LARYNGOLOGY & OTOTOLOGY

The Academic Board announces that the Short Course in Pathology will be repeated on 18th & 19th May, 1956, and that a Short Course on the Deaf Child for Consultant Otologists will be given on 1st, 2nd & 3rd May, 1956. A similar course for Senior Registrars has been arranged for 16th to 19th October, 1956.

The Trustees of the Nuffield Foundation have made a grant of £3,000 to the associated Royal National Throat, Nose & Ear Hospital to finance four scholarships in connection with a year's pilot scheme of teaching selected personnel the methods of auditory assessment and training of the deaf child. It is hoped to put this scheme into operation shortly.

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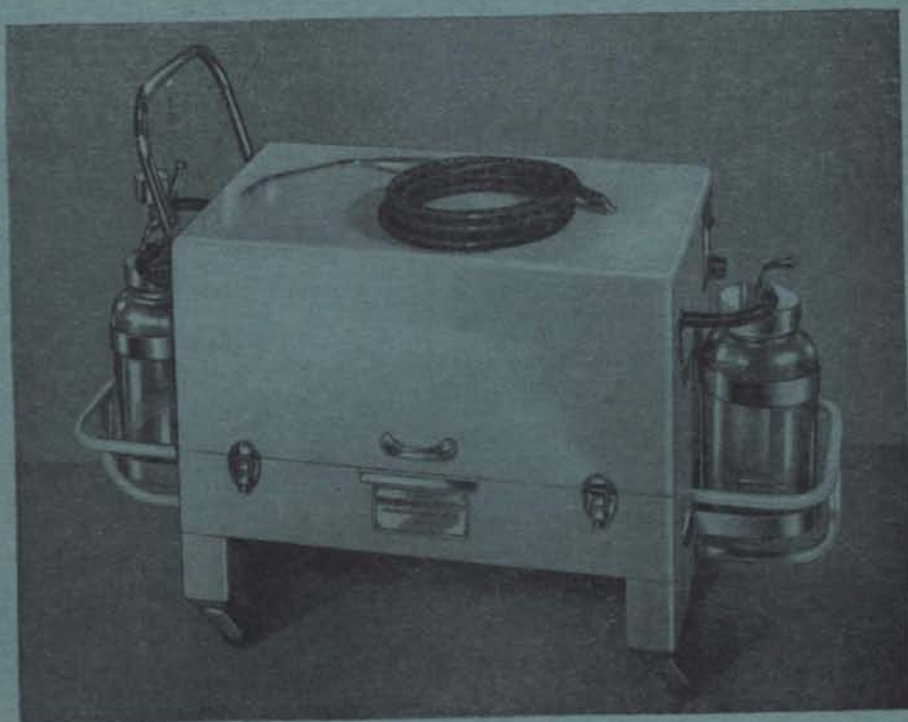
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