

## Letters to the Editors

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

## General Notes

of drainage of the middle ear. Mr Tilley says he relies upon an incision in the membrane to do that. But the middle ear is not a simple cavity. It is a series of cavities all presumably, in bad cases, affected and secreting pus. Again, the Eustachian tube is likewise pouring out pus. What is to prevent pus getting into the operation cavity *viâ* the aditus? Pus associated with blood-clot, with "Bipp" in addition, is almost certain to work some ill effect. I have recently had to reopen such a cavity which had been "Bipped" and I found it full of infected material, with very serious necrosis of the temporal bone.

Again, the drainage through the membrane is poor at best, and leaves damage to that structure, even though it may not have a perforation. Posterior drainage is so good that the numerous delicate structures in the middle ear return to their normal state rapidly. My experience of over 400 cases shows such good results in the matter of hearing, that I still hesitate to adopt a method which is said to please the patients and their friends because the post-operative treatment is shortened, and there is no depression behind the ear. What matters the depression or the time in healing if one gets good hearing and complete cure from the septic trouble in the ear?—Yours faithfully,

T. A. MACGIBBON, M.D.

CHRISTCHURCH, N.Z.  
3rd April 1923.

## GENERAL NOTES

### SECTION OF LARYNGOLOGY—ROYAL SOCIETY OF MEDICINE.

As evidence of the widespread development of the specialty in Great Britain and Ireland, it is not without interest to record that at the recent Summer Meeting of the Section of Laryngology of the Royal Society of Medicine, held in Manchester, representatives were present from the following twenty-seven cities and towns. They are arranged in alphabetical order: Belfast, Birmingham, Blackpool, Bournemouth, Bristol, Cardiff, Cheltenham, Dublin, Edinburgh, Glasgow, Gloucester, Guildford, Harrogate, Hull, Leeds, Leicester, Liverpool, London, Manchester, Newcastle-on-Tyne, Norwich, Nottingham, Oldham, Reading, Sheffield, Stoke-on-Trent, and Worcester.

Brisbane, Queensland, was represented by Dr Graham Brown, at present on a visit to this country.

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Dr Irwin Moore, having resigned his appointment as Surgeon to the Hospital for Diseases of the Throat, Golden Square, has joined the Staff of the Metropolitan Ear, Nose and Throat Hospital, as Assistant Surgeon.