

Letter to the Editors

The writer concludes by analysing the action of various drugs, principally sodium iodide, calcium chloride and liquor arsenicalis, which he combines in a mixture, and which, in conjunction with the various prophylactic measures enumerated, has allowed him to cure an enviable number of his tuberculous patients.

JAMES B. HORGAN.

LETTER TO THE EDITORS

TO THE EDITORS,

Journal of Laryngology and Otology.

SIRS,—In the March number of the *Journal of Laryngology and Otology*, I was much interested in the article by James Adam, M.D., "Is Chronic Maxillary Sinusitis a Cause of Bronchiectasis?" Not knowing the address of Dr Adam, I shall be glad if you will publish this letter in your *Journal*.

Dr Adam says, "This question, so far as I know, is not mentioned in the literature." I should like to give him the following references:—

"The Lymph Drainage of the Accessory Nasal Sinuses," W. V. Mullin. *Transactions of the American Laryngological, Rhinological and Otological Society*, 1919.

"Experimental Lesions of the Lungs produced by the Inhalation of Fluids from the Nose and Throat," W. V. Mullin and C. T. Ryder. *The American Review of Tuberculosis*, Vol. iv., No. 9, November 1920.

"The Accessory Sinuses as an Etiological Factor in Bronchiectasis," W. V. Mullin. *Transactions American Laryngological, Rhinological and Otological Society*, 1921.

"Value of Direct Inspection in the Diagnosis of Chronic Maxillary Sinus Disease," F. L. Dennis and W. V. Mullin. *The Laryngoscope*, April 1922.

Dr Adam believes that bronchiectasis is not a common condition. This is not our experience here, for it is relatively frequent. Since the publication of the above-mentioned articles I have done a great deal of work on the association of sinus disease with diseases of the chest, but nothing further has been published.

W. V. MULLIN.

COLORADO SPRINGS, U.S.A.,
13th April 1925.