

LETTER TO THE EDITOR

TO THE EDITOR,

The Journal of Laryngology and Otology.

DEAR SIR,—Dr. Reidar Schroeder's article on "Suppuration in the Para-pharyngeal Space" in your October issue (page 631), induces me to recall a short account that I gave in the *Lancet* (April 12th, 1930, page 792) of Parapharyngeal Abscess. The condition I then described is one in which an abscess "lies posteriorly to the sinus tonsillar in the lateral wall of the pharynx . . . a suppuration in the bucco-pharyngeal aponeurosis behind the palato-pharyngeus muscle. It tends to point in the pharynx about the level of the lower pole of the tonsil in the potential gap between the palato-pharyngeus muscle in front, the lower border of the superior constrictor above, and the stylo-hyoid ligament behind." The condition may occur apart from peritonsillar abscess, and even after the tonsil has been removed. The clinical features resemble those of peritonsillar abscess, but there is an absence of œdema of the soft palate, and a bulging inward of the lateral wall of the pharynx behind the posterior faucial pillar. In view of the fact that the abscess is mesial to the large vessels, I advocated and practice drainage into the pharynx, reserving external drainage for cases that have not been diagnosed in the early stage, and where consequently suppuration has extended beyond the truly parapharyngeal region. I am in some doubt exactly which of Dr. Schroeder's types corresponds with the condition I describe, as he is concerned with somewhat wide extension of suppuration from a truly peritonsillar abscess; but believe it to be his posterior inferior parapharyngeal abscess, subdivision 3 (foot of page 641).

Yours faithfully,

E. WATSON WILLIAMS.