

Letter to the Editor

1913 on Intrathoracic Aneurism, under the heading Laryngeal Symptoms, Hall observes that "Probably on account of the fact that I was for many years in charge of the Throat Department at Westminster Hospital, and that I have had a large number of throat patients sent to me in private, I have been much impressed with the frequent association of paralysis of the left recurrent nerve with intrathoracic aneurysm." In many cases the vocal cord was found to be already in the cadaveric position, and the patient hoarse. The physician should not wait for the onset of hoarseness, but he should carry out a laryngoscopic examination as a matter of routine, having regard to the fact that, in accordance with the law enunciated by Sir Felix Semon, the *abductor* fibres of the recurrent laryngeal nerve succumb to the effects of pressure or disease before the *adductor* fibres. Consequently the vocal cord, at an early stage of the disease, may be in the position of *adduction*, and, in this event, the voice is practically normal. There are thus three stages:—

- (1) Less vigorous adduction.
- (2) Fixation in the middle line.
- (3) Fixation in the cadaveric position.

Hall quoted cases in illustration.

Hall published the *Diseases of the Throat and Nose* in 1894, as a students' text-book; as such its interest has passed. Yet the book remains one worthy to be included in the library of a laryngologist on account of the great number of references up to 1894, subsequent to Morell MacKenzie's work, including references to English communications, in addition to those taken from the *Centralblatt*. In the second edition, 1901, Mr Herbert Tilley added much on surgery and on the nasal sinuses but the references were omitted.

WALTER G. SPENCER.

LETTER TO THE EDITOR

THE USE OF THE LA FORCE ADENOTOME.

THE EDITOR,

The Journal of Laryngology and Otology.

SIR,—Having been, as I believe, one of the first in this country to use the La Force Adenotome, and having used it ever since, I fully subscribe to Dr Pearce Sturm's eulogy of this instrument; but I feel impelled to challenge his statement that "the respiratory tonsil is . . . a definite structure which should be removed complete in one piece, just as the alimentary tonsils are removed by enucleation" (*vide* the Journal for January 1929, p. 70).

General Notes

The essential structural difference between the two is that the faucial tonsils are discrete, often hard, structures, definitely enclosed in and limited by a capsule.

I am raising no merely academic quibble, for there are two practical corollaries:—

- (1) It is sometimes not possible to include the whole of a diffuse non-encapsulated adenoid mass in the La Force box, and therefore not always possible to remove the mass complete in one piece. Gentle digital palpation, immediately afterwards, proves this.
- (2) In young children, adenoids, whose points of origin are not limited by a capsule, may recur (of this it is often necessary to warn parents); but faucial tonsils, after extra-capsular removal, can not recur.

I think that most laryngologists who use this appliance will agree with me that the chief advantages of the La Force Adenotome are that—(1) the adenoid mass, retained in the box, cannot break up, or fall into the pharynx or larynx. (2) Since the blade cuts from below upwards, there is no risk of leaving a troublesome tag, as there is when using a curette—I am, etc.,

H. LAWSON WHALE, F.R.C.S.

GENERAL NOTES

ROYAL SOCIETY OF MEDICINE.

1 Wimpole Street, London, W. 1.

Section of Otology.—*President*, Mr Somerville Hastings, M.S. *Hon. Secretaries*, Mr Nicol Rankin, M.C., M.B., 56 Harley Street, London, W.1, and Dr F. C. Ormerod, M.D., 13 Welbeck Street, London, W.1.

The next Meeting of the Section will be held on Friday, 3rd May, at 10.30 A.M. Members desirous of showing patients or specimens should communicate with the Senior Hon. Secretary at least twelve days before the meeting.

Section of Laryngology.—*President*, Mr H. Bell-Tawse, F.R.C.S. *Hon. Secretaries*, Mr Lionel Colledge, F.R.C.S., 2 Upper Wimpole Street, London, W.1, and Mr M. E. Vlasto, F.R.C.S., 26 Wimpole Street, London, W.1.

The next Meeting of the Section will be held on Friday, 3rd May, at 5 P.M. Members desirous of showing patients or specimens should communicate with the Senior Hon. Secretary at least twelve days before the meeting.