

## Letter to the Editor

The value of X-ray examination is discussed and one is glad to see that he sounds a note of warning with regard to placing too much reliance on it, more particularly in the diagnosis of ethmoidal and sphenoidal disease.

The book concludes with some chapters on the principles of treatment and the scope of pernasal and external operations on the sinuses.

The value of this book is increased by most excellent illustrations and skiagrams, and the author is to be congratulated on having produced a work that will be of the utmost value to large numbers of his colleagues.

WALTER HOWARTH.

## LETTER TO THE EDITOR

TO THE EDITOR,

*The Journal of Laryngology and Otology.*

DEAR SIR,—In your April number you print (p. 289) an abstract of a description by M. Escat of what he calls Inferior Peritonsillar Abscess, with reports of three cases. I think there can be no doubt that this is the condition that I described in 1930 (*Lancet*, i., p. 792; April 12th) as Parapharyngeal Abscess, with reports of twelve cases. While not denying that gland suppuration may occur in some cases, I still maintain that the essential feature is “a suppuration in the bucco-pharyngeal aponeurosis behind the palato-pharyngeus muscle and posterior faucial pillar. This 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 stylohyoid ligament (with middle constrictor) behind.” And in this position the abscess is readily opened. I feel it is important to confine the term “peritonsillar” to suppurations between the capsule of the tonsil and the sinus tonsillar; the condition under discussion is really a variety of deep cervical phlegmon.

Yours faithfully,  
E. WATSON WILLIAMS.