May I add a word about self-examination? I would first state that I have never had occasion to tell a woman how to go about examining herself nor taken part in any propaganda scheme of this sort. I am, however, prepared to be realistic over the matter, because we throw a tremendous responsibility on these patients when we expect them to report the presence of a painless lump. If I were asked to give instruction along these lines, I would recommend the lying-down position described above and that the breast be examined in horizontal strips, very much in the same way as a systematically minded golfer would comb the "rough" in search of a ball. Lastly, what the lay mind often fails to understand is that a tumour has four dimensions, and that the most important is that of time. —I am, etc.,

Western Infirmary, Glasgow, W.1. HENRY WAPSHAW.

Tongue-tie

SIR,—In his letter (*Journal*, November 7, p. 952) Mr. Denis Browne asks if snipping of the uvula is being done now as a cure for cough. It certainly was practised during the war years by the "Holy Men" in British Somaliland, and I presume it is still in force. The uvula was caught in a home-made snare and cut off by a home-made lancet. The results were excellent, it seemed.—I am, etc.,

Lerwick, Shetland Isles. R. MCNEIL CADENHEAD.

SIR,—Let me assure your readers that I am not, as Mr. Eric Coldrey (*Journal*, November 21, p. 1100) suspects, deceiving them; firstly by foisting upon them a "small globular tumour" as a tight fraenum of the tongue, and secondly by retouching the photograph, presumably in order to give the appearance of a small globular tumour.

As far as the tight fraenum goes, I am afraid it has gone; but, as to the retouching, Mr. Coldrey is welcome to inspect the negative at the Photographic Department of the Hospital for Sick Children, Great Ormond Street. If he should do this, I think an announcement of the result would be in order.

I have a rather higher opinion of the intelligence of my colleagues than Mr. Coldrey. It seems to me that my description of tongue-tie as a rare deformity is no more likely to set off a mass attack on infants' tongues than my similar remark about phimosis is to litter operating-rooms with discarded foreskins.—I am, etc.,

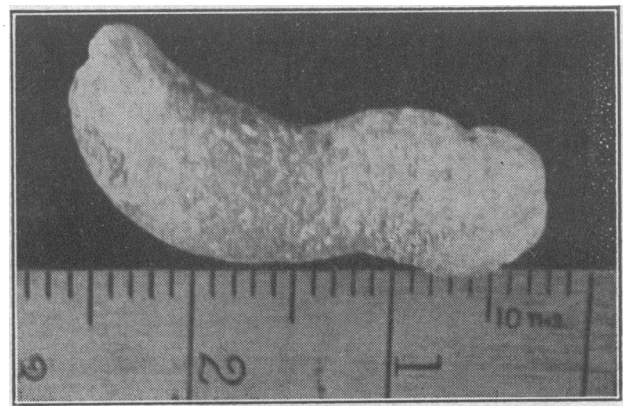
London, W.1. DENIS BROWNE.

Giant Salivary Calculus

SIR,—Stone in the submandibular duct is a common condition, and many very large calculi have been reported. Bailey and Love[1] picture such a stone measuring 1 by 1½ in. (2.5 by 3.75 cm.) and regard this as being abnormally large. In the case to be described, the stone was very much larger than this, and it is remarkable that the patient was able to tolerate pain and obstruction of the duct for about six months. The relative ease with which this vast calculus was extracted is also worthy of note.

A male Arab aged about 55 years came to the Out-patient Department of the Bahrain Government Hospital on June 9, 1959, complaining of a painful swelling in the floor of his mouth of six months' duration. He was a healthy man except for a few bad teeth and the swelling of which he complained. This swelling could be palpated in the right submandibular region. It was a hard, elongated mass, approximately 2½ by 1 in. (6.25 by 2.5 cm.), lying parallel to the body of the mandible. The appearance inside the mouth was such as to suggest a malignant growth. The surface of the mass was covered by slough and exudate. A probe gave the gritty sensation of a stone. The diagnosis of calculus was confirmed by the opaque shadow seen in a lateral radiograph of the jaw.

The stone was firmly adherent to the walls of the salivary duct, from which it was separated with some difficulty under



The calculus after removal.

local analgesia. The calculus was gripped with a tissue forceps and extracted after a few rotatory movements. It weighed approximately 20 g. and measured 2½ by 1 in. (see photograph).

The patient made an uneventful recovery. He was asked to report a week later, but he failed to appear. It is reasonable to assume that he had no further trouble, so did not think it worth while to make another journey to hospital.

My thanks are due to Miss B. M. L. Underhill, F.R.C.S., for the photograph and for help in preparing this note.

—I am, etc.,

Bahrain. S. S. AHMED.

REFERENCE

[1] Bailey, Hamilton, and Love, McNeill, *A Short Practice of Surgery*, 1952 London.

Treatment of Quinsy

SIR,—Bateman and Kodicek[1] are reported to have treated 120 cases of peritonsillar abscess by immediate enucleation, at St. Thomas' Hospital, London, with quick and excellent recovery.

As a general practitioner, may I urge that this should be a regular proceeding in the office or home? It takes only about 20 to 30 seconds to do from the moment the "rag" is removed from the patient's face, and is best done with a very slowly increasing spraying of ethyl chloride, with the patient sitting ready to be bent forwards over a basin on the floor. Two additions in my last few hundred cases (I started it in 1916 and have done about a thousand) are pethidine, or, better still, "pethilorfan," and penicillin, or tetracycline, one hour beforehand. Make sure the patient lies prone afterwards. Patients welcome the immediate relief, without all the fuss of going to hospital.—I am, etc.,

Bishop's Stortford, Herts. ROBERT A. R. WALLACE.

REFERENCE

[1] Bateman, M. G. H., and Kodicek, J., *An. Otol. (St. Louis)*, 1959, **68**, 315