The Journal of Laryngology and Otology

EDITED BY
SIR GEOFFREY BATEMAN

ASSISTANT EDITOR LIONEL TAYLOR

Contents

The management of advanced maying an editor.	A. MARK D. P. BRYCE	
	and W. D. RIDER	309
Cancer of the cervical oesophagus	D. W. STUART	317
Multiple primary tumours in the oropharynx and the		
laryngopharynx	K. Thomas	327
Acid laryngitis	J. E. DELAHUNTY	335
Unsuspected inner- and middle-ear disease associated with fatal non-aural conditions in young children	INGLE WRIGHT	343
Electrode skin lesions following evoked response		
audiometry	BARBARA G. ROBINSON	
	and RUTH M. SPENCER	363
Clinical records—		
Bejel	SHAWKY EL SERAFY	369
Giant cell tumour of the larynx	JOHN HALL-JONES	371
Cysts of the larynx	A. P. SINGH	
	and M. K. MALIK	383
Burkitt's lymphoma of the nasopharynx	S. S. DAVID	387
Epistaxis—due to ruptured aneurysm of the internal		
carotid artery	P. N. PATHAK	395
Haemangiopericytoma of maxilla	G. K. SHUKLA	
	D. DAYAL	
	and K. R. GUPTA	399
Haemangiopericytoma in the nasal cavity in Ibadan,	A. F. Alli	
Nigeria	and S. P. SINGH	405
	and S. F. Sitter	
Societies' proceedings		411
General notes		413

Headley Brothers Ltd

Ashford, Kent

The Journal of Laryngology and Otology

(FOUNDED in 1887 by MORELL MACKENZIE and NORRIS WOLFENDEN)

EDITED BY SIR GEOFFREY BATEMAN

ASSISTANT EDITOR

1. Original articles which have not been published elsewhere are invited and should be sent to the Editor. They are considered for publication on the understanding that they are contributed to this *Journal* solely. Reproduction elsewhere, in whole or in part, is not permitted without the previous written consent of the Author and Editor and the customary acknowledgement must be made.

2. Manuscripts should be typewritten, on one side only of the paper, and well spaced. Captions to illustrations should be typed on a separate sheet and sent at the same time as original photographs, etc.

The Harvard system of recording references should be used, e.g. Green, C., and Brown, D. (1951), Journal of Laryngology and Otology, 65, 33. The titles of all Journals should be given without abbreviation.

It is most important that authors should verify personally the accuracy of every reference before submitting a paper for publication.

3. Galley proofs and engraver's proofs of illustrations are sent to the author. Corrections, which should be kept to a minimum, must be clearly marked, and no extra matter added. Proofs should be returned within 5 days.

4. Illustration blocks will normally be held by the Printers for three years, after which they will be destroyed. Any author is entitled to have these returned to him, but a request for this must be sent within three years of the appearance of the article, to Headley Brothers Ltd., The Invicta Press, Ashford, Kent. Coloured illustrations will be charged to authors, unless a special grant is authorized by the Editor.

Orders for reprints must be sent when returning galley proofs, and for this purpose special forms are supplied.

6. Editorial communications may be addressed to The Editor, Journal of Laryngology, c/o Headley Brothers Ltd., The Invicta Press, Ashford, Kent.

7. The annual subscription is £8 (eight pounds sterling) post free; U.S.A. \$23 post free, and payable in advance.

8. Single copies of current or back numbers (when available) will be on sale at £1 (including postage) each.

 All subscriptions, advertising and business communications should be sent to the publishers, or subscription agents.

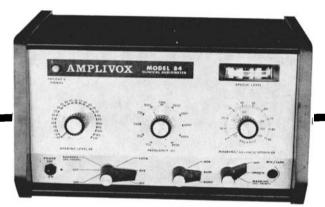
HEADLEY BROTHERS LTD.

The Invicta Press, Ashrond, Kent.

(Journal of Laryngology and Otology Ltd., 1972

AMPLIVOX 84

The successor to the world's most widely used clinical Audiometer.



Take a look at all the advantages you get with this superb audiometer.

- Pure tone at eleven frequencies—now including 750 Hz
- Bone conduction at eight frequencies
- Narrow band masking via insert and headphones Automatic presentation
- ISO specification
- Trimpot calibration
- Continuously variable second channel for ABLB (Fowler) recruitment test
- Tone décay test
- Illuminated patient's signal

PLUS Calibrated speech audiometry via microphone or tape.

Write now for illustrated brochure to:

AMPLIVOX HEARING CONSERVATION LTD

Beresford Avenue, Wembley, Middx. HAO 1RU. Phone: 01-902 8991

THERE IS NOTHING NEW ABOUT Calgitex* E.N.T. RIBBON GAUZE



Used extensively by E.N.T. surgeons throughout the world. Calgitex is highly suitable for packing procedures due to its soft texture, and slow absorption rate

*Easy and painless removal.

Please send coupon for samples and literature:-

Medical Alginates Limited. Wadsworth Road, Perivale, Middlesex, England.			
NAME			
ADDRESS			
Please send me samples and literature of Calgitex ENT Ribbon Gauze			

MEDICAL ALGINATES LTD. Wadsworth Road, Perivale, Middlesex. Tel. 01-997 4441

A member of the Optrex Group

*Reg'd Trade Mark



PETERS

Audiometers and Sound Proof Rooms for clinics, hospitals, schools and factories all over the world

Literature and further information from:

PETERS

Head Office: 55 Clarkehouse Road, Sheffield S10 2LE Telephone 0742 64434 Regional Sales and Service Centres

London: 45 New Cavendish Street, London W1 Telephone 01-935 2604

South West England: 7 St. Augustine's Parade, Bristol BS1 4 HX Telephone 0272 20737

Special features include:

1 Compact design with high intensity coaxial illumination 2 Motorised zoom

Motorised zoom
continuous magnification
changer controlled by a
new single foot pedal

Motorised fine focus control operated by the same foot pedal – leaving both hands free for surgery

Built-in geared tilting for accurate alignment of the microscope head

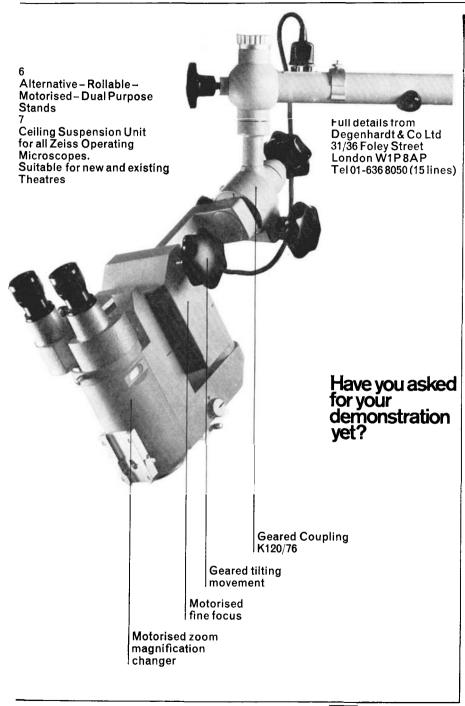
5 Coupling K120/76 with geared angling movement of the microscope head.

New

Zeiss Operating Microscope 6









THE LARYNGOSCOPE

A Monthly Journal devoted to the disease of EAR, NOSE AND THROAT

Official organ for the American Laryngological Rhinological and Otological Society

Price \$25.00 per year Canada \$27.00 per year Foreign \$27.00 per year

ESTABLISHED 1896

JOSEPH H. OGURA, M.D. EDITOR

222 PINE LAKE ROAD, COLLINSVILLE, ILLINOIS 62234



P. C. WERTH LTD. Contractors to H.M. Government and Local Authorities

Specialist Supply, Maintenance, Calibration Services for Audiological Test and Teaching Equipment

17 STRATFORD PLACE, OXFORD ST., LONDON W1N ODH

Telephone: 01-629 5559

Clinical, Diagnostic, Screening and Bekesy Audiometers. Acoustic Impedance Apparatus. Stereo Auditory Trainers. Acoustic Cabins. Artificial Mastoid, etc.

Kamplex DA11 Twin-Channel Clinical Audiometer

Our latest model with many new features:

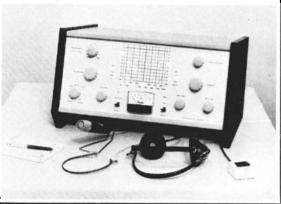
Probably the most keenly priced twin-channel audiometer currently available.

Fowler. Sisi, Luscher and Rainville test facilities inbuilt.

Complete speech facilities.

Narrow band and white noise masking to 100 db.

Pure tone attenuation to 120 db.



THE STUART SILASTIC® PHARYNGO-LARYNGECTOMY TUBE WITH DACRON MESH BACKING



Repair after pharyngo-laryngectomy continues to present many problems. The tube was described in 1966 (Journal of 935). A new tube has now been designed consisting of a Silastic® Silicone rubber tube covered with Dacron Mesh. This modified in shape or length. The upper end of the tube is sutured into the floor of the mouth and the lower end slipped down the remaining oesophagus. Stabilization is facilitated by encircling the upper end with the hyoid bone which is left in place. In patients with a small pharyngostome the scissors to avoid compression oedema of the tongue. A feeding tube is passed through the prosthesis into the stomach for ten days, after which the patient swallows normally through the prosthesis and can then return to a normal diet avoiding large pieces of meat etc., which how rarely, however, this occurs. Twenty-one patients have been treated in this way with satisfactory results. D. W. Stuart, F.R.C.S.,

D. W. Stuart, F.R.C.S., Consultant E.N.T. Surgeon, North Staffs Royal Infrimary Stoke-on-Trent.

DOWN BROS AND MAYER & PHELPS LIMITED [
CHURCH PATH MITCHAM SURREY ENGLAND



Oto-, Rhino-, Laryngology

Important, up-to-date, and scientifically accurate abstracts of reports from the world's biomedical literature dealing with Oto-, Rhino-, Laryngology are brought to your desk in this monthly publication.

First published in 1948,

Oto-, Rhino-, Laryngology currently contains some 4,750 abstracts each year.

MAIN CHAPTER HEADINGS

- 2. FACE AND LIPS
- 3. MOUTH
- 4. TONGUE
- 5. SALIVARY GLANDS
- 6. NECK
- 7. PHARYNX
- 8. ESOPHAGUS
- 9. LARYNX
- 10. TRACHEA
- 11. BRONCHI, LUNGS, MEDIASTINUM
- 12. OLFACTORY SYSTEM
- 13. EXTERNAL NOSE
- 14. NASAL CAVITY
- 15. NASAL SEPTUM

- 16. NASOPHARYNX
- 17. NASAL SINUSES
- 18. EXTERNAL EAR
- 19. MIDDLE EAR
- 20. INTERNAL EAR
- 21. OTOSCLEROSIS
- 22. MENIERE DISEASE
- 23. FACIAL NERVE
- 24. VESTIBULAR SYSTEM
- 25. CEREBELLOPONTINE ANGLE TUMORS
- 26. HEARING
- 27. SPEECH
- 28. PHONIATRICS
- 29. ANESTHESIA

Specimen copies are available on request.

Annual Subscription Rate: U.S. \$50.00/£20.95. Sterling/Dfl. 180,00

EXCERPTA MEDICA

Herengracht 119-123, Amsterdam, The Netherlands

SUDAFED nasal decongestant

The efficacy of SUDAFED as a decongestant has recently been demonstrated:

"In a double blind trial, oral pseudoephedrine (60 mg) was shown to produce a significant increase in maximal nasal flow..."

Europ J clin Pharmacol, (1971) 3, 182

Unlike many decongestants SUDAFED* does not cause drowsiness because it contains no antihistamine. SUDAFED leaves your patient breathing clearly and thinking clearly.

Each SUDAFED tablet contains 60 mg of pseudoephedrine hydrochloride.

Also available: SUDAFED Elixir containing $30~{\rm mg}$ pseudoephedrine hydrochloride in each $5~{\rm ml}$.

*Trade Mark



Full information is available on request.

Calmic Limited, Medical Sales Division
(The Wellcome Foundation Ltd.) Dartford, Kent, DA1 5AH

UMBERTEGOO WERTEGOO WAASEEESSIS

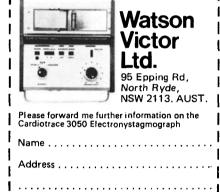
Series 3050 Electronystagmograph

The series 3050 Electronystagmograph is the most notable advance in the field of vertigo diagnosis to date. This portable, compact unit provides new high definition fine line recordings from direct writing heated stylus, easy chart loading with minimal chart waste, and dual speed drive, 5 and 10 mm per sec. Nystagmus duration and intensity are recorded free of distortion or artifact thanks to highly stable, high performance circuitry. Patient safety stringently observed.

The 3050 electronystagmograph is another product of Watson Victor's long experience — it's fully transistorised and measures a most compact 12" x 12" x 5". Power requirements: 240 Volt 50Hz or 110 Volt 60Hz. This includes the powering of inbuilt calibration lights.

U.K. Distributors: Amplivox Limited, Beresford Avenue, Wembley, Middlesex, HAO IRU.





SPS9.411.486A

For advertisement space in this Journal

apply to

HEADLEY BROTHERS LTD.

Ashford, Kent

British evidence confirms value of

Serc is the first drug to offer comprehensive action against all the manifestations of Meniere's syndrome. A British trial* now confirms its clinical value. Objective tests of hearing and vestibular function in 11 patients before and after treatment with Serc showed a dramatic improvement in many cases. 'There was an overall average gain in hearing over the whole group in both ears.' Studies of nystagmus suggested an improvement in vestibular function. 'Subjectively, 9 out of 11 patients claimed an improvement in the symptom of vertigo and all 11 claimed reduction in tinnitus." *Journal of Laryngology and Otology, 1971, 85:369.

> Serc is supplied as tablets each containing 8 mg. betahistine dihydrochloride. Further information available on request.

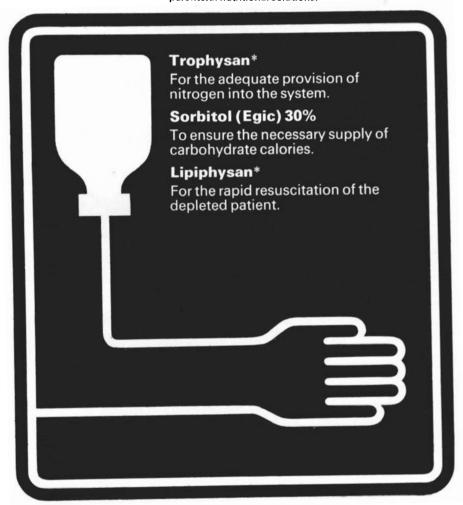
in Meniere's syndrome

CUDNAL DUPHAR LABORATORIES LIMITED BASINGSTOKE HANTS. TEL 0256 29351
PHILIPS-DUPHAR INRELANDI LIMITED RAINSFORD STREET DUBLIN 6 TEL DUBLIN 754271



Parenteral nutrition in thoracic surgery

When diseases such as oesophageal carcinoma or cancer of the lungs or bronchi require surgical intervention the patient may often be severely debilitated. Inability or unwillingness to accept oral feeding means that parenteral nutrition must be used both before and after surgery. By this technique metabolic equilibrium is restored, the more rapid healing of wounds ensured, and resistance to secondary infection increased. All is made more certain by the use of SERVIER parenteral nutritional solutions.



Where nutritional deficiency is the problem Servier has the solution



For full information and literature write to:

S.558.2

Servier Laboratories Limited

Percival House, Pinner Road, Harrow, Middlesex HA1 4HQ.

*Trade Mark



clears both fungi and bacteria in ear infections

Candida albicans and Aspergillus niger are isolated in over 20 per cent of cases of otitis externa, and if high success rates are to be achieved treatment must take account of this. Otoseptil® ear drops employs a very broad-spectrum attack with efficient anti-inflammatory action.

The new antibiotic ester-neomycin undecylenate-provides potent dual bactericidal and antifungal activity.

Tyrothricin (containing gramicidin and tyrocin) effectively eliminates resistant Grampositive cocci, while Hydrocortisone alcohol exerts its characteristic anti-inflammatory
action. Rapid tissue contact is ensured by the penetrant Ethylene oxide polyoxypropylene
alvool condensate, which is incorporated in the clear liquid ear drop.

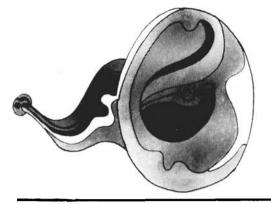
glycol condensate, which is incorporated in the clear liquid ear drop.
For pain relief, AUDAX® ear drops may be used concomitantly with Otoseptil® ear drops because they are completely miscible and compatible.

Full information is available on request.

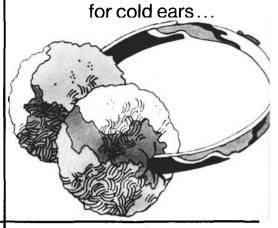
Registered trade marks



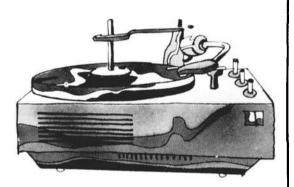
for old ears...



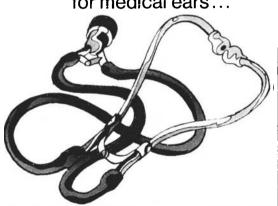
for musical ears...



for mysterious ears...



for medical ears...



for patient ears...

Anti-infective/anti-inflammatory, OTOSPORIN* Drops contain polymyxin B sulphate, neomycin sulphate and hydrocortisone. Supplied in dropper bottles of 5 ml.



OTOSPORIN clears infected ear



Wellcome Burroughs Wellcome & Co. (The Wellcome Foundation Ltd.) Dartford, Kent

