

## GENERAL NOTES

### COURS DE CHIRURGIE FONCTIONNELLE OTOLOGIQUE DU LUNDI 21 JANVIER AU VENDREDI 1<sup>er</sup> FÉVRIER 1963

Chaque méthode d'examens, chaque technique opératoire, est l'objet d'une leçon théorique et de démonstration ou de travaux pratiques au cours desquels l'assistant peut effectuer lui-même les tests sur les malades et les interventions chirurgicales sur pièce anatomique avec un microscope binoculaire opératoire.

Le nombre des participants est limité à 40, divisés en quatre groupes (Séries I, II, III, IV).

Inscriptions: Docteur Michel Portmann, 45 cours Maréchal-Foch, Bordeaux.

Droits d'inscription: 700 N. Francs. A Verser à la Faculté de Médecine, Lors de L'Ouverture du Cours.

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### CALIBRATION OF AUDIOMETERS

The Royal National Institute for the Deaf has instituted a service of audiometer calibration for the benefit of hospital boards, local authorities, and firms or private individuals concerned in the measurement of hearing losses. This service is the latest stage in the expansion of the facilities of the R.N.I.D. Technical Department, which already runs a testing service on hearing aids, group-hearing aids and other acoustic apparatus.

The new service, which has the full support of the British Association of Otolaryngologists, is the only service of its kind in England and Wales (one is operated for Scotland by the Western Regional Hospital Board in Glasgow), and it has become necessary owing to the increasing number of audiometers used for testing hearing in E.N.T. Departments of Hospitals, Audiology Clinics, etc., and in industrial organizations for measuring the effects on hearing of industrial noise. Audiometers which are not regularly or accurately calibrated can give false reading for the threshold of hearing or reading which are not comparable with those obtained on instruments at other Clinics, etc.

The R.N.I.D. calibration service, which is under the direction of Dr. T. S. Littler, the Hon. Scientific Adviser of the Institute, will ensure that the readings obtained after calibration are derived from a standard "base" in accordance with the recommendation of the British Standards Institution and will enable the actual sounds used in testing to be adjusted so as to correspond exactly with the settings on the dials.

Applications for the calibration of audiometers, either of individual instruments or on a contract basis for a number of audiometers, should be made to the Secretary, R.N.I.D., 105 Gower Street, London, W.C.1.

## General Notes

### FIRST BRITISH ACADEMIC CONFERENCE IN OTOLARYNGOLOGY,

1963

To be held at the Royal College of Surgeons of England, London, W.C.2, from June 17th to 21st inclusive. (Registration from 4 p.m. on Sunday, June 16th.)

His Royal Highness Prince Philip, Duke of Edinburgh, has graciously consented to be Patron of the Conference.

The main subjects for discussion at formal sessions will be:

1. *Vertigo*

Speakers: Lord Brain (G.B.)  
Dr. Charles Hallpike (G.B.)  
Dr. John Lindsay (U.S.A.)  
Dr. W. H. Johnson (Canada)

2. *Stapes Surgery*

Speakers: Dr. John Shea (U.S.A.)  
Dr. Harold Schuknecht (U.S.A.)  
Mr. G. C. Halliday (Australia)  
Dr. J. Sullivan (Canada)  
Mr. P. Beales (G.B.)

3. *Chemotherapeutic Treatment of Cancer of Head and Neck*

Speakers: Professor F. Bergel (G.B.)  
Mr. P. Clifford (Kenya)  
Drs. R. D. Sullivan and Elton Watkins (U.S.A.)  
Mr. D. F. N. Harrison (G.B.)

4. *Deafness in Children*

Speakers: Professor Sir Alexander Ewing (G.B.)  
Mr. Gavin Livingstone (G.B.)  
Miss Edith Whetnall (G.B.)

5. *Carcinoma of the Larynx*

Speakers: Professor Sir Brian Windeyer (G.B.)  
Dr. E. C. Easson (G.B.)  
Mr. Robert Owen (G.B.)  
Mr. Philip Reading (G.B.)

In each case the discussion will be initiated by invited persons.

Informal instructional sessions and film shows, also scientific and trade exhibitions, will be arranged.

A Reception will be given by the President and Council of the Royal College of Surgeons on the evening of Tuesday, June 18th.

A Banquet will be held on the evening of Thursday, June 20th.

Enrolment forms and further particulars may be obtained from the Hon. General Secretary, Mr. Ronald Macbeth, Department of Otolaryngology, Radcliffe Infirmary, Oxford.

## General Notes

### POSTGRADUATE MEDICAL INSTRUCTION, THE MOUNT SINAI HOSPITAL

An intensive postgraduate course in Rhinoplasty, Reconstructive Surgery of the Nasal Septum and Otoplasty will be given, January 12th to January 25th, 1963, by Dr. Irving B. Goldman and staff at the Mount Sinai Hospital, New York, in affiliation with Columbia University.

Candidates for the course should apply to the Registrar for Postgraduate Medical Instruction, The Mount Sinai Hospital, Fifth Avenue, and 100th Street, New York 29, N.Y.

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### INTERNATIONAL CONGRESS OF THE HUNGARIAN SOCIETY OF OTO-RHINO-LARYNGOLOGY

This Congress will be held in Budapest from September 19th to September 21st, 1963.

The main subjects to be discussed will be: Tumours of the Paranasal Sinuses; Occupational Ear Disease.

Will those who intend to participate write for further information to: Dr. George Revesz, General Secretary of the Hungarian Society of Otolaryngology, Budapest, 11. Keleti Karoly u. 15/a.

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### TWO COURSES IN RHINOLOGY TO BE PRESENTED AT LEIDEN UNIVERSITY, HOLLAND, IN JULY, 1963

Two courses in rhinology to be presented at the Leiden University, Holland, in July, 1963, are expected to draw participants from many countries of the world.

A "Boerhaave" course in rhinology will be held July 4th-6th, 1963, and will be followed by the fifth International Course in "Reconstructive Surgery of the Nasal Septum and External Pyramid", July 7th-19th, with the co-operation of the American Rhinologic Society.

Both will be held at the Academisch Ziekenhuis, Afd. Keel-neus-oorheelkunde under the direction of Prof. Dr. H. A. E. van Dishoeck of the University. Dr. Maurice H. Cottle, Professor of Otorhinolaryngology at the Chicago Medical School, will be the guest professor for the two-week course in nasal surgery. Many distinguished specialists from the United States, Europe, and other countries will join in the teaching programme.

Although the courses are a year away, the popularity of previous programmes suggests the need for early arrangements because there is a limit as to the number that can be accommodated.

For further information, write to Prof. Dr. H. A. E. van Dishoeck, Afd. Keel-neus-oorheelkunde, Academisch Ziekenhuis, Leiden, Holland, or to the American Rhinologic Society, 530 Hawthorne Place, Chicago 13, Illinois, U.S.A.

## General Notes

THE INSTITUTE OF LARYNGOLOGY AND OTOTOLOGY

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THE ROYAL NATIONAL THROAT, NOSE & EAR HOSPITAL

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### GUEST LECTURES AT AN ADVANCED LEVEL

open to all members of the Specialty and to postgraduate students  
(whether enrolled students of the Institute or not)

*Thursday, January 31st, 1963.* 5.30 p.m. at the Royal College of Surgeons.  
Dr. M. Lederman, London. "The Anatomy of Cancer, with Special Reference  
to the Upper Air and Food Passages."

*Saturday, February 2nd, 1963.* 10.30 a.m. at the Institute.

Dr. Ben Senturia, St. Louis. "Radical Mastoidectomy without an Exterior-  
ized Cavity."

*Thursday, February 28th, 1963.* 5.30 p.m. at the Royal College of Surgeons.  
Mr. T. G. Ward, East Grinstead. "Fractures of the Upper Jaw."

*Thursday, May 2nd, 1963.* 5.30 p.m. at the Royal College of Surgeons.

Mr. Gavin Livingstone, Oxford. "Congenital Abnormalities of the External  
and Middle Ear."

*Saturday, May 4th, 1963.* 10.30 a.m. at the Institute.

Professor S. Iurato, Milan. "The Submicroscopic Structure of the Inner  
Ear."

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### OPEN LECTURES AND DEMONSTRATIONS

FOR

TRAINEES IN THE SPECIALTY

(whether enrolled students of the Institute or not) without fee and without  
ticket.

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### MEETINGS & SEMINARS

especially arranged for

GENERAL PRACTITIONERS

*who are cordially invited to attend all or any of the following without fee. Tea is  
provided in the Refectory from 4.30 onwards on Fridays.*

*Friday, January 18th, 1963—3.30 p.m.* "Vasomotor and allergic rhinitis—  
chronic rhinitis."—MR. WALLACE BLACK.

*Friday, February 1st, 1963—3.30 p.m.* "Disorders of blood in E.N.T. practice."  
—DR. D. A. OSBORN.

*Friday, February 15th, 1963—3.30 p.m.* "Some otoneurological problems in  
general practice."—DR. C. H. EDWARDS.

*Sunday, February 24th, 1963—10.15 a.m.* "Seminar—Common ear, nose and  
throat conditions."—MR. WILLIAM MCKENZIE.

## General Notes

*Friday, March 8th, 1963*—3.30 p.m. "Malignant diseases of the larynx—hoarseness."—MR. MAXWELL ELLIS.

*Friday, March 15th, 1963*—3.30 p.m. "Sinusitis."—MR. W. D. DOEY.

*Friday, April 5th, 1963*—3.30 p.m. "Dysphagia."—MR. KENNETH ROTTER.

*Sunday, April 14th, 1963*—10.15 a.m. "Seminar—Common ear, nose and throat conditions."—MR. W. D. DOEY.

*Friday, April 26th, 1963*—3.30 p.m. "Emergencies in throat, nose and ear practice."—MR. S. E. BIRDSALL.

*Friday, May 3rd, 1963*—3.30 p.m. "Surgical treatment of deafness."—MR. K. McLAY.

*Friday, May 17th, 1963*—3.30 p.m. "Chemotherapy in otolaryngology."—DR. I. FRIEDMANN.

There is a limited number of appointments in the associated Hospital as Clinical Assistants and Out-Patient Assistants for which general practitioners are eligible to apply. Particulars of these can be obtained from the House Governor of the Hospital upon request.

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### SHORT COURSES for CONSULTANTS AND SENIOR REGISTRARS

*March 15th and 16th, 1963*—Pathology of the ear, nose and throat.

*March 20th, 21st and 22nd, 1963*—Diagnosis and treatment of the deaf child.

*March 27th, 28th, 29th and 30th, 1963*—Practical Aural Surgery Class.

### NON-MEDICAL COURSES

*May 29th, 30th and 31st, 1963*—Hearing and mental assessment of the deaf child—for psychologists.

The number of entries is limited in each course. A detailed syllabus of any of the above can be obtained on application from the Secretary-Administrator.

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### THE INTERNATIONAL SYMPOSIUM ON RADIOLOGY IN OTOLARYNGOLOGY

This will be held from April 18th to April 21st, 1963, with the participation of specialists of foreign countries, in the E.N.T. Department, University of Bordeaux; Director: Professor Georges Portmann.

*Three Round Tables* will be held about attractive subjects: Radiodiagnostic in Otology; Dynamic Examination of Pharynx and Œsophagus (Roentgen-television and Radiocinematography); Cobalt therapy in E.N.T.

*Free communications* will also be accepted about various subjects concerning Roentgen diagnostic and Roentgentherapy in E.N.T.

*Applications and further information* can be given in writing to Dr. Georges Guillen, General Secretary Office, 45 cours du Maréchal Foch, Bordeaux, France.

## General Notes

### INTERNATIONAL BRONCHOSOPHAGOLOGICAL SOCIETY

Eleventh International Congress of Bronchoesophagology will be held in Honolulu, Hawaii, in conjunction with the Ninth Congress of the Pan-Pacific Surgical Association, November 5th to 13th, 1963. Those who have interest in attending or participating may write for further information to Dr. Charles M. Norris, Secretary, 3401 North Broad Street, Philadelphia 40, Pa., U.S.A.

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### RECONSTRUCTIVE MIDDLE-EAR SURGERY

The Second Workshop on Reconstructive Middle-Ear Surgery will be held in Chicago, Illinois, February 25th through March 1st, 1963. Registration: \$100. For further details write to Workshop on Reconstructive Middle-Ear Surgery, 219 Pearsons Hall, Northwestern University, Evanston, Illinois.

## J. C. McAlpine, A. Radcliffe and I. Friedmann

red, from amyloid is impossible without using other methods. This difficulty is particularly encountered in the region of the larynx where vocal cord polyps, which readily undergo "hyaline degeneration", are common.

Epstein, Winston, Friedmann and Ormerod (1957) described and analysed 283 cases of vocal cord polyps, and found that 149 had undergone "hyalinization", and of these 29 stained with Congo red, but none showed metachromasia with methyl violet.

If amyloid is stained with Congo red, it becomes birefringent in polarized light, Ladewig (1945); Missmahl and Hartwig (1953). The Congo red dye molecules which are not birefringent, combine with the amyloid proteins to form a dye-complex which then acts as a crystal-like lattice structure, which can rotate plane-polarized light. Unstained amyloid is not birefringent, so that any material which is initially birefringent before Congo red staining is evidence against it being amyloid. Collagen and "hyalinized" collagen are both birefringent in an unstained state. This property can be of value in the differential diagnosis of amyloid, and other "hyaline substances" if they stain with Congo red. Symmers (1956) reported that he found the birefringence of Congo red stained deposits to be an inconstant finding, and of no diagnostic value. Unfortunately no details of fixation were described, but different methods of fixation may be the reason for the inconstant findings. The birefringence of Congo red stained amyloid is inhibited by fixation with mercury-containing fixatives (Zenker's, Helly's and Susa), and by the treatment with iodine to remove the subsequent mercury precipitate from the sections. In the present study all the formalin-fixed amyloid controls, and the deposits of Cases I to VI, showed strong birefringence after staining with Congo red. No birefringence was observed from the Congo red stained cartilage, blood clot, mucin, and giant-cell cytoplasm.

If amyloid is stained with Thioflavin T, and examined in ultra-violet light, it gives a bright silver-blue fluorescence, Vassar and Culling (1959); Kurban (1960); and Thompson, Geil and Yamanaka (1961). No extensive control study has been carried out on "hyaline substances" with this method, but Vassar and Culling (1959) studied some protein deposits in the glomerulus of a variety of kidney diseases, and reported no false positives.

Wagner (1957) reported that amyloid was particularly resistant to pepsin digestion, and that only very high concentrations of the enzyme produced any effect on its staining reactions. Protein deposit such as fibrin, "fibrinoid", tubular protein casts of the kidney, "hyaline droplets" of the kidney tubule, collagen, and "hyaline substance" of scar tissue, are digested by pepsin. This pepsin-resistant property of amyloid is therefore a useful diagnostic procedure. In this study a high concentration of pepsin was purposely used, but the deposits of Cases I to VI, and the control amyloid sections resisted this enzyme extraction method.

## Primary Amyloidosis of the Upper Air Passages

Amyloid has been shown by Hass (1942), to consist of mainly proteins, and about 1½ per cent. of carbohydrate substances. This carbohydrate is responsible for the moderately positive PAS reaction, obtained with the deposits in Cases I to VI, and the control amyloid sections. This reaction detects the 1,2-glycol groups of polysaccharides and mucopolysaccharides. The latter group of substances, are also responsible for the metachromatic staining of amyloid. In this study the CTR for proteins was positive in the deposits of all cases.

The DDD reaction showed that there were sulphhydryl groups present in the amyloid deposits of Cases I to VI, and the control amyloid. This reaction is probably given by sulphur-containing amino acids. The deposits in Cases I to VI, and the control amyloid also contained the amino acid tryptophan which is detected by the DMAB/NO<sub>2</sub> reaction.

These histochemical reactions cannot be used as specific methods for amyloid, because other abnormal protein deposits and normal tissue proteins, also give positive results.

### Summary

This paper presents a clinico-pathological study of eleven cases of primary localized amyloidosis of the larynx and neighbouring sites. Nine cases have been studied in addition to some conventional histological methods (metachromasia, staining with Congo red) with other special histological methods. Among these, positive birefringence and dichroism if stained with Congo red, secondary fluorescence in ultra-violet light if stained with Thioflavin T and a high degree of resistance to extraction with proteolytic enzymes such as pepsin were tentatively accepted as being characteristic of amyloid. Two of the cases studied were eliminated as non-amyloid on the basis of the negative results with some of these methods. One of the cases gave anomalous reactions and although characteristic in other aspects, must remain sub-judice.

### Acknowledgements

The authors would like to thank the surgical staff of the Royal National Throat, Nose and Ear Hospital, London for some of the cases investigated, also Dr. R. Aidin, Mr. R. Chignell and Dr. Sheldon for cases V, IX and XI.

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*Chief Editor:*

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40 South Clay Street, Hinsdale, Ill.

The ARCHIVES OF OTOLARYNGOLOGY is published monthly by the American Medical Association and is an official publication of the Association.

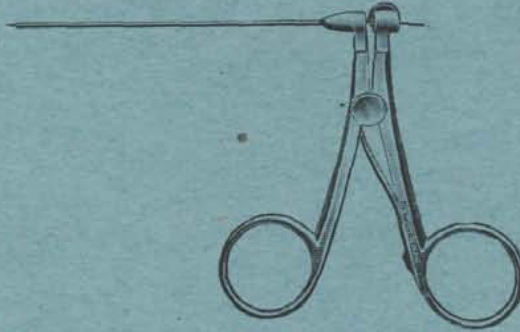
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# STRUT APPLYING INSTRUMENTS

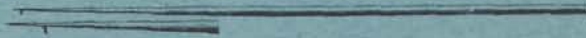
by R. D. STRIDE

Vide: *Journal of Laryngology and Otology*, April, 1962



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