

The Journal of Laryngology and Otology

EDITED BY
WALTER HOWARTH

ASSISTANT EDITOR
G. H. BATEMAN

Contents

THE IMPORTANCE OF CHRONIC LARYNGITIS	C. E. GABRIEL and D. GLYN JONES
VEIN GRAFT CLOSURE OF EARDRUM PERFORATIONS	JOHN J. SHEA, JR.
LOCAL RADIUM TREATMENT FOR CARCINOMA OF THE LARYNX	J. MUNRO BLACK
NATURAL HISTORY OF MAXILLARY NEOPLASM	SYED ISHRAT-HUSAIN
INDUSTRIAL NOISE—AN ANALYSIS OF THE PROBLEM	E. D. DALZIEL DICKSON
CLINICAL RECORDS—	
ECTOPIC THYROID TISSUE IN THE MUCOSA OF THE TRACHEA	J. SWANSON BECK
CARCINOMA OF THE FRONTAL SINUS	J. F. O. MITCHELL
SUCCESSFUL TONSILLECTOMY IN A HÆMOPHILIC BOY	VICTOR LAMBERT, F. NOUR-ELDIN, and JOHN F. WILKINSON

GENERAL NOTES

London

Headley Brothers Ltd

109 Kingsway WC2

Annual Subscription £4/4/0 net, U.S.A. \$13

Monthly, 10/- net post free

The Journal of Laryngology and Otology

(FOUNDED in 1887 by MORELL MACKENZIE and NORRIS WOLFENDEN)

EDITED BY

WALTER HOWARTH

ASSISTANT EDITOR

G. H. BATEMAN

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) *J. Laryng.*, 65, 33. Abbreviations of Journals should follow the style recommended in *World Medical Periodicals*, published by World Health Organization, 1952.

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 are provided free up to the limit of £10 per article; beyond this authors are expected to pay half the cost. Coloured illustrations will be charged in full to authors.

Blocks will normally be held by the Printers for three years after which they will be destroyed. Any author who has borne a part of the cost of his blocks 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., 109 Kingsway, London, WC2.

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

6. Authors of original communications on Oto-Laryngology in other journals are invited to send a copy, or two reprints, to the *Journal of Laryngology*. If they are willing, at the same time, to submit their own abstract (in English, French, Italian, or German) it will be welcomed.

7. Editorial communications may be addressed to THE EDITOR, *Journal of Laryngology*, c/o HEADLEY BROTHERS LTD., 109 Kingsway, London, WC2.

8. The annual subscription is four guineas sterling (U.S.A. \$13) post free, and is payable in advance.

9. Single copies will be on sale at 10s. 0d. each; copies of parts up to Vol. LXIII which are available may be purchased at 7s. 6d. each.

10. All subscriptions, advertising and business communications should be sent to the publishers, HEADLEY BROTHERS LTD., 109 KINGSWAY, LONDON, WC2.

United States of America

Orders for this *Journal* may be sent through local bookseller, or to STECHERT-HAFNER, INC., 31-33 East 10th Street, New York, or direct to the publishers, HEADLEY BROTHERS LTD., 109 KINGSWAY, LONDON, WC2, England.

© *Journal of Laryngology and Otology*, 1960

Please mention *The Journal of Laryngology and Otology* when replying to advertisements

The Journal of Laryngology and Otology

CONTENTS

	PAGE
THE IMPORTANCE OF CHRONIC LARYNGITIS. C. E. Gabriel and D. Glyn Jones (Glasgow)	349
VEIN GRAFT CLOSURE OF EARDRUM PERFORATIONS. John J. Shea, Jnr (Memphis, Tennessee)	358
LOCAL RADIUM TREATMENT FOR CARCINOMA OF THE LARYNX. J. Munro Black (Newcastle-upon-Tyne)	363
NATURAL HISTORY OF MAXILLARY NEOPLASM. Syed Ishrat-Husain (Huddersfield)	368
INDUSTRIAL NOISE—AN ANALYSIS OF THE PROBLEM. E. D. Dalziel Dickson (London)	408
CLINICAL RECORDS—	
Ectopic Thyroid Tissue in the Mucosa of the Trachea. J. Swanson Beck (Glasgow)	420
Carcinoma of the Frontal Sinus. J. F. O. Mitchell (Dundee)	423
Successful Tonsillectomy in a Haemophilic Boy. Victor Lambert, F. Nour-Eldin, and John F. Wilkinson	431
GENERAL NOTES	434

For Advertisement space in this Journal apply to:
HEADLEY BROTHERS Ltd, 109 Kingsway London WC 2

PERDILATAL *

**in the treatment of sudden
perceptive deafness
and Ménière's syndrome.**

* Vascular spasm may well be responsible for the majority of these cases.¹

* Vascular changes in the labyrinth are an important factor in the physiopathology of Ménière's disease.²

* In the treatment of Ménière's disease emphasis must be put upon early restoration of blood flow to the inner ear.³

* Perdilatal in doses of at least 6 mg. 4 times a day is the most effective vasodilator for the treatment of these conditions.⁴

1 Fowler, E. P. *Ann. Otorhinolaryng.*, 1950, 59, 980.

2 Atkinson, M. *Proc. roy. Soc. Med.*, 1946, 39, 807

3 Wilmot, T. J. *Brit. med. J.*, 1957, 2, 1047.

4 Wilmot, T. J. Paper read on February 6th, 1959 at a Meeting of the Section of Otolaryngology, Roy. Soc. Med.

Perdilatal is available in tablets of 6 mg. as PERDILATAL FORTE in 50's, 250's and 1,000's.

* *PERDILATAL Brand of Buphenine Hydrochloride*



Smith & Nephew Pharmaceuticals Limited

WELWYN GARDEN CITY · HERTFORDSHIRE

Please mention *The Journal of Laryngology and Otolaryngology* when replying to advertisements

An open letter to every Otologist...



Dear Sir,

As you will probably agree, even though there may be many causes of deafness, the alleviation of it is an individual problem. This is something to which we at Philips have given our specialised attention.

Our wide, interchangeable range of unobtrusive receiving units and ear-pieces makes it possible to obtain the precise combination to match the exact needs of each patient. And in each combination tone and volume are fully adjustable to provide suitable correction for every kind of defective hearing in every listening situation. Even if a patient's hearing changes with time he can, with most models, tune his Philips Hearing Aid accordingly. This technical excellence of these Aids, which are, of course, on the Approved List of the National Institute for the Deaf, is the result of comprehensive - perhaps unique - research and manufacturing facilities and unrivalled experience in the accurate reproduction of sound.

It is an excellent idea to advise your patients who are hard of hearing to visit a Philips Audiometric Centre. There is a network of them throughout Britain, where patients can discuss their individual needs with a skilled audiometrician entirely free of charge.

Yours faithfully,

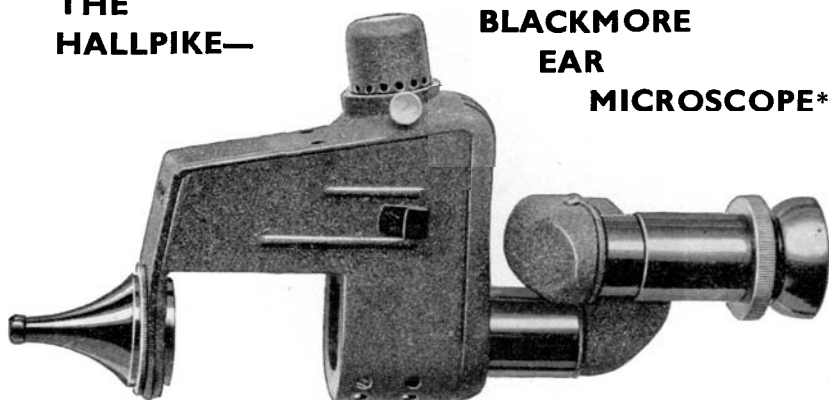
PHILIPS ELECTRICAL LTD
Century House · Shaftesbury Avenue
London · W.C.2

HA3250

Please mention *The Journal of Laryngology and Otology* when replying to advertisements

THE HALLPIKE—

BLACKMORE EAR MICROSCOPE*



USES

DIAGNOSIS

The excellent optical performance of the Hallpike Ear Microscope gives the user greatly increased confidence in the diagnosis of abnormal conditions; and many disorders may be recognized at an earlier stage than has hitherto been possible with "headlamp and speculum" techniques. Thus slight pulsation of swellings and vascular tumours—of high diagnostic significance and almost impossible to detect by conventional methods—can readily be detected under this microscope.

Use of the Siegle attachment permits observation of small bubbles present in fluid collections within the tympanum; it is also invaluable for demonstrating minute perforations. Where defects of the tympanic membrane are present, the middle-ear cavity can be scrutinized minutely; the detailed structure of the stapes, stapedius tendon, round window and Eustachian orifice—not normally visible by ordinary methods of examination—are seen with quite remarkable clarity when the Ear Microscope is used.

TREATMENT

Manipulative procedures may be undertaken with greater confidence and precision if the Ear Microscope and its special instruments are used.

The curettes enable adherent wax and debris to be removed with the greatest precision from the walls of the deep meatus or from the tympanic membrane itself. Cholesteatomatous masses or neoplasms may be examined critically and biopsy specimens obtained by means of the curettes. These may also be used as delicate probes for palpation of the incus and head of the stapes in certain cases of otosclerosis with retraction and atrophy of the tympanic membrane; in this way unmistakable evidence may be obtained of bony fixation of the footplate. Or again, it is sometimes possible to identify by palpation defects of the bony tympanic ring or meatal wall which may underlie granulations.

Myringotomy or removal of foreign bodies can be undertaken with surprisingly high precision because the optics of the Ear Microscope and the specially angled myringotome blade eliminate all shadows so that the surgeon can see clearly where and what he is cutting. The outfit is invaluable also for post-operative examinations and treatment of mastoid cavities. Granulations can be cauterized and exposed areas of dura mater carefully palpated.

**J. Laryng.* (1953) 67, 108.

39 WIGMORE STREET
LONDON W.1



5241 WHITBY AVENUE
PHILADELPHIA 43, Pa.,
U.S.A.

Please mention *The Journal of Laryngology and Otology* when replying to advertisements

In schools for the DEAF— multitone Telesonic INDUCTION LOOP SYSTEM brings new advantages

- 1 Can be installed in adjoining classrooms without risk of 'spill over'.
- 2 Combines good hearing with complete freedom of movement. Unaffected by distance between pupil and teacher.
- 3 Clear speech at high amplification.
- 4 Any number of pupils may use the same installation.
- 5 The child can use the instrument as a normal hearing aid outside school.



The Kindergarten Class at the London Residential School for Jewish Deaf Children where all classrooms have been installed with the Multitone Telesonic Induction Loop System

Write for further details to:

multitone

ELECTRIC COMPANY LTD., 12-20 UNDERWOOD STREET, LONDON, W.1.

CRC M23

Please mention *The Journal of Laryngology and Otology* when replying to advertisements



5 drops

for the removal of EAR WAX

Cerumol avoids discomfort to the patient, inconvenience to the doctor and saves time for both.

Cerumol is now routinely used in most hospitals and general practices throughout the country.

Satisfactory results confirm that it is the most efficient agent yet introduced for the purpose and that it is exceptionally reliable and safe.

In 10-30 minutes the softened or disimpacted wax can usually be wiped out with a probe tipped with cotton wool, or by gentle syringing.

Patients can readily be instructed to instil the drops themselves and, in many cases, the loosened wax will run out of its own accord, rendering further attendance at the surgery unnecessary.

CERUMOL

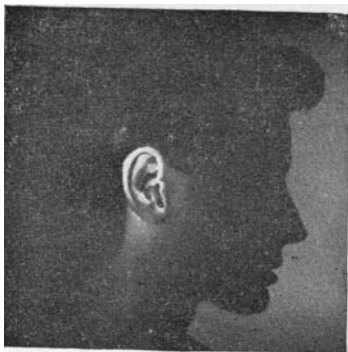
Regd. TRADE MARK

Active constituents per 100 ml.

p-dichlorbenzene B.P.C.	2 G.
Benzocaine B.P.	2.7 G.
Chlorbutol B.P.	5 G.
Ol. Terebinth B.P.	10 ml.

For surgery use—dropper vial

Hospital Pack—2 oz. bottles.

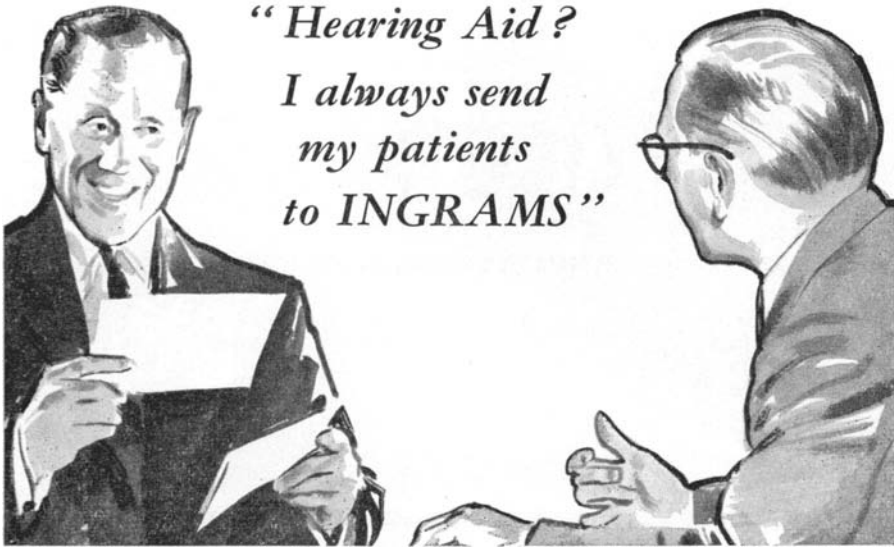


LABORATORIES FOR APPLIED BIOLOGY LTD

91, AMHURST PARK, LONDON, N. 16.

TEL: STAmford Hill 2552/3

Please mention *The Journal of Laryngology and Otology* when replying to advertisements



“The point is, of course, that Ingrams supply *all* the best makes—English, American and Continental. This means that regardless of whose it is, they can supply each patient with the aid that will give him most help at the price he can afford to pay.

Let me put it another way. No maker makes every type of aid. Therefore, if I send a patient to a manufacturer, he can only recommend the most suitable aid he has: Ingrams on the other hand can choose from their stock the most suitable aid of *any* make. An individual maker only *may* be able to supply the best aid for a particular patient’s needs, Ingrams *can* supply it, and invariably do.”

Send your patients with confidence to

INGRAMS

The independent hearing aid consultants

E.N.T. Specialists are invited to write for Booklet J.

S. C. INGRAM (Hearing Aids) LTD.

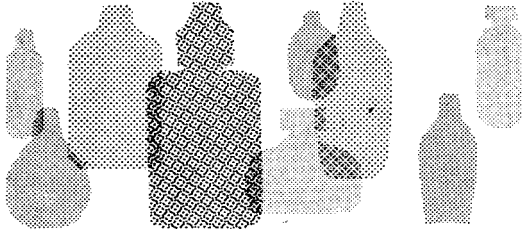
On the Approved List of the National Institute for the Deaf.

2, Shepherd Street, Shepherd Market, London, W.1.

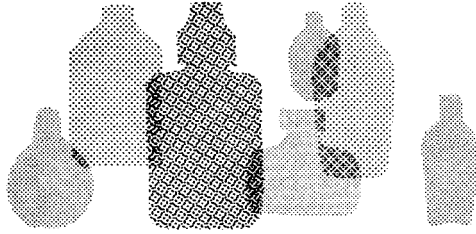
Telephone : HYDe Park 9041

Resident consultants in all parts of the country.

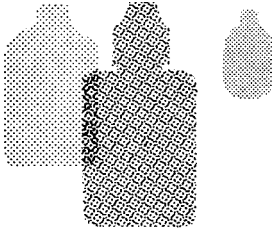
Please mention *The Journal of Laryngology and Otology* when replying to advertisements



all
nasal sprays
have a
DECONGESTANT

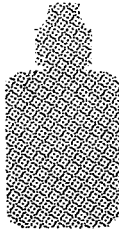


most
nasal sprays
have an
ANTIBIOTIC



some
nasal sprays
have an
ANTIHISTAMINIC

but only



Biomydrin

nasal spray

has all these plus a
MUCOLYTIC
as well

Thonzonium Bromide, the new mucolytic agent in Biomydrin, penetrates thick mucus and so ensures that all the active principles reach the affected areas.

that is why Biomydrin is the only COMPLETE nasal spray

In a plastic self-sterilizing pack (½ fluid ounce).

*Supplied on prescription only, so there is no danger of indiscriminate self-medication.

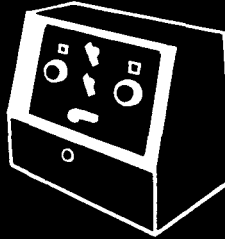
FORMULA: Neomycin Sulphate 0.1%, Gramicidin 0.005%,
Thonzylamine Hydrochloride 1.0%, Phenylephrine
Hydrochloride 0.25%, Thonzonium Bromide 0.05%,
Preserved with Thiomersal 0.002%.



WILLIAM R. WARNER & CO. LTD.
EASTLEIGH · HAMPSHIRE

B10 443

Please mention *The Journal of Laryngology and Otology* when replying to advertisements



F W N

MODEL 81 AUDIOMETER

For the first time it is now possible, with a compact and simple audiometer, to obtain accurate and reliable air and bone conduction measurements—even in cases of severe unilateral deafness.

This exclusive-featured audiometer is Amplivox Model 81, the outcome of many years' research and experience in the field of audiometry. In its development, considerable emphasis has been placed on simplicity of operation and long-term stability.

- * Filtered White Noise masking excludes all unwanted frequencies except the critical band around the pure tone frequency in use. This permits high masking intensities to be used without discomfort and fatigue to the subject under test.

Only Amplivox Model 81 Audiometer has these features:

- * Threshold calibration to British or American Standards.
- * Filtered White Noise masking tone to 5% band width above and below frequency being tested.
- * Insert-type earphone for masking increases inter-aural attenuation to 90dB.
- * Indicator light signals when controls are wrongly set for a particular test—also monitors speech level.

All enquiries to:

AMPLIVOX LIMITED

Medical Acoustic Division,
80 New Bond Street, London, W.1.
Telephone: HYD 9888

Please mention *The Journal of Laryngology and Otology* when replying to advertisements

the question of topical choice . . .

in **ear** infections, '**Otosporin**' for:

rapid relief of inflammation and pain
wide bactericidal action
no cross-resistance or cross-sensitisation to other antibiotics

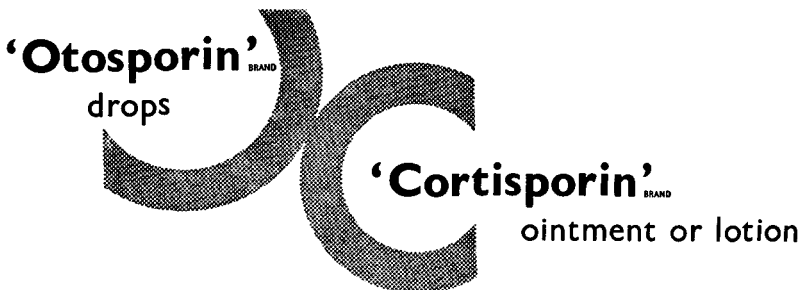
'Otosporin' contains 5 mgm. neomycin sulphate, 10,000 units polymyxin B sulphate, and 5 mgm. hydrocortisone per c.c. of aqueous vehicle. *Bottles of 5 c.c. with dropper.*

in **skin** infections, '**Cortisporin**' for:

rapid relief of inflammation and pain, with wide antibacterial activity
negligible risk of skin sensitisation or bacterial resistance
no cross-resistance or cross-sensitisation to other antibiotics

'Cortisporin' Ointment contains 400 units zinc bacitracin, 5 mgm. neomycin sulphate, 5000 units polymyxin B sulphate, and 10 mgm. hydrocortisone per gm. of petrolatum base. *Tubes of 10 gm. with nozzle.*

'Cortisporin' Lotion contains 5 mgm. neomycin sulphate, 10,000 units polymyxin B sulphate, and 10 mgm. hydrocortisone per c.c. of aqueous base. *Plastic squeeze-packs of 10 c.c.*



BURROUGHS WELLCOME & CO., LONDON
 (The Wellcome Foundation Ltd.)

Please mention *The Journal of Laryngology and Otology* when replying to advertisements