# The Journal of Laryngology and Otology

EDITED BY
G. H. BATEMAN

ASSISTANT EDITOR LIONEL TAYLOR

### Contents

	THE TLACE OF INTERSTITIAL MADIOM IN THE TREAT-
BETSY BROWN and VICTOR LAMBERT	MENT OF CANCER OF THE LARYNX
J. A. M. MARTIN	Congenital Laryngeal Stridor
K. GREER MALCOMSON	THE SURGICAL MANAGEMENT OF MASSIVE EPISTAXIS .
ALBERT S. SHALOM	THE ANTERIOR ETHMOID NERVE SYNDROME
Miles Taylor	HISTOCHEMICAL STUDIES ON NASAL POLYPI
A. Zakrzewski	Spontaneous Extracranial Aneurysms of the Internal Carotid Artery
	CLINICAL RECORDS—
DERMOT J. DURCAN	TRACHEAL STRICTURE SUCCESSFULLY TREATED BY DILATATION AND STEROIDS
Orhan Sunar	CASE REPORT—AGRANULOCYTOSIS ASSOCIATED WITH POTASSIUM PERCHLORATE TREATMENT
N. K. APTE	THE INTRA-TONSILLAR CLEFT—A CLINICAL LAND-MARK

London

## Headley Brothers

109 Kingsway WC2

GENERAL NOTES

## The Journal of Laryngology and Otology

(Founded in 1887 by Morell Mackenzie and Norris Wolfenden)

EDITED BY

### G. H. BATEMAN

ASSISTANT EDITOR LIONEL TAYLOR

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, 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, 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. od. 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, 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, 109 Kingsway, London, WC2, England. O Journal of Laryngology and Otology, 1963

### CONTENTS

	PAGE
THE PLACE OF INTERSTITIAL RADIUM IN THE TREATMENT OF CANCER OF THE LARYNX. Betsy Brown and Victor Lambert (Manchester)	279
Congenital Laryngeal Stridor. J. A. M. Martin (Uganda) .	290
The Surgical Management of Massive Epistaxis. K. Greer Malcomson (Bristol)	299
THE ANTERIOR ETHMOID NERVE SYNDROME. Albert S. Shalom (London)	315
HISTOCHEMICAL STUDIES ON NASAL POLYPI. Miles Taylor (London) .	326
Spontaneous Extracranial Aneurysms of the Internal Carotid Artery. A. Zakrzewski (Poznań)	342
Clinical Records—  Tracheal Stricture Successfully Treated by Dilatation and Steroids. Dermot J. Durcan	351
Case Report—Agranulocytosis Associated with Potassium Perchlorate Treatment. Orhan Sunar (Bridge of Earn)	353
THE INTRA-TONSILLAR CLEFT. A CLINICAL LAND-MARK. N. K. Apte (Bombay)	356
CENERAL NOTES	258

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



## 'She gave me ears'

William Wordsworth (1807)

Another satisfied customer, perhaps. Dorothy, 'the Blessing of my later years,' made the world come alive again for Wordsworth, and a new invisible hearing aid has often done just this for the clients of Ingrams.

You can help your patients to take the first step by telling them about Ingrams, the firm of independent—and thus completely impartial—hearing aid consultants.

Ingrams will help your patient to choose from twenty-six different makes. This is the largest selection in the country—and some of the most advanced aids are exclusive to Ingrams.

Wordsworth was so grateful to Dorothy that he made her immortal. We cannot guarantee that your patients will do the same but we know they will be pleased that you—like so many other E.N.T. Specialists—recommended the Ingrams service.

## **INGRAMS**

THE INDEPENDENT HEARING AID CONSULTANTS 2 SHEPHERD ST., SHEPHERD MARKET, LONDON, W.1

# ONLY AMPLIVOX provides a complete audiometric service!



## Transistor Audiometers for the school screening service, ward use, etc.

### Speech Audiometry Equipment

via records and tape, including new attachment for use with tape recorders.

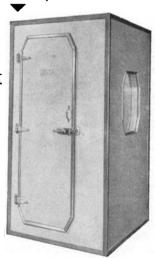




## Clinical Audiometers with narrow band masking for the highest accuracy and extended resolution.

### **Audiometer Booths**

for ideal testing conditions in Hospitals, Clinics, Factories. Standard and special sizes available.



**PLUS** 

An efficient and speedy calibration service

Please write for technical

AMPLIVOX LTD

Medical Acoustic Division

Medical Acoustic Division

Medical Acoustic Division

New Bond Street London, W1 Tel: HYDe Park 9888

### Recommended Reading in Laryngology and Otology

AUDIOLOGY CHILDREN by D. M. C. Dale, School for Deaf and Partially Deaf Children, Kelston, Auckland, New Zealand. Doctor Dale discusses and clearly illustrates in diagrams and graphs the production and physical characteristics of speech sounds. He considers the relationship between the frequency components of speech sounds, the audiogram of the patient, and the frequency response of the hearing aid. He deals with factors which affect the reception of speech by hearing-aid users and suggests practical measures by which children can be enabled to hear the most intelligible and continuous pattern of sound that their residual capacity to hear permits. Sept. '62, 164 pp., 79 il., \$7.50

RECRUITING TEACHERS FOR THE DEAF by Joseph S. Rudloff, San Diego, Calif. Mr. Rudloff has attacked the problem from three major points. First, pertinent and basic considerations are reviewed. For what type of child do you recruit a teacher? What does the education of the deaf child entail? Just what are the qualities of a successful teacher of the deaf? In the second section the author presents results of a detailed study of teachers already in the field. Why did they enter the field? What is their educational background? How do they view their chosen profession? Finally, logical and helpful conclusions are drawn from the study-guidelines that lend fact to an area previously left to opinion, July '62, 76 pp., 30 tables, \$4.25

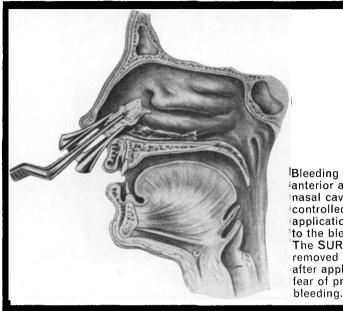


THE NOSE, PARANASAL SINUSES. AND EARS IN CHILDHOOD by Donald F. Proctor, The Johns Hopkins University School of Medicine, Baltimore, Md. Designed to provide the otolaryngologist with a background of knowledge essential to management of the common ear and respiratory diseases . . . then to portray those techniques of patient care which the author has found effective in his own practice. Recommended operative treatments are discussed in detail and fully illustrated. Hearing and speech problems are approached from the viewpoint of preventive medicine . . . treatment of diseases amenable to cure . . . and assistance to those children whose irremediable handicap leaves them with defective ability to communicate. Jan. '63, 200 pp., 183 il. (Pediatric Surgical Monograph Series edited by Mark M. Ravitch, The Johns Hopkins Univ.), \$12.50

SPEECH REHABILITATION OF THE LARYNGECTOMIZED by John C. Snidecor, University of California, Santa Barbara, Calif. With additional chapters by Joel Jay Pressman, Evelyn Robe Finkbeiner, E. Thayer Curry, Alan C. Nichols, and John O. Anderson. With a broad view of the laryngectomee as a total person, the authors consider the nature of the operation and its impact on the patient, personality in reference to rehabilitation, and the nature of the new speech and its limitations as contrasted with normal speech. Maintaining a conservative, scientific viewpoint, they discuss surgical rehabilitation with special reference to sub-total laryngectomy; location, nature, and use of the pseudoglottis; rate, pitch, loudness and quality in esophageal speech; who learns to speak again; the artificial larynx. March '62, 204 pp. 34 il., (Amer. Lec. in Speech and Hearing edited by Robert West, Brooklyn College), \$8.00

CHARLES C THOMAS · PUBLISHER · Lawrence Avenue · SPRINGFIELD · ILLINOIS · U.S.A.

## SURGICEL\* ABSORBABLE HAEMOSTAT



Bleeding from the anterior aspect of the masal cavity is readily controlled by the application of SURGICEL\* to the bleeding site.

The SURGICEL\* is removed 12 to 24 hours after application without fear of provoking further bleeding.

## A MAJOR ADVANCE IN HAEMOSTASIS

#### effective control of difficult bleeding

Surgice: haemostatic gauze completely controls capillary and venous oozing. Its use increases the range and safety of surgical procedures on highly vascular areas.

#### easily handled

SURGICEL is more easily handled than other agents in this field. It does not fragment, can be sutured in position and adheres closely to the site of bleeding but does not cling to gloves or instruments.

#### completely absorbed

SURGICEL is made from oxidized regenerated cellulose. It is absorbed with minimum tissue response and may be safely left *in situ*. No case of intolerance or sensitivity has been recorded.

Johnson Johnson PRODUCTS TO MATCH THE SURGEON'S SKILL

HOSPITAL DIVISION . SLOUGH . BUCKS

\*a trade mark of Johnson & Johnson JJ 104

## 'PETERS' **NEW** CLINIC AUDIOMETER

FOR PURE-TONE AND SPEECH



#### **CONSIDER THESE FEATURES:**

- A continuous frequency range with continuous automatic threshold compensation.
- Twin continuously variable attenuators accurate to I db.
- Narrow band masking of pure tones plus insert receiver.
- Manual or automatic completely silent interruption.
- Loudness Balance and Difference Limen Recruitment Tests.
- High Fidelity Speech Circuit with Accessories for Free Field Speech Audiometry.
- Full Spectrum of White Noise for Masking Speech.
- Completely Transistorised for reliability.

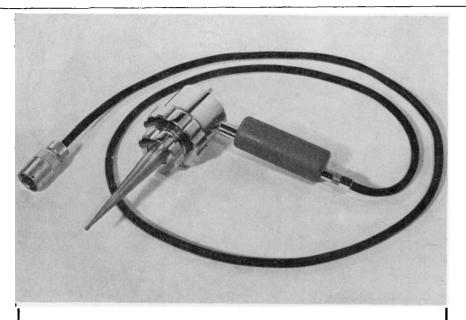
The Westrex Company Limited, who are leading suppliers of Deaf Education Equipment, have a nationwide servicing organisation. In the immediate future their engineers in the field will be co-operating in the speedy servicing of all "Peters" audiometers in Great Britain.

Write for a descriptive brochure giving full details of this magnificent instrument and ask for a demonstration from either:

## WESTREX COMPANY Ltd. 152 COLES GREEN ROAD, LONDON, N.W.2

### ALFRED PETERS & SONS Ltd.

VICTORIA WORKS, GELL STREET, SHEFFIELD 3



## ROYAL EAR HOSPITAL ULTRASONIC TRANSDUCER

(U.K. & U.S.A. patents applied for)

For the conservative surgery of Ménière's disease by the Arslan Technique.

This transducer will withstand sterilization in an autoclave.

Alternative applicators available:

2½ mm. diameter for Ménière's disease.

8 mm. diameter for irradiation of the whole pituitary in one application.

GENERATOR & !NTENSITY METER to complete equipment.

Made in England by

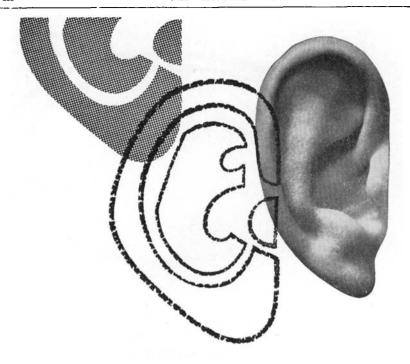
## Friston Electronics Limited 25 Church Road, Richmond, Surrey

Sole Agents for U.S.A., Canada & Latin America.

Scientific Research Corporation Inc.,

9-11 School Street,

Annapolis, Md. U.S.A.



### **'OTOSPORIN'** clears infected ears

The modern method of treatment in otitis externa, chronic suppurative otitis media, and infected mastoid cavities, is 'Otosporin' brand Drops.

'Otosporin' is an aqueous suspension containing both neomycin and polymyxin B sulphate which are together effective against practically all the bacteria found in ear infections. They are unlikely to induce bacterial resistance or skin sensitisation, and neither of them gives rise to cross-resistance or cross-sensitisation to penicillin and other antibiotics. Their effectiveness is visibly enhanced by the hydrocortisone in 'Otosporin'; this, by reducing inflammation, not only relieves pain, but provides greater access for the antibiotics.

### 'OTOSPORIN' drops

issued in bottles of 5 c.c.



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