The Journal of Laryngology and Otology

EDITED BY
SIR GEOFFREY BATEMAN

Contents

The natural history of some cancers afte	cting	the I	read		
and neck				D. F. N. HARRISON	1189
Stylohyoid syndrome	-			P. M. SHENOI	1203
Chemodectoma of larynx				K. J. Zachariah and J. H. Shah	1213
The ultrastructure of chemodectoma of	the l	laryn	х.	PETER ADLINGTON and MERVYN A. WOODHOUSE	1219
Clinical records—					
Uveitis as a complication of sinusitis				G. W. GLOVER and H. MACLEAN	1233
Kartagener's syndrome—A case report	and r	evie	v of		55
the literature				ADEL RESOULY	1237
A case of upwardly situated jugular	bulk	in	left		
middle ear				P. E. ROBIN	1241
Post-stapedectomy incudo-prosthetic fix	xatio	n.		PETER R. SAMUEL	1247
Penetrating neck injury (an unusua	l au	tomo	bile		
accident)				B. M. ABROL, B. M. L. KAPUR	
				and M. RAVEENDRAN	1253
Chondrosarcoma of larynx	-			P. R. DE	1261
Unusual frontal sinus foreign body				SERGIO M. GARCES and CHARLEY W. NORRIS	1265
A case of giant tonsils			-	H. C. KUMAR	1269
General notes			-		1273
Index					TOST

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

I. 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.

 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 \pounds_1 (including postage) each.
- 9. All subscriptions, advertising and business communications should be sent to the publishers, or subscription agents.

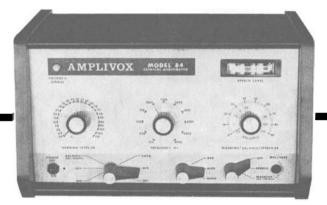
HEADLEY BROTHERS LTD.

The Invicta Press, ASHFORD, 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 decay 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

ALLERGIC RHINITIS

A completely fresh approach

The unique way in which sodium cromoglycate prevents asthmatic reactions has been the subject of over 150 clinical trials. Prompted by this success, more recent investigators have shown that, in the form of RYNACROM, sodium cromoglycate has a similar protective effect on the nasal mucosa and can provide year-round prophylaxis in allergic rhinitis?









RYNACROM is not a decongestant, anticholinergic, antihistamine or steroid. Its action is unlike any other form of treatment.

In the face of challenge – pollen, house dust, feathers, pets, etc – RYNA-CROM (sodium cromoglycate) prevents the degranulation of those cells which normally rupture and release histamine and inflammatory agents. Thus regular insufflation of RYNACROM provides continuous prophylaxis from a condition which, hitherto, has been difficult to control symptomatically and even more difficult to prevent. A number of patients who

have failed to respond to other forms of treatment have greatly benefited from RYNACROM!

RYNACROM does not produce inconvenient side effects associated with conventional therapy.

References

1. Practitioner 1972 208 671

2. J Laryngol & Otol 1972 86 725

Further information is available from



FISONS LIMITED-PHARMACEUTICAL DIVISION Loughborough, Leicestershire, England



1374



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

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

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

- 1. SKULL
- 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

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

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



Repair after pharyngo-laryngectomy continues to present many problems. The method using a permanently sited plastic tube was described in 1966 (Journal of Laryngology and Otology 1966 - 80 - 382 -935). A new tube has now been designed consisting of a Silastic® Silicone rubber tube covered with Dacron Mesh. This material does not harden in situ and is easily 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 funnel end of the tube can be shaped with 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 might obstruct the lumen; it is surprising how rarely, however, this occurs. Twenty-one patients have been treated in this way with satisfactory results.

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

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



Sudafed clears noses, leaves minds alert.





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.

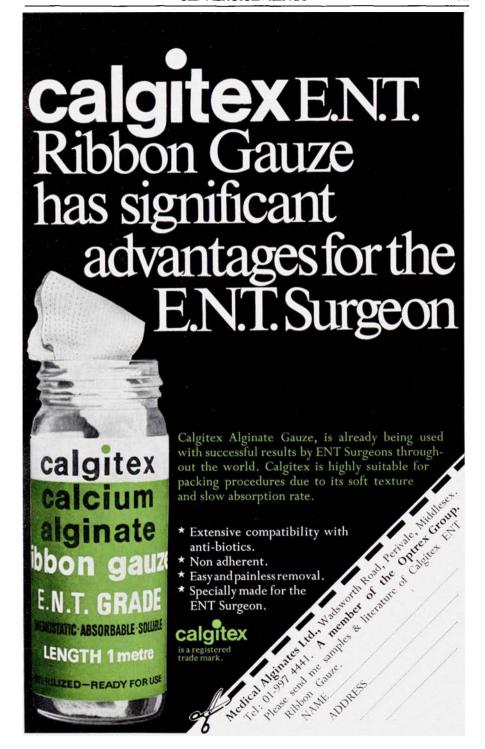
Also available SUDAFED Elixir containing 30 mg pseudoephedrine hydrochloride in each 5 ml.



Sudafed oral decongestant



Full information is available on request. Calmic Limited, Medical Division (The Wellcome Foundation Ltd.) Berkhamsted, Herts.



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

upwzelesaaaen Wekugoho waaseleseus

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
Beresford Ave, Wembley, Middlesex, England.



AMPLIVOX



Beresford Ave., Wembley, Middlesex, England.

Please forward me further information on the Cardiotrace 3050 Electronystagmograph

N	a	m	۱e	
---	---	---	----	--

Address . .

SPS9.411.486A

FOR YOUR PROFESSIONAL LIBRARY

MEASURING THE EFFECTIVENESS OF MEDICAL DECISIONS: An Opera- tions Research Approach by Shlomo Barnoon, American Society of Internal Medicine, San Francisco, and Harvey Wolfe, Univ. of Pittsburgh. '72, 248 pp.,	Center, Dallas, and Kenneth S. Gerwi Georgetown Univ. School of Medicin Washington, D.C. (42 Contributors). '7 328 pp. $(6\frac{3}{4} \times 9\frac{3}{4})$, 101 il. (29 in full color 33 tables, \$14.00	e, 2.
20 il., 35 tables, \$28.00	☐ HYPERNASALITY: Considerations Causes and Treatment Procedures	Ьу
Third Symposium on ORAL SENSATION AND PERCEPTION: The Mouth of the Infant edited by James F. Bosma, National Institute of Health, Bethesda. (36 Contributors) '72, 484 pp. (7×10), 267 il. (25 in	Raymond Massengill, Jr., Duke Uni Medical Center, Durham, North Carolin Contribution by Richard B. Yules. '7 152 pp., 96 il., \$11.25	a.
full color), 21 tables, \$46.50	☐ ASSESSMENT OF AIRBORNE PAITICLES: Fundamentals, Applications, ar	nd
RESPIRATORY TRACT FLUID by Eldon M. Boyd, Queen's Univ., Kingston, Ontario, Canada. '72, 336 pp., 93 il., 93 tables, \$21.00	Implications to Inhalation Toxicity edite by Thomas T. Mercer, Paul E. Morrow at Werner Stober, all of The Univ. Rochester, New York. (26 Contributors '72, 560 pp. (6\frac{3}{4} \times 9\frac{3}{4}), 232 il., 58 table	nd of s).
FACIAL PROSTHETICS by Arthur H. Bulbulian, Univ. of Minnesota, Minneapolis. '72, about 311 pp. (7×10) , 400 il. (1 in full color), 5 tables.	\$32.75 FOR THOSE WHO LIVE AN BREATHE: A Manual for Patients with the state of the	th
AN ATLAS OF SURGICAL ANATOMY AND TECHNIQUES OF THE TEM- PORAL BONE by Ralph J. Caparosa, Univ. of Pittsburgh School of Medicine,	Emphysema and Chronic Bronchitis (2r Ed.) by Thomas L. Petty and Louise Nett, both of Univ. of Colorado School Medicine, Denver. '72, 128 pp., 32 figs \$6.25	1.
Pennsylvania. Foreword by Raymond E. ordan. Medical Illustrations by Ronald Filer. '72, 136 pp. $(8\frac{1}{2} \times 11)$, 108 il. (11 in ull color), 1 table, \$18.00	☐ ILLUSTRATED SPEECH ANATOM (2nd Ed., 2nd Ptg.) by William M Shearer, Northern Illinois Univ., DeKal. '72, 104 pp. (6¾ × 9¾), 50 il., \$5.75	1.
ALARYNGEAL SPEECH (2nd Ptg.) by William M. Diedrich and Karl A. Youngstrom, both of Univ. of Kansas Medical Center, Kansas City. '72, 232 pp., 322 il., 51 tables, \$12.00	☐ ATLAS OF THE HUMAN AND CA TEMPORAL BONE by Herbert Silve stein, Univ. of Pennsylvania Medical Scho. Philadelphia. '72, 88 pp. (8½×11), 67 il \$12.75	r- ol
ROENTGENOGRAPHY AND ROENT-GENOLOGY OF THE TEMPORAL BONE, MIDDLE EAR, AND MASTOID PROCESS (2nd Ed.) by Lewis E. Etter, Univ. of Pittsburgh. With the Collaboration of Merle J. Stuart and the late Lawrence C.	☐ ANESTHESIA: In Otolaryngology ar Ophthalmology by John C. Snow, Boste Univ. School of Medicine. Foreword & Benjamin Kripke. '72, 484 pp., 90 ii 6 tables, \$17.50	on by
Cross. With a Section on Plesiosectional Tomography by Marc S. Lapayowker and Margaret J. McGann. Foreword by the late Theodore E. Walsh. '72, 240 pp. (8½×11), 225 il., \$17.00	BASIC PRINCIPLES OF OTOMETR by John A. Victoreen, Maitland, Floridiffereword by Donald M. Markle. '72, about 250 pp. (7×10), 113 il., 15 tables	a.
OTITIS MEDIA: Proceedings of the National Conference, Callier Hearing and	Cash With Order Outside U.S.A. and Canada	
Speech Center, Dallas, Texas, edited by Aram Glorig, Callier Hearing and Speech	All European orders sent by air, postpaid	

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

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

Special features include:

1
Compact design with
high intensity coaxial
illumination
2
Motorised zoom
continuous magnification
changer controlled by a

new single foot pedal

3
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

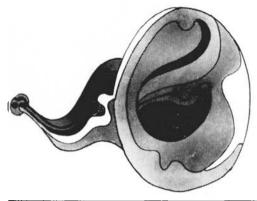




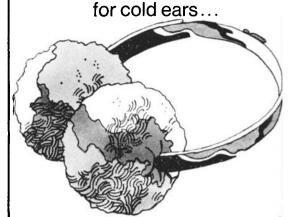




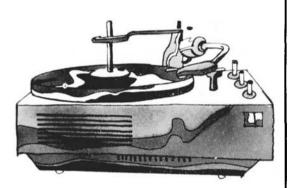
for old ears...



for musical ears...



for mysterious ears...

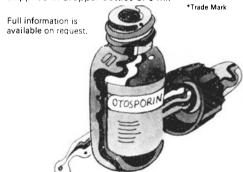


for medical ears...



for patient ears...

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



DTOSPORIN clears infected ear



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

