Vol. LXXIV No. 7

July 1960

The Journal of Laryngology and Otology

EDITED BY WALTER HOWARTH

> ASSISTANT EDITOR G. H. BATEMAN

Contents

TRAUMATIC PERFORATION OF THE LOWER (ESOPHAGUS

R. W. BAILIE, A. K. BOYLE and A. MACIEJEWSKI

I. G. LADÁNYI

PHILIP H. GOLDING-WOOD

IAN B. THORBURN

ELIZABETH C. KNOX

IAN P. C. ROBERTSON

H. J. S. WALDECK

R. C. F. TODMAN

J. A. HARPMAN

Some Viewpoints of the Colloid Chemistry of the Common Cold

A CRITICAL REVIEW OF TYMPANOPLASTIC SURGERY

A METHOD OF OBTAINING PURE-TONE AUDIOGRAMS IN YOUNG CHILDREN

WATER AND SALT BALANCE IN MÉNIÈRE'S DISEASE

CLINICAL RECORDS— ACUTE BILATERAL RECURRENT LARYNGEAL NERVE PARALYSIS

> POST HÆMORRHAGIC OPTIC ATROPHY AS COM-PLICATION OF SEVERE EPISTAXIS

> FATAL CASE OF SPONTANEOUS HÆMORRHAGE FROM INTERNAL CAROTID ARTERY RESULT-ING FROM RETROPHARYNGEAL INFECTION.

> I. INTRAOSSEOUS SUPRAORBITAL CALCIFY-ING FIBROMA. II. FIBRO-OSTEOMA OF THE MAXILLARY AND FRONTAL SINUSES

GENERAL NOTES

London

Headley Brothers Ltd

109 Kingsway WC2

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

Monthly, 10/- net post free

ADVERTISEMENTS

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.

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 £ to 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

b. Others for reprints must be sent when returning ganey 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. 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 LTD., 109 KINGSWAY, LONDON, WC2.

United States of America

Orders for this Journal may be sent through local bookseller, or to STECHERT-HAPNER, 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

https://doi.org/10.1017/S0022215100056772 Published online by Cambridge University Press

In schools for the DEAFmultitone 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:

ELECTRIC COMPANY LTD., 12-20 UNDERWOOD STREET. LONDON, N. 7. CRC M33

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

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 Otology, 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



Please mention The Journal of Laryngology and Otology 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.

HILIPS

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 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.

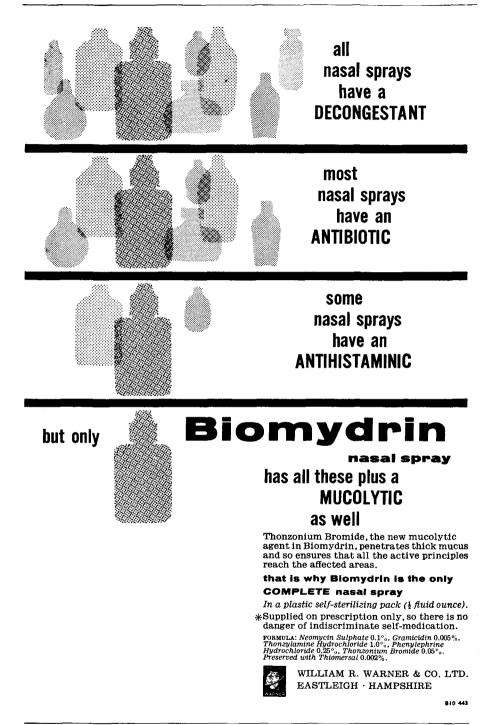
It is an excellent idea to advise your patients who are hard of hearing to visit a Philips Audiometric Centre. There is a network of them throughout Britain, where patients can discuss their individual needs with a skilled audiometrician entirely free of charge.

HA3250

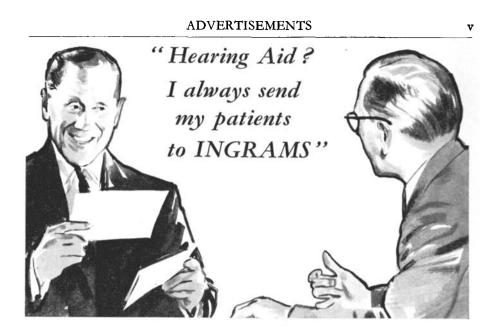
Yours faithfully,

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

iv



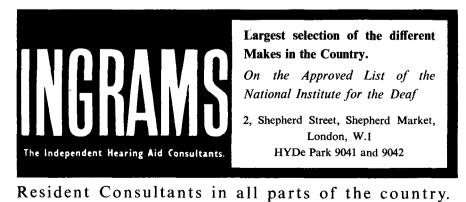
Please mention The Journal of Laryngology and Otology when replying to advertisements



"I know my patients get the best possible choice of aids with Ingrams. Ingrams don't make aids—they are Independent Suppliers of all the best makes. This means the patient can compare one make against another, Ingrams can advise impartially about each make, and the patient gets the best possible fitting. Patients like it and I can rely on Ingrams.

Ingrams have at Shepherd Street one of the best equipped consulting rooms I've ever seen. Their Speech Audiometry equipment, for example, is outstanding. They also do domiciliary visits throughout the country—a lot of my patients like this, especially those outside London."

Refer your patients to



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

Ddrops 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.





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

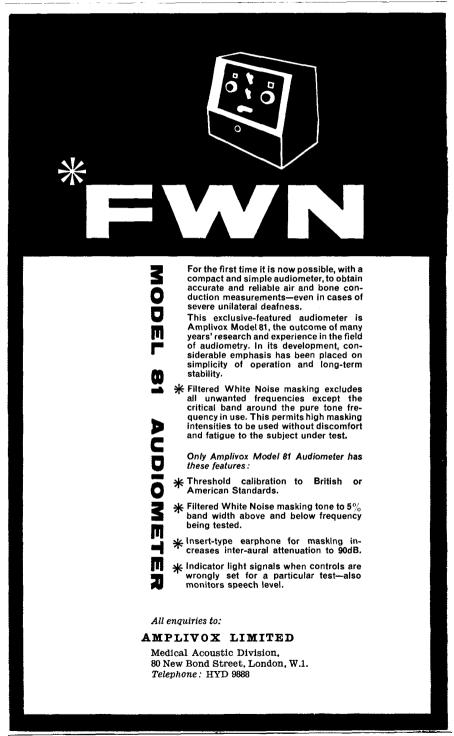
Hospital Pack-2 oz. bottles.



ABORATORIES FOR APPLIED BIOLOGY LTD I, AMHURST PARK, LONDON, N. 16. TEL: STAmford Hill 2552/3

Please mention The Journal of Laryngolog: and Otology when replying to advertisements

ADVERTISEMENTS



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

CONTENTS

TRAUMATIC PERFORATION OF THE LOWER ŒSOPHAGUS. R. W. Bailie, A. K. Boyle and A. Maciejewski (Glasgow)	437
Some Viewpoints of the Colloid Chemistry of the Common Cold. J. G. Ladányi (Budapest)	447
A CRITICAL REVIEW OF TYMPANOPLASTIC SURGERY. Ian B. Thorburn (Blackpool)	453
A METHOD OF OBTAINING PURE-TONE AUDIOGRAMS IN YOUNG CHILDREN. Elizabeth C. Knox (Glasgow)	475
WATER AND SALT BALANCE IN MÉNIÈRE'S DISEASE. Philip H. Golding-Wood (Maidstone)	480
CLINICAL RECORDS— Acute Bilateral Recurrent Laryngeal Nerve Paralysis. Ian P. C. Robertson (Glasgow)	489
Post Hæmorrhagic Optic Atrophy as Complication of Severe Epistaxis. H. J. S. Waldeck (Edinburgh)	491
Fatal Case of Spontaneous Hæmorrhage from Internal Carotid Artery Resulting from Retropharyngeal Infection. R. C. F. Todman (Selly Oak, Birmingham)	493
I. Intraosseous Supraorbital Calcifying Fibroma. II. Fibro- Osteoma of the Maxillary and Frontal Sinuses. J. A. Harpman (Warwick)	497
General Notes	508

"U.S.A. THE LOVELACE CLINIC, situated in the southwest, is expanding its staff of 52 physicians. As a result of excellent response to previous advertisement further applications for full-time appointments are invited in the field of Otolaryngology. Opportunities for research are available. Conditions of appointment and detailed information available from The Board of Governors, Lovelace Clinic, Albuquerque, New Mexico."