

## Correspondence

DEAR SIR,

In 1971 you were kind enough to publish an article on 'pharyngeal leiomyosarcoma' by Mr. Glover and me. Current study by one of us (W.W.P.) of lesions of a similar kind in other anatomical areas makes it virtually certain that the lesion we described was not a leiomyosarcoma but a so-called pseudosarcoma of the kind described by, for example, Lane (1957). The co-existent carcinoma which we found so difficult to explain appears to be almost an integral part of the lesion or syndrome although the inter-relation of the two lesions still lacks a satisfactory explanation.

We should be grateful if you could convey this correction to your readers so that they may make the necessary entry in their own copy for 1971.

Yours faithfully,  
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### REFERENCES

- GLOVER, G. W. and PARK, W. W. (1971) Pharyngeal leiomyosarcoma. *Journal of Laryngology and Otology*, **85**, 1031-1038.
- LANE, N. (1957) Pseudosarcoma (polypoid sarcoma-like masses) associated with squamous-cell carcinoma of the mouth, fauces, and larynx: report of ten cases. *Cancer*, **10**, 19-41.

DEAR SIR,

The recent publication of your first supplement is in itself sufficient reason for my writing to applaud this imaginative step and also to record the specialty's appreciation of the contribution the TWJ Foundation is making to clinical otology.

It comes as no surprise to readers of this Journal to find that this new venture, which I hope will be continued, contains an account of a 'visit of enquiry' to the United States charged with determining the present position of cochlear implant prostheses. As such it is of great interest and importance to all otologists and, incidentally, many of their hearing-impaired patients. I have read this account with both interest and admiration for, in my opinion, based upon personal knowledge of most of the individuals working on this problem, it represents an accurate and commendable distillate of the present position recorded by individuals who are both knowledgeable and unbiased. However, I am fearful that this report, like so many others, is destined for the DHSS 'permanently pending pigeon hole' and wish to offer the following comments in the hope that others more influential than I will see that meaningful action is taken!

There can be little doubt that cochlear implants have now passed beyond the purely experimental stage and that their usefulness to carefully-selected individuals with virtually total hearing loss has been clearly demonstrated.

The biomechanical problems have been overcome to the extent that available implants could now be used in 'new' situations and this must surely be explored in this country. I say this, however, with the very definite proviso that such trials must be confined to a few centres adequately equipped and staffed if the scientific and medico-political errors of the past are not to be repeated. We have the surgical and scientific expertise and with adequate finance might well be able to contribute more to implant evaluation than those pioneer innovators now committed to possibly unrewarding research programmes.

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