

# Logan Turner's DISEASES OF THE NOSE THROAT AND EAR

EDITED BY  
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MD FRCS (ED)

EIGHTH EDITION

**WRIGHT**

# LOGAN TURNER'S DISEASES OF THE NOSE, THROAT AND EAR

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EIGHTH EDITION



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THIS WORK IS DEDICATED  
TO  
THE MEMORY  
OF  
ARTHUR LOGAN TURNER  
MD, LL.D, FRCSE  
AND TO THOSE CONTRIBUTORS TO THE PREVIOUS EDITIONS  
WHO HAVE SINCE DIED

## PREFACE TO THE EIGHTH EDITION

It is just over fifty years since Logan Turner, with the collaboration of the teaching staff of the Edinburgh Ear, Nose and Throat Department, published the first edition of this textbook. Its aim was to provide a comprehensive survey of the specialty for senior students and general practitioners. During successive editions this aim has been widened and the book enlarged to form a more detailed introduction to the specialty for postgraduates embarking on a career in otolaryngology.

In the preparation of this edition much thought has been given to the scope of the book. If it were to continue as a postgraduate preparation for the Fellowships it would require very considerable expansion, and might lose its individuality. On the other hand, the time allocated by the various universities for the teaching of otolaryngology is so curtailed, and the technical expansion of the specialty is now so great, that there is little time for the student to learn, with any degree of understanding, the basic principles far less the ramifications of the specialty. This is reflected in general practice, and many trainees eagerly embrace the opportunity of attending routine clinics to learn more about the conditions commonly met with in practice. Many have sought a book which, while covering the specialty, would deal with its basic principles.

It has been decided that this edition should revert to the original aim of the book, and it has been rewritten for house officers, registrars in their first year and general practitioners specifically while retaining brief notes on the more uncommon conditions. The detailed anatomical descriptions, which have always been a feature, have been simplified to a greater or lesser degree. Teaching in anatomy has changed over the years, and our intention has been to stress the more salient features and to discard the minutiae. The anatomical chapter on the ear remains more detailed, deliberately so because micro-surgery has given it greater practical prominence, and reports on operations to general practitioners often assume their knowledge of the structure of the middle and inner ears. In the same way different sections place different emphasis on practical physiology, and again, that of the ear is most detailed.

Throughout the book an attempt has been made to achieve an essentially practical approach, to explain modern investigations, to discuss basic principles, to analyse the reasons for treatment and to give some positive answers to the questions which patients may ask of their general practitioners or of junior hospital staff. Some of the more simple procedures of treatment which are commonly carried out in hospital or in general practice are fully described, but the details of operations have given place to the aims of surgical treatment.

As in all previous editions the contributors are in active practice in the specialty in Edinburgh. I have been honoured by being invited by the authors of the previous edition to act as Editor, and I have undertaken the section on the nose and sinuses. George McDowall continues to be responsible for part of otology and is joined by Kenneth McLay in writing this section. John McCallum has taken over the pharynx and nasopharynx, and Arnold Maran has rewritten the sections on the larynx, bronchi and oesophagus.

About a hundred of the old illustrations have been discarded and there are some seventy new illustrations, many of them line drawings by Robert

Yorston of the Department of Otolaryngology in Dundee. Some new radiographs have been supplied by Professor Eric Samuel and his colleagues, and some of the contributors have included original illustrations. In order to save production costs the colour illustrations have been printed together, and both authors and publishers realize the frustration that this imposes on the readers and hope for their tolerance.

It is a very real pleasure to record once again our appreciation of the courtesy and co-operation which we have received from the publishers.

*Edinburgh, 1976*

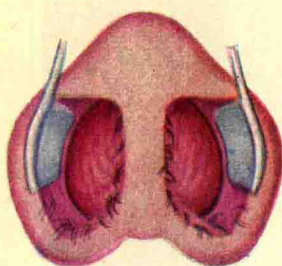
J. F. BIRRELL

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*PLATE I*



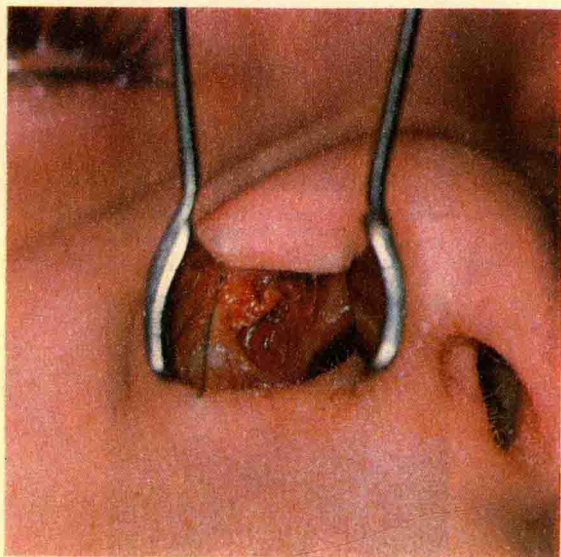
1. Septal haematoma.



2. Bleeding area of septum.

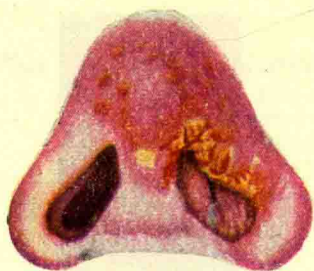


3. Enlarged posterior ends of inferior conchae.



4. Tuberculous ulceration of the lateral wall of the nasal cavity.

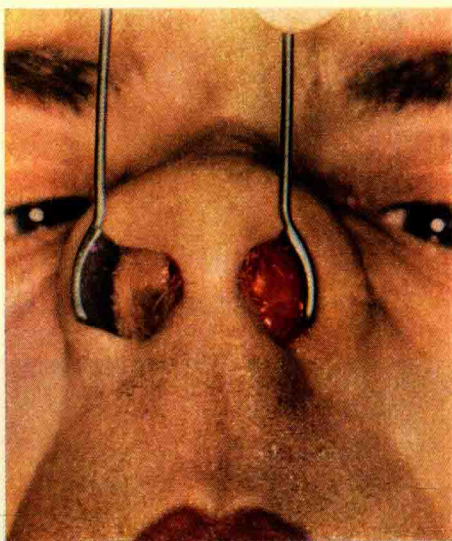
PLATE II



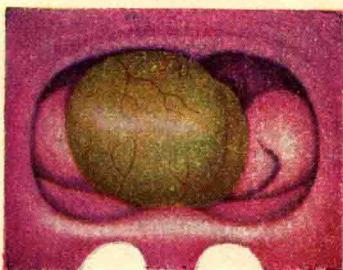
1. Lupus of the nose.



2. Nasal polypus seen on anterior rhinoscopy.

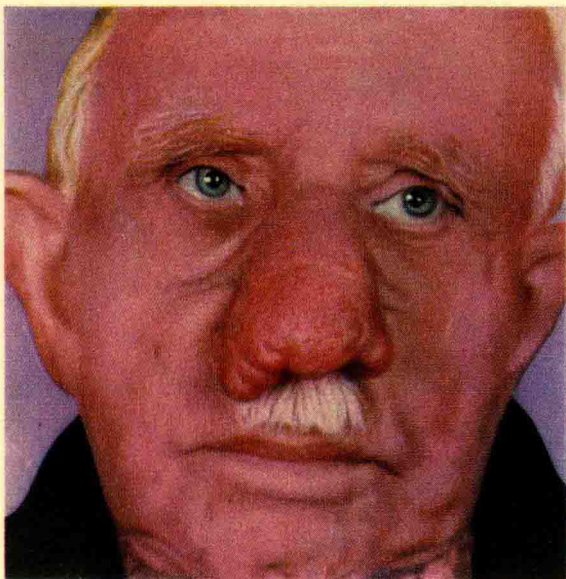


3. Nasal polypi. The epithelium of the polypus in the left side has become vascularized as it approaches the nostril.



4. Naso-antral polypus seen on posterior rhinoscopy.

*PLATE III*



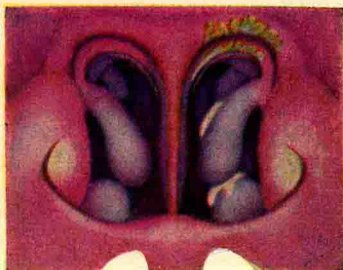
1 Rhinophyma.



2. Pus in middle meatus seen on anterior rhinoscopy.

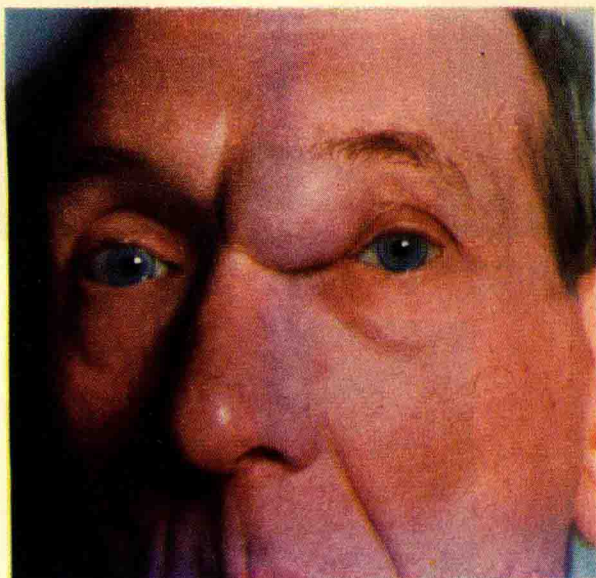
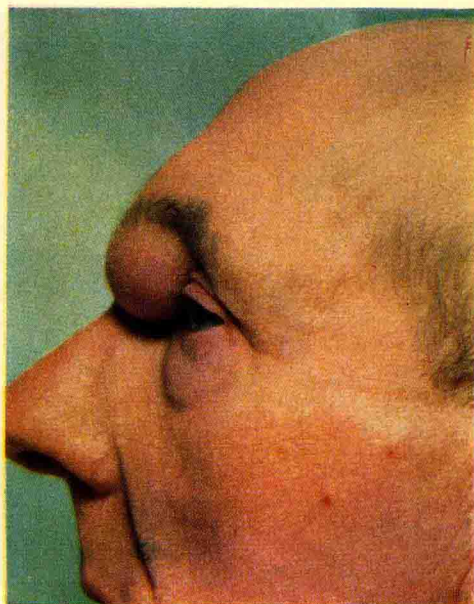


3. Pus in olfactory cleft seen on anterior rhinoscopy.



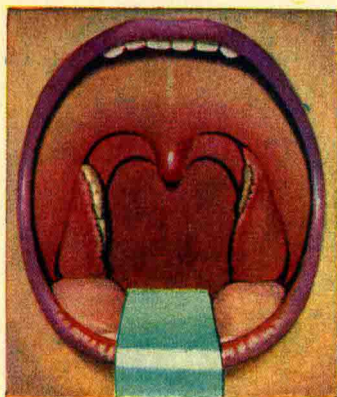
4. Pus seen on posterior rhinoscopy.

*PLATE IV*

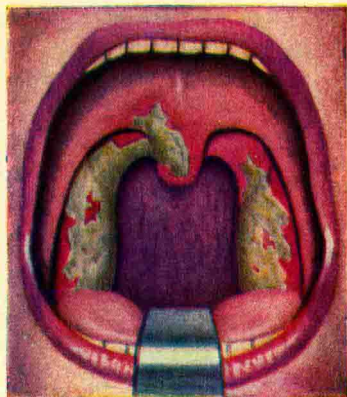


Mucocele of left frontal sinus.

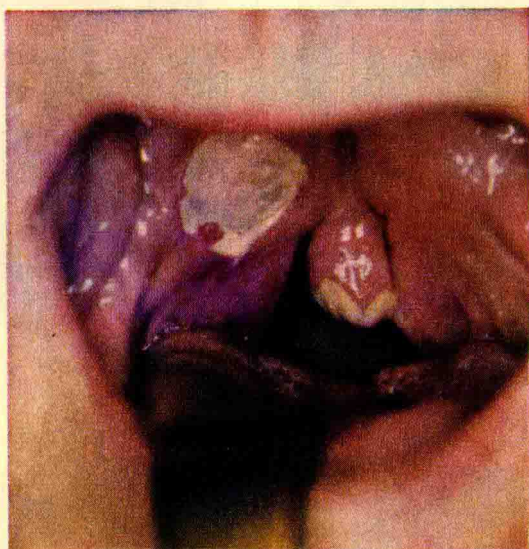
PLATE V



1. Vincent's angina.

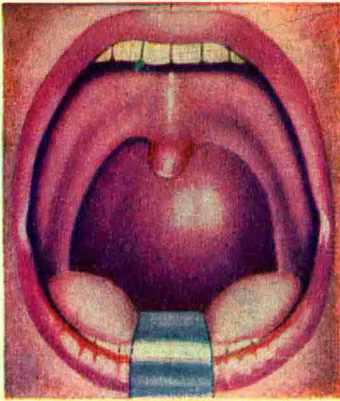


2. Diphtheria.

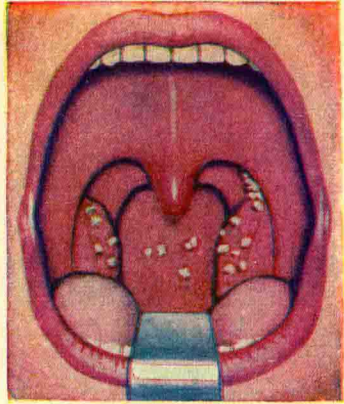


3. Pharyngeal ulceration in acute leukaemia.

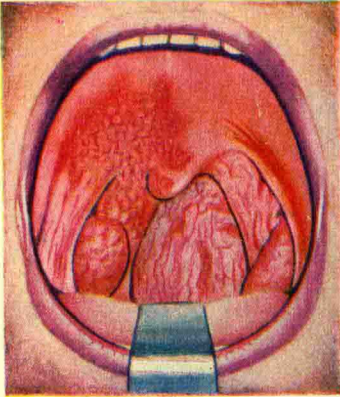
*PLATE VI*



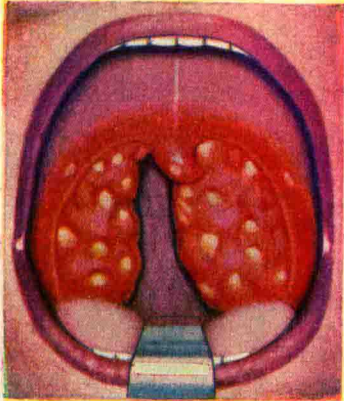
1. Retropharyngeal abscess.



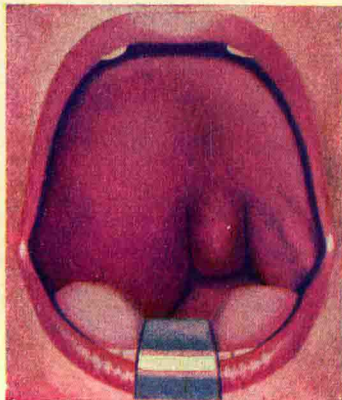
2. Keratosis of the pharynx.



3. Lupus of the pharynx.



4. Acute tonsillitis.

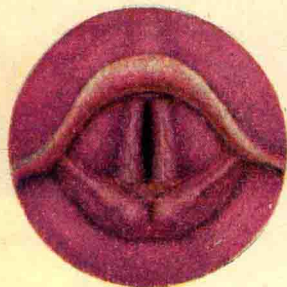


5. Peritonsillar abscess.

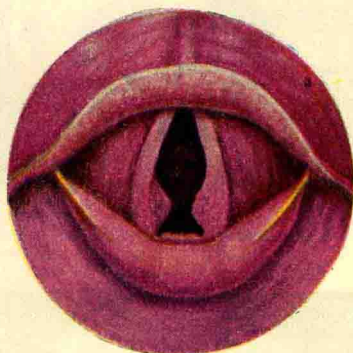
PLATE VII



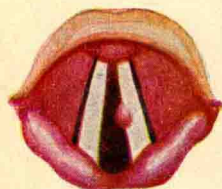
1. The so-called 'adenoid facies'.



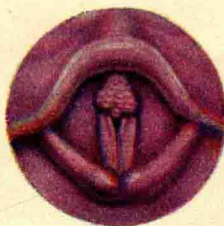
2. Acute laryngitis.



3. Pachydermia.

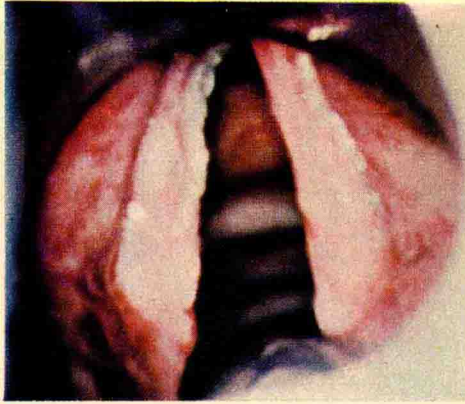


4. Fibroma of vocal cord.



5. Papilloma nipped between the vocal cords on phonation.

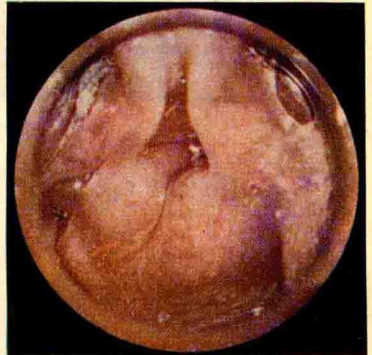
PLATE VIII



1. Cancer of the left vocal cord.



A



B

2. Laryngomalacia. A, Expiration; B, Inspiration. (By kind permission of the 'Journal of Laryngology and Otology'.)



3. Laryngocele. (By kind permission of the 'Journal of Laryngology and Otology'.)



4. Laryngeal web. (By kind permission of the 'Journal of Laryngology and Otology'.)

*PLATE IX*



1. Otitis externa. The inflammation has spread beyond the confines of the external meatus and extends on to the concha and adjacent parts of the face. Dandruff is apparent.



2. Polypus projecting beyond the external meatus.

- 1, Normal right tympanic membrane.
- 2, Markedly indrawn left drumhead, with prominence of the anterior and posterior malleolar folds. The handle of the malleus is greatly foreshortened.
- 3, Left drumhead. Secretory otitis media. Note the hair line at the upper margin of the exudate.
- 4, Right drumhead. Acute suppurative otitis media. The superficial vessels are seen radiating from the handle of the malleus.
- 5, Right drumhead. Acute suppurative otitis media during influenza, with haemorrhagic bullae on the drum membrane.
- 6, Right drumhead. Acute suppurative otitis media, with bulging of posterior superior quadrant.
- 7, From same patient as No. 6, showing appearances during healing process.
- 8, Right drumhead. Tuberculous otitis media with two perforations of the drumhead.
- 9, Chronic suppurative otitis media, left ear, with anterior central perforation. Posteriorly the drumhead shows a chalk patch.
- 10, Chronic suppurative otitis media, left ear, showing very large central perforation.
- 11, Chronic suppurative otitis media, right ear, with granulations covering the posterior superior quadrant.
- 12, Chronic suppurative otitis media, right ear, with granulations and cholesteatoma.
- 13, Chronic suppurative otitis media, left ear, showing large posterior marginal perforation and cholesteatoma.
- 14, Perforation of Shrapnell's membrane (attic perforation), left ear, with cholesteatoma.
- 15, Kidney-shaped scar in right drumhead, resulting from former middle ear suppuration.
- 16, Results of chronic middle ear suppuration in right ear: Anteriorly there is a chalk patch in the drumhead, and posteriorly a large perforation, showing the entrance to the round window niche.
- 17, Results of chronic suppuration in right ear. There is a large chalk patch in the drumhead, and a posterior marginal perforation, revealing the joint between the incus and stapes.
- 18, Large retracted scar in left drumhead, resulting from former chronic suppuration.
- 19, Shows the same ear as seen in 18, after inflation. The scar is now bulged outwards towards the meatus.
- 20, Otosclerosis. The normal transparent left drumhead shows a pinkish tinge of the promontory in the region of the oval window.