

AMERICAN LARYNGOLOGICAL ASSOCIATION

Annual Meeting  
Palm Beach, Florida  
May 1-2, 1982

Corresponding Fellows

Kleinsasser, Oskar

Emeritus Fellows

Canfield, Norton  
Harris, Herbert  
Lathrop, Frank D.  
Munoz-MacCormick, Carlos  
Murtagh, John A.  
Simonton, Kinsey M.  
Work, Walter P.

Active Fellows

Alford, Bobby R.  
Andrews, Albert H., Jr.  
Bailey, Byron, J.  
Ballenger, John J.  
Baxter, James D.  
Biller, Hugh F.  
Blaugrund, Stanley M.  
Boles, Roger  
Bordley, John E.  
Briant, Thomas D. R.  
Brown, Lester A.  
Cantrell, Robert W.  
Chandler, J. Ryan  
Cocke, Edwin W., Jr.  
Cohen, Seymour R.  
Conley, John J.  
Cummings, Charles  
Dedo, Herbert H.  
DeWeese, David D.  
Fearon, Blair  
Fee, Willard  
Ferguson, Charles F.  
Frazer, John P.

Active Fellows (cont.)

Friedberg, Stanton A.  
Gacek, Richard R.  
Gates, George  
Goldman, Joseph L.  
Hilger, Jerome A.  
Hudson, William R.  
Kirchner, Fernando R.  
Kirchner, John A.  
Krause, Charles J.  
Lawson, William  
LeJeune, Francis E., Jr.  
Lewis, John S.  
Lewy, Robert B.  
Lingeman, Raleigh E.  
Lyons, George D.  
McGovern, Francis H.  
(?) Miglets, Andrew W., Jr. (?)  
Miller, Daniel  
Montgomery, William W.  
Myers, Eugene N.  
Neel, H. Bryan, III  
Norris, Charles M.  
Ogura, Joseph H.  
Olson, Nels  
Pang, Lup Q.  
Pastore, Peter N.  
Pennington, Claude L.  
Pratt, Loring W.  
Putney, F. Johnson  
Reed, George F.  
Ritter, Frank N.  
Rontal, Eugene  
Saunders, William H.  
Sisson, George A.  
Skolnik, Emanuel M.  
Snow, James B., Jr.  
Soboroff, Burton J.  
Som, Max L.  
Spector, Gershon J.  
Sprinkle, Philip M.  
Strong, M. Stuart  
Tabb, Harold G.  
Tardy, M. Eugene

Active Fellows (cont.)

Thawley, Stanley  
Tribble, William M.  
Tucker, Gabriel F., Jr.  
Tucker, Harvey M.  
Tucker, John Anwyl  
Ward, Paul H.  
Woodman, DeGraaf  
Yanagisawa, Eiji



*Dr. Tucker - Forgave Files*

July 20, 1982

M. Eugene Tardy, MD  
2913 North Commonwealth Drive  
Suite 430  
Chicago, Illinois 60657

Dear Dr. Tardy:

On June 3rd Dr. Senturia spoke with you concerning your manuscript presented at the American Laryngological Association meeting in May. It was our understanding that your paper would not be ready for publication in our July-August issue. We will shortly be preparing the materials for the 1982 Transactions of the Association, and we will need to have the completed paper for inclusion. I am writing to you with regard to this matter since Dr. Senturia passed away on July 7th.

Would you kindly forward the completed manuscript to our offices as soon as possible so that we may proceed?

Sincerely yours,

Sara Jenkins  
Managing Editor

✓ SJ/mls

cc: Gabriel F. Tucker, Jr, MD  
Editor-Librarian

*Anna  
Lynn Tucker 7/26*

August 13, 1982

Brian McCabe, M.D.  
Department of Otolaryngology  
University Hospitals  
Iowa City, Iowa 52240

Dear Brian:

I've received Mr. Cooper's kind letter of August 5th outlining the cost which the Annals would be required to pay to have a proper Transactions. Obviously we cannot underwrite such a tremendous overhead. We, I guess, are fortunate to continue to underwrite the minimum cost which you suggest.

Things have certainly come a long way since the Annals use to give the Transactions to the Society members for the privilege of publishing their papers.

Best regards.

Sincerely,

Gabriel F. Tucker, Jr., M.D.

GFT:gm

cc: Kenneth A. Cooper, Jr.  
Business Manager  
Annals of Otology, Rhinology & Laryngology  
4949 Forest Park Blvd  
St. Louis, Missouri 63108



# ANNALS OF OTOLOGY, RHINOLOGY & LARYNGOLOGY

Founded in 1892

BUSINESS OFFICE  
4949 FOREST PARK BLVD.  
ST. LOUIS, MISSOURI 63108  
TEL (314) 367-4987

August 5, 1982

Gabriel F. Tucker, Jr., MD  
Head, Division of Otolaryngology and  
Communicative Disorders  
Children's Memorial Hospital  
2300 Children's Plaza  
Chicago, Illinois 60614

Dear Dr. Tucker:

It was our understanding from Dr. Senturia that you had agreed to printing the Transactions of the American Laryngological Association the same way as last year. We have planned our work according to this and are distressed to hear otherwise from you. However, we will do our best to provide the information which you requested.

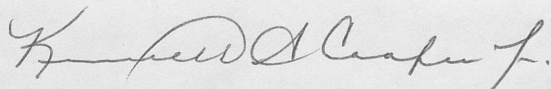
In 1981, the pages of scientific text for the ALA Transactions were printed at the same time as the journal. The cost for printing and typesetting was \$3,684.70 for 200 copies, 160 pages each, or \$23.03 per page. We estimate that the 1982 ALA Transactions will be 168 pages. For 200 copies the cost of printing and typesetting, if handled the same as last year, will be approximately \$4,001.00, with the per page costs being \$23.15, only a 3.4% increase over 1981. The total estimate for the 1982 Transactions (including binding, mailing, illustrations, telephone, secretarial/copyediting time and indexing) is \$7,075.00. Even with the additional 8 pages that we have estimated, the increase over last year is only 8.5%.

However, placing the discussions following each paper rather than in a separate section at the end of the scientific text means repasting, making new negatives, and burning new plates for printing. This alone would increase the cost of printing and typesetting to approximately \$5,295.00. Also, it would mean rearranging the order in which the papers are printed in the ANNALS; several papers were shifted slightly out of the sequence in which they were presented at the meeting so that the three pages of color illustrations would fall on certain pages within one 16-page signature and could be printed together, which means a substantial savings. If these pages are printed separately, it will cost an additional \$350 per page. Therefore, to place the discussions within the scientific text will require a major reorganization of pages already printed in the most economical manner, as well as the additional labor, for an additional cost of \$2,344.00, or a total estimated cost of \$9,219.00.

Gabriel F. Tucker, Jr., MD  
August 5, 1982  
Page Two

We must know immediately whether we need to change our plans for printing the Transactions. Please contact me or Dr. McCabe as soon as you have made a decision.

Sincerely yours,

A handwritten signature in cursive script, reading "Kenneth A. Cooper, Jr.".

Kenneth A. Cooper, Jr.  
Business Manager

KAC/mls

cc: Dr. Brian McCabe



# ANNALS OF OTOLOGY, RHINOLOGY & LARYNGOLOGY

Annals of Head & Neck Medicine & Surgery

OFFICE OF COEDITOR  
BEN H. SENTURIA, M.D.  
4949 FOREST PARK BLVD.  
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(314) 367-4987

EDITOR  
BRIAN F. McCABE, M.D.  
IOWA CITY, IOWA

August 10, 1982

Gabriel F. Tucker, Jr., MD  
Head, Department of Otolaryngology and  
Communicative Disorders  
Children's Memorial Hospital  
2300 Children's Plaza  
Chicago, Illinois 60614

Dear Dr. Tucker:

Thank you for all the work that went into putting the material together for the American Laryngological Association Transactions. It is in excellent shape, and as soon as we have resolved the following questions, it can be sent to the typesetter.

- 1) On page 2 of the Presidential Address, line 5, the word "organal" is used. This word does not appear in Webster; can you suggest a substitute?
- 2) A table is appended to Dr. Putney's discussion. Should we include it? If so, please explain what L/W stands for in the last column. *Lyndell*
- 3) In Dr. Bluestone's discussion (page 10), the last sentence of the first paragraph doesn't make sense grammatically. Should it read, "I think that what Dr. Benjamin has called this "atypical croup" is frequently a congenital anomaly." ? *yes*
- 4) In Dr. Dedo's discussion (page 13, last line), what is he referring to when he says "the sizes given above"? *✓*
- 5) In Dr. Birck's discussion (Page 17) the second sentence seems to be missing some words or improperly punctuated. Can you clarify?
- 6) On page 32 Dr. Cohen mentions Dr. Bluestone in the first sentence (which we prefer to delete) as if he has spoken already; on page 33, Dr. Bluestone directs a question to Dr. Cohen (which, however, is not answered). Are these pages switched?

Gabriel F. Tucker, Jr., MD  
August 10, 1982

Page 2

- 7) In the Secretary's report, paragraph 1, it is stated that three Emeritus members have died, *whereas* *phelps* whereas the following report lists four. Neither, however, includes Dr. Campbell, whose obituary follows; but he is mentioned as having resigned in the Secretary's report.
- 8) The photograph of Dr. Campbell will have to be retouched at an approximate cost of \$25.00 if it is to be usable. Shall we proceed with it, or omit it? *OK*
- 9) We are waiting to hear whether the Tardy paper will be available for publication. If not, perhaps we should use an abstract, since the paper is mentioned in the discussions. An abstract would have to be furnished as we do not have one in our file. Also, the title and authors of the presentation are given differently in the ALA program book and the manuscript. Which should be used?

Of course we also will need a decision about handling the discussions. I trust that you received the figures on that from Ken Cooper. ✓

We look forward to having your response immediately so that we can move ahead with the Transactions.

Sincerely,

*Sara Jenkins*  
Sara Jenkins  
Managing Editor

SJ/mls

cc: Dr. Brian McCabe, Editor



EIGHTH DANIEL C. BAKER, JR., LECTURE

INTRODUCTION OF GEORGE REED, M.D.

Harold G. Tabb, M.D., President

It is my privilege to introduce the eighth annual Daniel C. Baker, Jr. Memorial Lecturer.

We are honored to have a member of our own society present the Baker Lecture today; a man who was a colleague of Dan Baker on the American Board of Otolaryngology, and many other societies.

Dr. George Reed is the past president of the American Board of Otolaryngology and is now executive secretary-treasurer. He is imminently qualified to speak on the subject of <sup>sub</sup>certification today, having served on the Board of the Academy of Otolaryngology as secretary for continuing education, and as a representative to the American Board of Medical Specialties.

He is a past chairman of the Department of Otolaryngology, and now Dean of the College of Medicine and Vice President of the Medical Center, State University of New York, Upstate Medical Center, Syracuse, New York.

It is an honor for me to present my good friend, Dr. George Reed who will deliver the Baker Lecture, entitled "Subcertification; A Dilemma for Otolaryngology - Head and Neck Surgery.

supposedly, more prestigious credentials.

We are facing an era of declining surgery available for teaching residents.

We are agonizing over subcertification.

We are seeing a change in Otolaryngology from an organal specialty to a multidisciplined regional specialty.

We are seeing more hospital regulations and government intrusion in our specialty with an overall decline in the image of medicine.

These problems are being addressed by Laryngological members along with others sitting on various boards and councils of our organizations. Progress is being made according to these recent developments.

Otolaryngologists from around the country have voted overwhelmingly to change our name to Otolaryngology - Head and Neck Surgery, to better represent the specialty.

The Academy and Council of Otolaryngology have merged into a strong educational and political body for our specialty with a governing board representing all the Otolaryngological societies.

The American Board of Otolaryngolgy has increased the period of training in our specialty from 4 to 5 years, and has broadened the scope of their examination.

The Board has also taken a strong position asserting its support of our members performing facial plastic surgery in the field of Otolaryngology.



JAMES W. MCLAURIN, M.D.  
THOMAS P. RAGGIO, M.D.  
McHUGH SIMMONS, M.D.

3888 GOVERNMENT STREET  
BATON ROUGE, LOUISIANA 70806

OTOLARYNGOLOGY

I thank you for the privilege of being your Guest of Honor.

I do not have the words to tell you how much I appreciate it, but I am humbly grateful and deeply touched.

What I have to say would probably best be said at a Teachers Section of the Academy, but knowing that most of you are teachers, I cannot resist the opportunity to tell you my observation of the otolaryngologists who are completing their residencies and beginning practice. They are all excellent surgeons, and I am sure most of them could cut your head off and put it back with good results. Many of them, however, know very little about the practice of medicine.

This is a very stressful world we live in, and they should know that stress causes many ear, nose, and throat complaints. Probably the most common is bruxism with tempromandibular joint symptoms and headache. They should also know that although Americans have access to more and better food than the people in most other countries, many of our patients are on an inadequate or improper diet. This faulty nutrition often results in electrolyte and blood chemistry changes which cause ear, nose, and throat complaints. Moreover, in spite of the popularity of walking, jogging, tennis playing, and other sports today, many older patients do not take

any exercise. Lack of exercise can result in a lack of oxygen to cells and tissue and can produce ear, nose and throat symptoms.

We can make a much longer list of conditions that do not require surgery, but my plea to you is to continue to teach residents to be great surgeons but to teach them also to treat the whole patient.

I thank you again for allowing me to be your Guest of Honor. This recognition by my peers, I shall always cherish.



## INTRODUCTION OF THE GUEST OF HONOR, JAMES W. McLAURIN, M.D.

Harold G. Tabb, M.D., President

My guest of honor for this meeting is James W. McLaurin, whom I have  
admired for many years, and who has greatly influenced my academic  
Otolaryngology.

Jim McLaurin grew up in Mississippi, attended Washington and Lee, and  
from medicine at the University of Arkansas. He received his Otolaryngology  
at the University of Southern California, under Dr. J. McKenzie Brown. Upon  
completion of his residency he entered private practice in Baton Rouge, Louisiana,  
teaching appointment at LSU Medical School.

In 1949 he was appointed Professor and Chairman of the Department of  
Otolaryngology at Tulane University School of Medicine; a position he held for the  
years. The unusual thing about this appointment was that he ran the Depart-  
ment in Baton Rouge, seventy miles away. He would arise at 4:00 a.m., and drive  
to New Orleans in time to supervise the residents in surgery, administer the affairs  
of the department at the medical school and return to Baton Rouge in the afternoon  
to his office practice. This was done three days a week for almost ten years.

During this time he developed a strong academic department at Tulane.  
He organized the first speech and hearing center in the mid-south; training many of  
our Audiologists. He developed the first hearing conservation program in the  
South. His interests were primarily in Otolaryngology, but he made contributions to the  
field in both Laryngology and Otolaryngology. He has served on the council of the  
Academy of Otolaryngology and was chairman of the trustees of its research fund.

Jim is partially retired now, and has sufficient time to pursue his avid sport: bird hunting. He has hunted grouse in Scotland, the red partridge in Spain, and turkeys in south Alabama.

Jim is a shy, unassuming type person, who has shown unselfish devotion to teaching in Otolaryngology. He has made significant contributions in our specialty. He has given me continued support in my academic career, and I am happy to honor him today. He is just an all-around great guy and when you know him, you will like him. My guest of honor, James W. McLaurin.



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*Obverse of the deRoaldes medal*

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# ROSTER OF FELLOWS 1981

Date indicates year admitted to active fellowship. Attendance at meetings is shown by figures following each name. Asterisk (\*) indicates year paper was read.

## Active Fellows — 92

- |   |  |
|---|--|
| <p>1974 Alford, Bobby R., 1200 Moursund Ave., Houston, TX 77025, 1974, '78, '80, '81.</p> <p>1969 Andrews, Albert H. Jr., 122 S. Michigan Ave., Chicago, IL 60603, 1970-'74*-'81.</p> <p>1969 Ausband, John R., Emory Univ., 1365 Clifton Rd., NE, Atlanta, GA 30322, 1970-'73, '75, '78, '81.</p> <p>1975 Bailey, Byron J., Dept. of Otol, UTMB, Galveston, TX 77550, 1975, '76*, '77, '78, '81.</p> <p>1970 Ballenger, John J., 723 Elm St., Winnetka, IL 60093, 1971-'81.</p> <p>1963 Baxter, James D., 687 Pine Ave. West, Montreal, P.Q. H3A 1A1, Canada 1963, '65-'74, '76-'80.</p> <p>1975 Biller, Hugh F., Mt. Sinai Hosp., 100th St. &amp; Fifth Ave., New York, NY 10029, 1975-'77*, '78*, '79*, '80*, '81*.</p> <p>1977 Blaugrund, Stanley M., 115 E. 61st St., New York, NY 10021, 1977-'81.</p> <p>1975 Boles, Roger, Dept. of Otolaryngol., Univ. of California, San Francisco, CA 94122, 1975-'81.</p> <p>1955 Bordley, John E., Johns Hopkins Hosp., Baltimore, MD 21205, 1955-'57, '59, '60, '62-'67, '69-'73*-'80.</p> <p>1959 Brewer, David W., 1100 E. Genesee St., Syracuse, NY 13210, 1959, '60*, '61, '62*, '63, '66, '70, '73, '74*, '77, '80, '81.</p> <p>1976 Briant, Thomas D. R., St. Michael's Hosp., 30 Bond Street, 4B Wing, Toronto, Ont. M5B 1W8, Canada, 1976, '77, '78, '80, '81.</p> <p>1955 Brown, Lester A., 490 Peachtree St., NE, Atlanta, GA 30308, 1955-'59, '61, '63, '65, '68-'73*-'80.</p> <p>1963 Bryce, Douglas P., O.P.D. Toronto General Hosp., Toronto, Ont. M5T 1P7 Canada, 1963*, '64, '66*, '67*, '68*-'76-'79*, '81.</p> <p>1979 Calcaterra, Thomas C., UCLA Med. Ctr., Los Angeles, CA 90224, 1979.</p> <p>1976 Cantrell, Robert W., Univ. of Virginia Med. Ctr., Charlottesville, VA 22901, 1976, '77*-'80*, '81.</p> <p>1968 Chandler, J. Ryan, 1700 NW 10th Ave., Miami, FL 33136, 1968, '69*-'79*-'81.</p> <p>1967 Cocke, Edwin W., Jr., 920 Madison, Memphis, TN 38103, 1967-'70, '72, '74-'78, '80.</p> <p>1964 Cody, Claude C. III, 7777 Southwest Freeway, Houston, TX 77074, 1964, '65, '67, '69, '71, '73, '77-'79, '81.</p> <p>1971 Cohen, Seymour R., 1300 N. Vermont Ave., Los Angeles, CA 90027, 1971, '72*, '73*, '74, '75*, '76*, '77, '78*, '80*, '81*.</p> <p>1957 Conley, John J., 211 Central Park West, New York, NY 10024, 1958*, '60*, '61, '62*, '63*, '64, '65, '70, '72, '74*, '75*-'78, '80.</p> <p>1980 Cummings, Charles W., Dept. of Otolaryngol., Univ. of Washington, Seattle, WA 98195, 1980, '81.</p> <p>1973 Dedo, Herbert H., Univ. of California, S.F. School of Med., Rm. 495U, San Francisco, CA 94122, 1973*, '74, '75*, '76*-'79*-'81.</p> <p>1966 Devine, Kenneth D., Mayo Clinic, Rochester, MN 55901 1966-'68, '72*, '74*, '76*.</p> | <p>1976 Doyle, Patrick J., 1081 Burrard, Vancouver, B.C. V6Z1Y6, Canada, 1976, '77*, '80*, '81*.</p> <p>1973 Duvall, Arndt J. III, Univ. of Minnesota Hosp., A-605 Mayo Memorial Bldg., Minneapolis, MN 55455, 1973*, '75-'78, '80, '81.</p> <p>1968 Farrior, Richard T., 505 DeLeon, Tampa, FL 33608, 1968-'70*, '72, '74, '76-'81.</p> <p>1964 Fearon, Blair, 308 Medical Arts Bldg., Toronto, Ont., M5R 2M7, Canada, 1964, '66-'71*, '72*, '73*, '74*-'78*-'81*.</p> <p>1982 Fee, Willard E., Jr., Stanford Medical Center, Stanford, CA 94305.</p> <p>1970 Frazer, John P., 601 Elmwood Ave., Rochester, NY 14642, 1971-'81.</p> <p>1977 Fredrickson, John M., Med. Sciences Bldg., Rm. 7310, Univ. of Toronto, Toronto, Ont., M5T 1P7 Canada, 1977-'79*.</p> <p>1956 Friedberg, Stanton A., 1725 West Harrison St., Chicago, IL 60612, 1956, '57*-'65*-'71*-'76*, '75*, '79*, '80..</p> <p>1977 Gacek, Richard R., State Univ. Hosp. of the Upstate Med. Ctr., 750 E. Adams St., Syracuse, NY 13210, 1977*-'81.</p> <p>1981 Gates, George, 7703 Floyd Curl Dr., San Antonio, TX 78284, 1981..</p> <p>1959 Goldman, Joseph L., 55 E. 87th St., New York, NY 10028, 1959, '60*-'72*-'78*-'80.</p> <p>1974 Hudson, William R., Duke Univ. Med. Ctr., E.N.T., P.O.P., 3805, Durham, NC 27710, 1974-'78*, '81.</p> <p>1965 King, James T., 3250 Howell Mill Rd., NW, Atlanta, GA 30327, 1965-'67, '69-'71, '73-'76, '80.</p> <p>1975 Kirchner, Fernando R., 155 S. 18th St., Kansas City, KS 66102, 1975*-'77, '79.</p> <p>1963 Kirchner, John A., 333 Cedar St., New Haven, CT 06510, 1963, '65*, '67*-'69*-'71*, '72*-'75*, '77, '78, '80*.</p> <p>1979 Krause, Charles J., Univ. 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- 1974 Ward, Paul H., UCLA School of Medicine, Los Angeles, CA 90024, 1974\*-76, '77\*, '78\*, '79\*, '81\*.
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- 1981 Yanagisawa, Eiji, 98 York St., New Haven, CT 06511, 1981.

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- 1978 (1959) Barretto, Plinio de Mattos, Rua Cons Torres, Homen 371, Sao Paulo, Brazil, 1960, '69, '73, '80.
- 1957 (1925) Clerf, Louis H., 5575 Eighth Ave., North, St. Petersburg, FL 33710, 1957-61, '63-66, '68-72\*-78\*.
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- 1966 (1957) Ono, Jo, 6-13, 6-Chome, Roppongi, Minato-Ku, Tokyo, Japan, 1971.
- 1968 (1937) Portmann, Prof. Dr. Georges, Clinique S. Augustin, 114, Avenue d'Ares, Bordeaux, France, 1947.
- 1968 (1957) Ruedi, Prof. Dr. Luzius, Kurhausstrasse 50, Zurich, Switzerland, 1957.
- 1962 (1932) Schall, LeRoy, A., P. O. Box 136, Barnstable, MA 02630, 1964, '66, '68-69, '72-77.



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- 1959 BATEMAN, Sir Godffrey H., Thorney-Graffham, Petworth West Sussex, England
- 1980 Benjamin, Bruce, 229 Macquarie St., Sydney, N.S.W. 20000 Australia, 1980, '81.
- 1964 CLEVES, Carlos, 12, 20-69 Bogota Columbia, 1970
- 1966 DOHLMAN, Gosta, 304 Crescent Dr., E Bradenton, FL 22505, 1966
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- 1970 Hutcheon, Jack, Morris Towers, 149 Wickham Terrace, Brisbane, Australia, 1971, '78, '80.
- 1978 Kleinsasser, Oskar, Deutschhausstrabe 3, 355 Marburg (Lahn), Cologne, West Germany.
- 1971 Macbeth, Ronald G., Meadow Close Church Hanborough Oxford, England.
- 1968 Nakamura, Fumio, Kyoto Prefectural U. Medicine, Kawara-Mach 1, Kamikyo-Ku, Kyoto, Japan.
- 1964 Perez, Alfredo C., Instituto Celis Perez, Avenida Montes Deoca, Valencia, Venezuela, 1965.
- 1952 Tapia-Acuña, Ricardo, Av. Insurgentes, Sur No. 300, Mexico 7 D.F., 1953, '57, '60, '67, '73, '75, '81\*.
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- 1980 (1962) Arnold, Godfrey E., 2500 N. State St., Jackson, MS 39216, 1962, '63, '64, '66, '69, '70, '72, '73, '75, '77, '79.
- 1973 (1944) Boies, Lawrence R., Dept. of Otolaryngol., A-605, Mayo Memorial Bldg., Minneapolis, MN 55455, 1944, '46-'48-'50-'51, '53-'68-'69, '71.
- 1966 (1945) Campbell, Paul A., 700 E. Hildebrand, Apt. 401, San Antonio, TX 78212.
- 1965 (1942) Canfield, Norton, 59 Whitfield St., Guilford, CT 06437.
- 1978 (1959) Cracovaner, Arthur J., 170 W. End Ave., New York, NY 10023, 1959-'61-'63, '65-'69, '72, '74-'76, '78-'79.
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- 1977 (1951) DAVISON, Francis W., Geisinger Med. Ctr., Danville, PA 17821, 1951-53\*, 63, 67, 69, 73, 75, 77, 78, 79.
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- 1972 (1962) Erich, John B., Mayo Clinic, 102 Second Ave., Rochester, MN 55901.
- (1982) 1963 Ferguson, Charles F., P. O. Box 313, Osterville, MA 02655, 1963, '64, '66, '67, '68, '69-'74-'78-'81.
- 1979 (1955) FITZ-HUGH, Glassel S., 145 Blue Ridge Rd., Charlottesville, VA 22903, 1955, 57, 59, 62, 64-67\*, 68-77, 78
- 1970 (1940) Goodale, Robert L., 141 Argilla Rd., Ipswich, MA 01938, 1971, '74-'76.
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- 1968 (1942) HEATLEY, Clyde A., 2500 East Ave., Rochester, NY 14610, 1942, 46\*, 49, 50, 52-53\*-55, 57, 58, 60, 61, 65
- 1978 (1959) Henry, G. Arnold, Suite #2, Group Box 24, Lagoon City, RR #1, Brechin, Ont., L0K1B0, Canada, 1959, '61, '63, '66, '67, '69, '70, '73.
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- 1961 (1950) Kline, Oram R., 896 Lake Ave., Woodbury Heights, NJ 08097, 1961, '63, '70, '72, '74.
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- 1980 (1963) McGovern, Francis H., 139 S. Main St., Danville, VA 24541, 1963, '64, '66, '68, '71, '72, '74, '75, '77, '79, '81.
- 1974 (1951) McHenry, Lawrence C., 1607 Glenbrook Terrace, Oklahoma City, OK 73116, 1953, '62-'66, '68, '71.
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- 1981 (1958) O'KEEFE, John J., 111 S. 11th St., Philadelphia, PA 19107, 1958-59\*, 60, 62, 64, 67, 71, 73, 74, 75, 78, 80
- 1976 (1951) Priest, Robert E., 322 Medical Arts Bldg., Minneapolis, MN 55402, 1977-'81.
- 1980 (1951) Putney, F. Johnson, 80 Barre St., Charleston, SC 29401, 1951-'53-'58-'63-'64-'68-'69-'70-'72, '74-'78\*, '79\*.
- 1972 (1956) Richardson, John R., P.O. Box 52, Searsport, ME 04974.
- 1981 (1959) Sanders, Sam H., 1286 Peabody Ave., Memphis, TN 38104, 1959-'63, '65, '70-'73, '75, '78.
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- 1969 (1950) Smith, Austin T., 235 Landaster Ave., Devon, PA 19333, 1970-'74
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- 1973 (1963) Tolani, John F., 3419 47th Ave., NE, Seattle, WA 98105, 1963-'67, '69, '71, '73.
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- 1977 (1962) WEAVER, Delmar F., Med Professional Bldg., PO 862, Culpeper, VA 22701, 1962-64\*, 65, 67\*, 69-70\*, 72, 74, 76
- 1975 (1953) Work, Walter P., 172 E. Paseo de Golf, Green Valley, AZ 85614, 1953, '54, '56, '58, '59, '62, '63, '65, '67-'69, '72, '73, '75, '76, '78, '79\*.

*Corresponding Fellows — 14*

- 1978 Arauz, Juan Carlos, 2150 Cangallo, Buenos Aires, Argentina, 1040, 1980.
- 1972 Arslan, Prof. Michele, Otorinolaringoiatrica dell' Università da Padova, 37 Via Altinate, Padova, Italy, 1972.
- 1959 BATEMAN, Sir Godffrey H., Thorney-Graffham, Petworth West Sussex, England
- 1980 Benjamin, Bruce, 229 Macquarie St., Sydney, N.S.W. 20000 Australia, 1980, '81.
- 1964 CLEVES, Carlos, 12, 20-69 Bogota Columbia, 1970
- 1966 DOHLMAN, Gosta, 304 Crescent Dr., E Bradenton, FL 22505, 1966
- 1970 Halliday, Sir George C., 143 Macquarie St., Sydney, N.S.W. Australia.
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- 1968 Nakamura, Fumio, Kyoto Prefectural U. Medicine, Kawara-Mach 1, Kamikyo-Ku, Kyoto, Japan.
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- 1952 Tapia-Acuña, Ricardo, Av. Insurgentes, Sur No. 300, Mexico 7 D.F., 1953, '57, '60, '67, '73, '75, '81.
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- 1980 (1962) Arnold, Godfrey E., 2500 N. State St., Jackson, MS 39216, 1962, '63, '64, '66, '69, '70, '72, '73, '75, '77, '79.
- 1973 (1944) Boies, Lawrence R., Dept. of Otolaryngol., A-605, Mayo Memorial Bldg., Minneapolis, MN 55455, 1944, '46-48, '50-51, '53-68, '69, '71.
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- 1981 (1959) Sanders, Sam H., 1286 Peabody Ave., Memphis, TN 38104, 1959-63, '65, '70-73, '75, '78.
- 1977 (1958) Simonton, Kinsey M., % Foster, Duxbury, MA 02332, 1958, '59, '62, '64, '66, '67, '69, '72, '74, '75, '78.
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- 1975 (1953) Work, Walter P., 172 E. Pasco de Golf, Green Valley, AZ 85614, 1953, '54, '56, '58, '59, '62, '63, '65, '67-69, '72, '73, '75, '76, '78, '79.



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Dr. William E. Casselberry  
Dr. Cornelius G. Coakley  
Dr. Lee Wallace Dean  
Dr. Arthur W. deRoaldes  
Dr. Fred W. Dixon  
Dr. George Fetterolf  
Dr. Joseph L. Goodale  
Dr. William E. Grove

Dr. Gordon F. Harkness  
Dr. Frederick T. Hill  
Dr. George E. Hourn  
Dr. Samuel Johnston  
Dr. James E. Newcomb  
Dr. Henry B. Orton  
Dr. Lyman G. Richards  
Dr. Burt R. Shurly  
Dr. Lester T. Sunderland  
Dr. H. Marshall Taylor  
Dr. Walter H. Theobald  
Dr. Francis L. Weille

BENEFACTORS

Mrs. Sally Sample-Aall  
Mrs. Daniel C. Baker, Jr.  
Dr. Edwin N. Broyles  
Dr. Louis H. Clerf  
Dr. Seymour R. Cohen  
Dr. John J. Conley  
Dr. John F. Daly  
Dr. and Mrs. Francis W. Davison  
Dr. Stanton A. Friedberg  
Dr. Thomas C. Galloway  
Dr. Joseph L. Goldman

Dr. Robert L. Goodale  
Dr. Edley H. Jones  
Zelda Radow Weintraub Cancer Fund, Inc.  
Mr. A. P. Marchessini  
Dr. Francis H. McGovern  
Dr. Charles M. Norris  
Dr. Samuel Salinger  
Dr. Sam H. Sanders

Dr. William M. Tribble  
Dr. DeGraaf Woodman



*Obverse of the deRoaldes medal*

### RECIPIENTS OF THE DE ROALDES AWARD

1928 Dr. Chevalier Jackson	1949 Dr. George M. Coates	1966 Dr. Paul H. Holinger
1931 Dr. D. Bryson Delavan	1951 Dr. Arthur W. Proetz	1970 Dr. Francis E. LeJeune
1934 Dr. Harris P. Mosher	1954 Dr. Louis H. Clerf	1973 Dr. Lawrence R. Boies
1937 Dr. Lee Wallace Dean	1959 Dr. Albert C. Furstenberg	1976 Dr. Anderson E. Hilding
1943 Dr. Ralph A. Fenton	1960 Dr. Dean M. Lierle	1979 Dr. Joseph H. Ogura
	1961 Dr. Frederick T. Hill	1982 Dr. John J. Conley

### RECIPIENTS OF THE CASSELBERRY AWARD

1923 Dr. George Fetterolf and Dr. Herbert Fox	1931 Dr. Arthur W. Proetz	1941 Dr. Noah D. Fabricant
1928 Dr. Ralph A. Fenton and Dr. O. Larsell	1934 Dr. Anderson C. Hilding	1946 Dr. Paul H. Holinger
1929 Dr. Richard A. Kern and Dr. Harry P. Schenck	1936 Dr. Francis E. LeJeune and Dr. Joel J. Pressman	1949 Dr. Henry B. Orton
1929 Dr. Edward H. Campbell	1939 Dr. H. Marshall Taylor and Dr. Brien T. King	1962 Dr. Hans von Leden
	1940 Dr. French K. Hansel	1966 Dr. John A. Kirchner and Mr. Barry D. Wyke
		1968 Dr. Joseph H. Ogura

### RECIPIENTS OF THE NEWCOMB AWARD

1941 Dr. Burt R. Shurly	1956 Dr. Dean M. Lierle	1969 Dr. John A. Kirchner
1942 Dr. Francis R. Packard	1957 Dr. Gordon F. Harkness	1970 Dr. Louis H. Clerf
1943 Dr. George M. Coates	1958 Dr. Albert C. Furstenberg	1971 Dr. Daniel C. Baker, Jr.
1944 Dr. Charles J. Imperatori	1959 Dr. Harry P. Schenck	1972 Dr. Alden H. Miller
1947 Dr. Harris P. Mosher	1960 Dr. Joel J. Pressman	1973 Dr. DeGraaf Woodman
1948 Dr. Gordon Berry	1961 Dr. Chevalier L. Jackson	1974 Dr. John J. Conley
1949 Dr. Gordon B. New	1962 Dr. Paul H. Holinger	1975 Dr. Francis W. Davison
1950 Dr. H. Marshall Taylor	1963 Dr. Francis E. LeJeune	1976 Dr. Joseph L. Goldman
1951 Dr. John D. Kernan	1964 Dr. Fred W. Dixon	1977 Dr. F. Johnson Putney
1952 Dr. William J. McNally	1965 Dr. Edwin N. Broyles	1978 Dr. John F. Daly
1953 Dr. Frederick T. Hill	1966 Dr. Lyman G. Richards	1979 Dr. Charles F. Ferguson
1954 Dr. Henry B. Orton	1967 Dr. Joseph H. Ogura	1980 Dr. Charles M. Norris
1955 Dr. Thomas C. Galloway	1968 Dr. Walter P. Work	1981 Dr. Stanton A. Friedberg
		1982 Dr. William M. Tribble





- 1976 Miglets, Andrew, 456 Clinic Dr., Rm. 4118, Columbus, OH 43210, 1976, '77, '78\*, '80.
- 1952 Miller, Alden H., 1407 N. Vermont Ave., Los Angeles, CA 90027, 1952, '53\*, '55, '57, '58\*, '61, '62, '64, '66, '67\*-73\*, '74\*, '76-78\*, '79, '81.
- 1965 Miller, Daniel, 110 Francis St., Boston, MA 02215, 1965-69\*-73\*-77\*-81\*.
- 1964 Montgomery, William W., 243 Charles St., Boston, MA 02114, 1964, '65\*, '66\*, '68\*, '70-72, '74\*-76\*-78, '80\*, '81.
- 1972 Morse, Harry R., 645 Powell Dr., Fort Walton Beach, FL 32548, 1972, '75, '79-81.
- 1979 Myers, Eugene N., Dept. of Otolaryngol., 230 Lathrop St., Pittsburgh, PA 15213, 1979, '80.
- 1975 Nahum, Alan M., 225 W. Dickinson, San Diego, CA 92103, 1975, '76, '79.
- 1981 Neel, H. Bryan III, 200 First St., S.W., Rochester, MN 55901, 1981.
- 1980 Nichols, Richard D., Henry Ford Hosp., 2799 W. Grand, Detroit, MI 48202, 1980, '81.
- 1956 Norris, Charles M., 3401 N. Broad St., Philadelphia, PA 19140, 1956-58\*-61\*-64, '66-68\*-70\*-78\*-81.
- 1961 Ogura, Joseph H., 517 S. Euclid Ave., St. Louis, MO 63110, 1961\*, '62\*-64\*-66\*-68\*-71\*-73\*, '74\*, '75\*, '76\*-78\*-81.
- 1958 O'Keefe, John J., 130 S. Ninth St., Philadelphia, PA 19107, 1958-59\*, '60, '62, '64, '67, '71, '73-75, '78, '80.
- 1982 Olson, Nels R., St. Joseph Mercy Hospital, P.O. Box 944  
Ann Arbor, Michigan 48106
- 1961 Pang, Lup Q., 1374 Nuuanu Ave., Honolulu, HI 96817, 1961, '62\*, '64, '66, '67, '69, '71-73, '75, '77, '79-81.
- 1961 Pastore, Peter N., 5503 Riverside Dr., Richmond, VA 23225, 1961, '62\*, '64, '66, '67, '69-76, '78, '80.
- 1972 Pennington, Claude L., Jr., 800 First St., Macon, GA 31201, 1972, '73, '75, '76\*, '78.
- 1967 Pratt, Loring W., 325-B Kennedy Memorial Dr., Waterville, ME 04901, 1967-81.
- 1963 Reed, George F., 750 E. Adams St., Syracuse, NY 13210, 1963, '65\*, '66, '68, '69\*-73, '75-81.
- 1974 Ritter, Frank N., 2675 Englave Dr., Ann Arbor, MI 48103, 1974, '75, '77-79, '81.
- 1982 Rontal, Eugene, 3774 Wabeek Lake Drive, West, Bloomfield Hills, Michigan 48013
- 1981 Sasaki, Clarence T., 333 Cedar St., New Haven, CT 06510, 1981.
- 1964 Saunders, William H., Ohio State Univ., Rm. 3110, 456 Clinic Dr., Columbus, OH 43210, 1964-66, '68\*-70\*, '71-75\*-80.
- 1978 Sessions, Donald G., 1960 Grassy Ridge Rd., Kirkwood, MO 63122, 1979\*, '80\*, '81.
- 1979 Shapiro, Myron J., 349 E. Northfield Rd., Livingston, NJ 07039, 1979-81.
- 1962 Sisson, George A., Northwestern U. Medical School, 303 E. Chicago Ave., Chicago, IL 60611, 1962, '63\*, '65, '66, '68-73, '76-81.
- 1964 Skolnik, Emanuel M., 1855 W. Taylor St., Abraham Lincoln School of Medicine, Chicago, IL 60612, 1964\*, '65, '66\*-70\*-73, '75\*-80\*, '81..
- 1974 Snow, James B., Jr., 3400 Spruce St., Philadelphia, PA 19104, 1974-75\*-77, '78\*, '79, '81.
- 1972 Soboroff, Burton J., 307 N. Michigan Ave., Chicago, IL 60601, 1972-77, '79, '80.
- 1973 Som, Max L., 121 E. 60th St., New York, NY 10022, 1973, '74\*, '75\*, '76-78\*, '79\*, '80.
- 1954 Sooy, Francis A., Univ. of California Hosp., 3rd & Parnassus Ave., San Francisco, CA 94122, 1954, '56\*, '58, '60, '62-65\*, '67, '68\*, '71, '78, '79, '81.
- 1979 Spector, Gershon J., Dept. of Otolaryngol., 517 S. Euclid, St. Louis, MO 63110, 1979-81.
- 1975 Sprinkle, Philip M., West Virginia Univ. Med. Ctr., Morgantown, WV 26505, 1975-78\*-81.
- 1975 Strong, M. Stuart, 720 Harrison Ave., Boston, MA 02118, 1975, '76\*, '77, '78\*, '79\*, '81.
- 1963 Tabb, Harold G., Dept. of Otolaryngol., Tulane Medical School, New Orleans, LA 70112, 1963, '65-69, '71, '72, '74, '77-81.
- 1979 Tardy, M. Eugene, 2913 N. Commonwealth, No. 430, Chicago, IL 60657, 1979.
- 1982 Thawley, Stanley E., 517 S. Euclid, St. Louis, Missouri 63110
- 1954 Thornell, William C., 2328 Auburn Ave., Cincinnati, 45219, 1955\*, '57, '59-63, '68, '70, '72, '74, '77, '78, '80.
- 1978 TOOMEY, James M., 550 N. Main St., Attleboro, MA 02703, 1979\*, '80, '81
- 1967 Tribble, William M., 1234 19th St., NW, Washington, DC 20036, 1967-69\*, '71-81.
- 1970 Tucker, Gabriel F., Jr., The Children's Memorial Hosp., 2300 Children's Plaza, Chicago, IL 60614, 1970\*-73\*-74\*-75\*-77\*-78\*-81.
- 1979 Tucker, Harvey M., Dept. of Otolaryngol., Cleveland Clinic, Cleveland, OH 44106, 1979, '80\*, '81.
- 1973 Tucker, John A., Hahnemann Hosp., 230 N. Broad St., Philadelphia, PA 19102, 1973\*, '74\*, '75\*, '76, '77\*, '78\*, '80-81.
- 1980 Vrabec, Donald P., Dept. of Otolaryngol., Geisinger Med. Ctr., Danville, PA 17821, 1980, '81\*.
- 1974 Ward, Paul H., UCLA School of Medicine, Los Angeles, CA 90024, 1974\*-76, '77\*, '78\*, '79\*, '81\*.
- 1971 Williams, Russell I., 414 E. 23rd St., Cheyenne, WY 82001, 1971, '72\*-74, '76-78\*, '80.
- 1951 Woodman, DeGraaf, P. O. Box 560, Easton, MD 21601, 1951, '53-55\*-56, '58-76\*-80.
- 1981 Yanagisawa, Eiji, 98 York St., New Haven, CT 06511, 1981.

### Honorary Fellows — 7

- 1978 (1959) Barretto, Plinio de Mattos, Rua Cons Torres, Homen 371, Sao Paulo, Brazil, 1960, '69, '73, '80.
- 1957 (1925) Clerf, Louis H., 5575 Eighth Ave., North, St. Petersburg, FL 33710, 1957-61, '63-66, '68-72\*-78\*.
- 1978 (1971) Harrison, D. F. N., 330/332 Gray's Inn Road, London, W.C.1., England, 1971, '77, '81\*.
- 1966 (1957) Ono, Jo, 6-13, 6-Chome, Roppongi, Minato-Ku, Tokyo, Japan, 1971.
- 1968 (1937) Portmann, Prof. Dr. Georges, Clinique S, Augustin, 114, Avenue d'Ares, Bordeaux, France, 1947.
- 1968 (1957) Ruedi, Prof. Dr. Luzius, Kurhausstrasse 50, Zurich, Switzerland, 1957.
- 1962 (1932) Schall, LeRoy, A., P. O. Box 136, Barnstable, MA 02630, 1964, '66, '68-69, '72-77.



## Corresponding Fellows — 14

- 1978 Arauz, Juan Carlos, 2150 Cangallo, Buenos Aires, Argentina. 1040, 1980.
- 1972 Arslan, Prof. Michele, Otorinolaringoiatrica dell' Università da Padova, 37 Via Altinate, Padova, Italy, 1972.
- 1959 BATEMAN, Sir Godffrey H., Thorney-Graffham, Petworth West Sussex, England
- 1980 Benjamin, Bruce, 229 Macquarie St., Sydney, N.S.W. 20000 Australia, 1980, '81.
- 1964 CLEVES, Carlos, 12, 20-69 Bogota Columbia. 1970
- 1966 DOHLMAN, Gosta, 304 Cresdent Dr., E Bradenton, FL 22505, 1966
- 1970 Halliday, Sir George C., 143 Macquarie St., Sydney, N.S.W. Australia.
- 1970 Hutcheon, Jack, Morris Towers, 149 Wickham Terrace, Brisbane, Australia, 1971, '78, '80.
- 1978 Kleinsasser, Oskar, Deutschhausstrabe 3, 355 Marburg (Lahn), Cologne, West Germany.
- 1971 Macbeth, Ronald G., Meadow Close Church Hanborough Oxford, England.
- 1968 Nakamura, Fumio, Kyoto Prefectural U. Medicine, Kawara-Mach 1, Kamikyo-Ku, Kyoto, Japan.
- 1964 Perez, Alfredo C., Instituto Celis Perez, Avenida Montes Deoca, Valencia, Venezuela, 1965.
- 1952 Tapia-Acuña, Ricardo, Av. Insurgentes, Sur No. 300, Mexico 7 D.F., 1953, '57, '60\*, '67, '73, '75, '81\*.
- 1936 Vialle, Jacques, 27 Rue de France, Nice (Alpes Maritimes), France.

## Emeritus Fellows — 41

- 1980 (1962) Arnold, Godfrey E., 2500 N. State St., Jackson, MS 39216, 1962, '63\*, '64\*, '66, '69, '70, '72, '73, '75, '77, '79.
- 1973 (1944) Boies, Lawrence R., Dept. of Otolaryngol., A-605, Mayo Memorial Bldg., Minneapolis, MN 55455, 1944, '46-'48\*-'50-'51\*, '53-'68\*-'69, '71.
- 1966 (1945) Campbell, Paul A., 700 E. Hildebrand, Apt. 401, San Antonio, TX 78212.
- 1965 (1942) Canfield, Norton, 59 Whitfield St., Guilford, CT 06437.
- 1978 (1959) Cracovaney, Arthur J., 170 W. End Ave., New York, NY 10023, 1959-'61\*-'63, '65-'69, '72, '74-'76, '78-'79.
- (1982) 1960 DALY, John F., 16 N. Brae Ct., Tenafly, NJ 07670, 1960, 61\*, 79\*, 81.
- 1977 (1951) DAVISON, Francis W., Geisinger Med. Ctr., Danville, PA 17821, 1951-53\*, 63\*, 67\*, 69\*, 73\*, 75, 77, 78\*, 79.
- 1980 (1968) DeWeese, David D., 3181 SW Sam Jackson Park Rd., Portland, OR 97202, 1968-'69\*, '73-'80.
- 1972 (1962) Erich, John B., Mayo Clinic, 102 Second Ave., Rochester, MN 55901.
- (1982) 1963 Ferguson, Charles F., P. O. Box 313, Osterville, MA 02655, 1963, '64\*, '66, '67\*, '68, '69\*-'74\*-'78\*-'81.
- 1979 (1955) FITZ-HUGH, Glassel S., 145 Blue Ridge Rd., Charlottesville, VA 22903, 1955, 57, 59, 62\*, 64-67\*, 68-77, 78
- 1970 (1940) Goodale, Robert L., 141 Argilla Rd., Ispwich, MA 01938, 1971, '74-'76.
- 1963 (1928) Goodyear, Henry M., 2012 Edgecliff Point, Cincinnati, OH 45206.
- 1980 (1965) Hanckel, Richard W., Jr., 9 Valley Forge Dr., Nashville, TN 37205, 1965-'67, '69-'74, '77-'80.
- 1978 (1960) Harris, Herbert H., 3457 Meadow Lake Lane, Houston, TX 77027, 1960, '61\*-'65\*-'75, '77-'79, '81.
- 1968 (1942) HEATLEY, Clyde A., 2500 East Ave., Rochester, NY 14610, 1942, 46\*, 49, 50, 52-53\*-55, 57, 58, 60, 61, 65
- 1978 (1959) Henry, G. Arnold, Suite #2, Group Box 24, Lagoon City, RR #1, Brechin, Ont., L0K1B0, Canada, 1959, '61, '63, '66, '67, '69, '70, '73.
- 1980 (1955) HILGER, Jerome A., 393 Dunlap St. Suite 6A, St. Paul, MN 55104, 1955-56\*, 60, 62-66, 68-71, 75-78, 80
- 1977 (1957) Holmes, Edgar M., Graydale Circle, Auburndale, MA 02166, 1957, '59, '61, '63, '68, '70-'72, '74-'76, '80.
- 1961 (1950) Kline, Oram R., 896 Lake Ave., Woodbury Heights, NJ 08097, 1961, '63, '70, '72, '74.
- 1977 (1963) Lathrop, Frank D., R.D.1, Pittsford, VT 05763, 1963, '64\*, '67\*, '69-'78, '80-'81.
- 1964 (1952) McCall, Julius W., 22380 Canterbury Lane, Shaker Heights, OH 44122, 1964, '66, '68-'73, '75-'78.
- 1980 (1963) McGovern, Francis H., 139 S. Main St., Danville, VA 24541, 1963, '64, '66, '68, '71, '72, '74, '75, '77, '79, '81.
- 1974 (1951) McHenry, Lawrence C., 1607 Glenbrook Terrace, Oklahoma City, OK 73116, 1953\*, '62-'66, '68, '71.
- 1970 (1931) McNally, William J., 25 Redpath Pl., Montreal, Canada H3G-1E2, 1972-'75
- 1978 (1957) Munoz-MacCormick, Carlos Eduardo, 71 de Diego, Santurce, PR 00911, 1957-'80.
- 1971 (1953) Murtagh, John A., 1198 A1A Apt. 240, Hillsboro Beach, Pompano, FL 33062, 1953-'56\*, '57-'61, '62-'63, '65-'67, 69, '70, '72, '74, '76, '78-'80.
- 1981 (1958) O'KEEFE, John J., 111 S. 11th St., Philadelphia, PA 19107, 1958-59\*, 60, 62, 64, 67, 71, 73, 74, 75, 78, 80
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- 1980 (1951) Putney, F. Johnson, 80 Barre St., Charleston, SC 29401, 1951-'53\*-'55\*-'63\*-'64\*-'68\*-'69\*-'70\*-'72, '74-'78\*, '79\*.
- 1972 (1956) Richardson, John R., P.O. Box 52, Searsport, ME 04974.
- 1981 (1959) Sanders, Sam H., 1286 Peabody Ave., Memphis, TN 38104, 1959-'63, '65, '70-'73, '75, '78.
- 1977 (1958) Simonton, Kinsey M., % Foster, Duxbury, MA 02332, 1958, '59\*, '62, '64, '66, '67, '69, '72, '74, '75, '78.
- 1969 (1950) Smith, Austin T., 235 Landaster Ave., Devon, PA 19333, 1970-'74
- 1982 (1961) SUEHS, Oliver W., 2805 Robbs Run, Austin, TX 78703, 1961-64, 66, 68-72, 74-78
- 1973 (1963) Tolan, John F., 3419 47th Ave., NE, Seattle, WA 98105, 1963-'67, '69, '71, '73.
- 1961 (1941) Viole, Pierre P., 241 South Windsor, Los Angeles, CA 90004, 1964.
- 1977 (1962) WEAVER, Delmar F., Med Professional Bldg., PO 862, Culpeper, VA 22701, 1962-64\*, 65, 67\*, 69-70\*, 72, 74, 76
- 1975 (1953) Work, Walter P., 172 E. Paseo de Golf, Green Valley, AZ 85614, 1953, '54, '56, '58, '59\*, '62, '63\*, '65, '67-'69, '72, '73, '75, '76, '78\*, '79\*.

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- 1978 Kleinsasser, Oskar, Deutschhausstrabe 3, 355 Marburg (Lahn), Cologne, West Germany.
- 1971 Macbeth, Ronald G., Meadow Close Church Hanborough Oxford, England.
- 1968 Nakamura, Fumio, Kyoto Prefectural U. Medicine, Kawara-Mach 1, Kamikyo-Ku, Kyoto, Japan.
- 1964 Perez, Alfredo C., Instituto Celis Perez, Avenida Montes Deoca, Valencia, Venezuela, 1965.
- 1952 Tapia-Acuña, Ricardo, Av. Insurgentes, Sur No. 300, Mexico 7 D.F., 1953, '57, '60, '67, '73, '75, '81.
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- 1980 (1962) Arnold, Godfrey E., 2500 N. State St., Jackson, MS 39216, 1962, '63, '64, '66, '69, '70, '72, '73, '75, '77, '79.
- 1973 (1944) Boies, Lawrence R., Dept. of Otolaryngol., A-605, Mayo Memorial Bldg., Minneapolis, MN 55455, 1944, '46-48, '50-51, '53-68, '69, '71.
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- (1982) 1960 DALY, John F., 16 N. Brae Ct., Tenafly, NJ 07670, 1960, 61\*, 79\*, 81.
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- 1980 (1968) DeWeese, David D., 3181 SW Sam Jackson Park Rd., Portland, OR 97202, 1968-'69, '73-80.
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- (1982) 1963 Ferguson, Charles F., P. O. Box 313, Osterville, MA 02655, 1963, '64, '66, '67, '68, '69, '74, '78, '81.
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- 1970 (1940) Goodale, Robert L., 141 Argilla Rd., Ipswich, MA 01938, 1971, '74-76.
- 1963 (1928) Goodyear, Henry M., 2012 Edgecliff Point, Cincinnati, OH 45206.
- 1980 (1965) Hancel, Richard W., Jr., 9 Valley Forge Dr., Nashville, TN 37205, 1965-'67, '69, '74, '77-80.
- 1978 (1960) Harris, Herbert H., 3457 Meadow Lake Lane, Houston, TX 77027, 1960, '61, '63, '75, '77-79, '81.
- 1968 (1942) HEATLEY, Clyde A., 2500 East Ave., Rochester, NY 14610, 1942, 46\*, 49, 50, 52-53\*, 55, 57, 58, 60, 61, 65
- 1978 (1959) Henry, G. Arnold, Suite #2, Group Box 24, Lagoon City, RR #1, Brechin, Ont., L0K1B0, Canada, 1959, '61, '63, '66, '67, '69, '70, '73.
- 1980 (1955) HILGER, Jerome A., 393 Dunlap St. Suite 6A, St. Paul, MN 55104, 1955-56\*, 60, 62-66, 68-71, 75-78, 80
- 1977 (1957) Holmes, Edgar M., Graydale Circle, Auburndale, MA 02166, 1957, '59, '61, '63, '68, '70-72, '74-76, '80.
- 1961 (1950) Kline, Oram R., 896 Lake Ave., Woodbury Heights, NJ 08097, 1961, '63, '70, '72, '74.
- 1977 (1963) Lathrop, Frank D., R.D.1, Pittsford, VT 05763, 1963, '64, '67, '69-78, '80-81.
- 1964 (1952) McCall, Julius W., 22380 Canterbury Lane, Shaker Heights, OH 44122, 1964, '66, '68-73, '75-78.
- 1980 (1963) McGovern, Francis H., 139 S. Main St., Danville, VA 24541, 1963, '64, '66, '68, '71, '72, '74, '75, '77, '79, '81.
- 1974 (1951) McHenry, Lawrence C., 1607 Glenbrook Terrace, Oklahoma City, OK 73116, 1953, '62-66, '68, '71.
- 1970 (1931) McNally, William J., 25 Redpath Pl. Montreal, Canada H3G-1E2, 1972-'75
- 1978 (1957) Munoz-MacCormick, Carlos Eduardo, 71 de Diego, Santurce, PR 00911, 1957-80.
- 1971 (1953) Murtagh, John A., 1198 A1A Apt. 240, Hillsboro Beach, Pompano, FL 33062, 1953-56, '57-61, '62-63, '65-67, 69, '70, '72, '74, '76, '78-80.
- 1981 (1958) O'KEEFE, John J., 111 S. 11th St. Philadelphia, PA 19107, 1958-59\*, 60, 62, 64, 67, 71, 73, 74, 75, 78, 80
- 1976 (1951) Priest, Robert E., 322 Medical Arts Bldg., Minneapolis, MN 55402, 1977-81.
- 1980 (1951) Putney, F. Johnson, 80 Barre St., Charleston, SC 29401, 1951-'53, '58, '63-64, '68, '69, '70, '72, '74-78, '79.
- 1972 (1956) Richardson, John R., P.O. Box 52, Searsport, ME 04974.
- 1981 (1959) Sanders, Sam H., 1286 Peabody Ave., Memphis, TN 38104, 1959-'63, '65, '70-73, '75, '78.
- 1977 (1958) Simonton, Kinsey M., % Foster, Duxbury, MA 02332, 1958, '59, '62, '64, '66, '67, '69, '72, '74, '75, '78.
- 1969 (1950) Smith, Austin T., 235 Landaster Ave. Devon, PA 19333, 1970-'74
- 1982 (1961) SUEHS, Oliver W., 2805 Robbs Run Austin, TX 78703, 1961-64, 66, 68-72, 74-78
- 1973 (1963) Tolan, John F., 3419 47th Ave., NE, Seattle, WA 98105, 1963-'67, '69, '71, '73.
- 1961 (1941) Viole, Pierre P., 241 South Windsor, Los Angeles, CA 90004, 1964.
- 1977 (1962) WEAVER, Delmar F., Med Professional Bldg., PO 862, Culpeper, VA 22701, 1962-64\*, 65, 67\*, 69-70\*, 72, 74, 76
- 1975 (1953) Work, Walter P., 172 E. Paseo de Golf, Green Valley, AZ 85614, 1953, '54, '56, '58, '59, '62, '63, '65, '67-69, '72, '73, '75, '76, '78, '79.



## CONTENTS

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Guest of Honor Address, James W. McLaurin, M.D.

Registration of Fellows

Annual Photograph

## SCIENTIFIC SESSIONS

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George Reed, M.D., Harold G. Tabb, M.D.

Eighth Daniel C. Baker, Jr., Memorial Lecture: Subcertification: A

Dilemma for Otolaryngology - Head and Neck Surgery.

Age Related Changes in the Monkey Larynx. CW Cummings, M.D; MP Stearns, M.D.

Office Telescopic Photograph of the Larynx. E Yanagisawa, M.D.

A Classification and Approach to Patients with Functional Voice Disorders.

JA Kourfman, M.D.; PD Blalock, M.A.

Pathogenesis of Vocal Cord Polyps. A Kleinsasser, M.D.

Endoscopic Rehabilitation of the Airway in Laryngeal Paralysis. FR Kirchner, M.D.

Predictive Factors of Success or Failure in Endoscopic Management of

Laryngeal and Tracheal Stenosis. GT Simpson, M.D.; MS Strong, M.D.;

GB Healy, M.D.; SM Shapshay, M.D.; CW Vaughan, M.D.

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of the Larynx. JN Hicks, M.D.

Case Presentation: Chondrosarcoma of the Larynx. F Lejeune, Jr., M.D.

An Extended Transantral Approach for Pterygomaxillary Tumors. CJ Krause, M.D.

The Primary Management of Laryngeal Trauma. SD Schaefer, M.D.

An Assessment of Intubation in Croup and Epiglottitis. JJ Zullier, M.D.;

DE Schuller, M.D.; TP Beach, M.D.; JP Gavin, M.D.; HG Birck, M.D.;

JE Frank, M.D.

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JW Birns, M.D.; JW Thompson, M.D.

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Laryngeal Papilloma: Results of Treatment with the CO<sub>2</sub> Laser and Podophyllum.

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A Cangir, M.D.

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Librarian, Historian and Editor, Gabriel F. Tucker, Jr., M.D.

Nominating Committee, Stanton A. Friedberg, M.D.

Accountant

Treasurer, Loring W. Pratt, M.D.

ALA Governor of the American College of Surgeons, Gabriel F. Tucker, Jr., M.D.

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French K. Hansel,

James A. Harrill

John R. Lindsay

Kenneth A. Phelps

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AMERICAN  
LARYNGOLOGICAL ASSOCIATION

1982

VOLUME ONE HUNDRED THREE

*Seal*

ONE HUNDRED THIRD ANNUAL MEETING

THE BREAKERS  
PALM BEACH, FLORIDA  
MAY 1 and 2, 1982

*pubs by the Assn*

*of Laryng*

*of the*



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## PRESIDENTIAL ADDRESS

HAROLD G. TABB, M.D.

It is a pleasure for me as your president to open this 103rd annual meeting of the American Laryngological Association.

The Laryngological Association is the second oldest society in our specialty; preceded only by the Otologic Society. It is the senior society for the head and neck surgeon and has provided direction and leadership in our specialty for over 100 years. I am honored and deeply grateful to serve as your president.

I came into this distinguished society 19 years ago, and have served on the Council as your Treasurer for the past 5 years. Through the years I have been impressed with the people in this society; the quiet dignity which has prevailed, the adherence to tradition and the preservation of excellence in the scientific programs. I hope we can maintain this heritage in this, and the meetings to follow.

There are problems in Otolaryngology as Dr. Daly so eloquently pointed out 3 years ago in his presidential address.

We are wrestling with a name change

We are training two classes of Otolaryngologists - the Generalist and the Super specialist.

We are losing Otolaryngologists to other specialties where they seek



The Board is seriously deliberating the question of subcertification; a subject you will hear discussed later in the program by Dr. Reed.

Members of the Laryngological Association are playing a vital role in solving these problems. As these men of honesty, integrity, with intensity of purpose step forward to assume leadership, I have no doubts that these problems will be solved. Let us move forward as Dr. Conley and Dr. Daly have suggested, and develop a plan for the future for our specialty.

For our program I have solicited papers from the newer members of our society. We have had a tremendous response and with the help of the Council we have developed a program that I hope you will enjoy.

In closing I want to thank the membership for the high privilege of serving as your president. I want to express my gratitude to the Council for their assistance and guidance, and especially Dr. William Tribble who has made my short term a very pleasant one.

## INTRODUCTION OF THE GUEST OF HONOR, JAMES W. McLAURIN, M.D.

Harold G. Tabb, M.D., President

My guest of honor for this meeting is James W. McLaurin, whom I have known and admired for many years, and who has greatly influenced my academic career in Otolaryngology.

Jim McLaurin grew up in Mississippi, attended Washington and Lee, graduated from medicine at the University of Arkansas. He received his Otolaryngology training at the University of Southern California, under Dr. J. McKenzie Branstetter. Upon completion of his residency he entered private practice in Baton Rouge, Louisiana, with a teaching appointment at LSU Medical School.

In 1949 he was appointed Professor and Chairman of the Department of Otolaryngology at Tulane University School of Medicine; a position he held for the next 10 years. The unusual thing about this appointment was that he ran the department from Baton Rouge, seventy miles away. He would arise at 4:00 a.m., and travel to New Orleans in time to supervise the residents in surgery, administer the department in the department at the medical school and return to Baton Rouge in the afternoon to begin his office practice. This was done three days a week for almost ten years.

During this time he developed a strong academic department at Tulane. He organized the first speech and hearing center in the mid-south; training the early Audiologists. He developed the first hearing conservation program in the South. His interests were primarily in Otolaryngology, but he made contributions to the literature both in Laryngology and Otolaryngology. He has served on the council of the American Otolaryngological Society and was chairman of the trustees of its research fund.



Jim is partially retired now, and has sufficient time to pursue his avid sport: bird hunting. He has hunted grouse in Scotland, the red partridge in Spain, and turkeys in south Alabama.

Jim is a shy, unassuming type person, who has shown unselfish devotion to teaching in Otolaryngology. He has made significant contributions in our specialty. He has given me continued support in my academic career, and I am happy to honor him today. He is just an all-around great guy and when you know him, you will like him. My guest of honor, James W. McLaurin.

# Address

## GUEST OF HONOR'S ~~SPEECH~~

OTOLARYNGOLOGY

I thank you for the privilege of being your Guest of Honor.

I do not have the words to tell you how much I appreciate it, but I am humbly grateful and deeply touched.

What I have to say would probably best be said at a Teachers Section of the Academy, but knowing that most of you are teachers, I cannot resist the opportunity to tell you my observation of the otolaryngologists who are completing their residencies and beginning practice. They are all excellent surgeons, and I am sure most of them could cut your head off and put it back with good results. Many of them, however, know very little about the practice of medicine.

This is a very stressful world we live in, and they should know that stress causes many ear, nose, and throat complaints. Probably the most common is bruxism with tempromandibular joint symptoms and headache. They should also know that although Americans have access to more and better food than the people in most other countries, many of our patients are on an inadequate or improper diet. This faulty nutrition often results in electrolyte and blood chemistry changes which cause ear, nose, and throat complaints. Moreover, in spite of the popularity of walking, jogging, tennis playing, and other sports today, many older patients do not take



any exercise. Lack of exercise can result in a lack of oxygen to cells and tissue and can produce ear, nose and throat symptoms.

We can make a much longer list of conditions that do not require surgery, but my plea to you is to continue to teach residents to be great surgeons but to teach them also to treat the whole patient.

I thank you again for allowing me to be your Guest of Honor. This recognition by my peers, I shall always cherish.

EIGHTH DANIEL C. BAKER, JR., LECTURE

INTRODUCTION OF GEORGE REED, M.D.

Harold G. Tabb, M.D., President

It is my privilege to introduce the eighth annual Daniel C. Baker, Jr. Memorial Lecturer.

We are honored to have a member of our own society present the Baker Lecture today; a man who was a colleague of Dan Baker on the American Board of Otolaryngology, and many other societies.

Dr. George Reed is the past president of the American Board of Otolaryngology and is now executive secretary-treasurer. He is imminently qualified to speak on the subject of <sup>sub</sup>certification today, having served on the Board of the Academy of Otolaryngology as secretary for continuing education, and as a representative to the American Board of Medical Specialties.

He is a past chairman of the Department of Otolaryngology, and now Dean of the College of Medicine and Vice President of the Medical Center, State University of New York, Upstate Medical Center, Syracuse, New York.

It is an honor for me to present my good friend, Dr. George Reed who will deliver the Baker Lecture, entitled "Subcertification; A Dilemma for Otolaryngology - Head and Neck Surgery.



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ONE HUNDRED AND THIRD ANNUAL MEETING

# AMERICAN LARYNGOLOGICAL ASSOCIATION

*Sci  
Call in Fri*



**May 1 and 2, 1982**

**THE BREAKERS  
Palm Beach, Florida**

*The profession is cordially invited to attend;  
American Laryngological badge required to  
attend Scientific Sessions*





ONE HUNDRED AND THIRD ANNUAL MEETING

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*The profession is cordially invited to attend;  
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Miki

Fee <sup>wad</sup>

Olson <sup>✓</sup>  
Hutter

Rantal <sup>Hilgen</sup> ✓

Thauley <sup>ogor</sup> ✓

WomCom

Friedlyg.

Huders

Norris.

"DOCENDO DISCIMUS"

This program is accepted for seven hours, Category I credit  
toward the American Medical Association Physician  
Achievement Award.



AMERICAN LARYNGOLOGICAL  
ASSOCIATION

FIRST DAY, SATURDAY, MAY 1, 1982

8-15  
8:00 a.m.

Morning Session

Executive Session (Fellows Only)

Election of Emeritus and Active Members ✓

Election of Nominating Committee ✓

Introduction of Newly Elected Active Fellows ✓

1. Report of Secretary William M. Tribble, M.D. ✓  
7-8 PM

2. Report of Treasurer Loring W. Pratt, M.D. ✓

3. Report of Historian & Editor  
Gabriel F. Tucker, Jr., M.D. ✓

8:15 a.m.

PRESIDENTIAL REMARKS

Harold G. Tabb, M.D.

New Orleans, Louisiana

INTRODUCTION OF GUEST-OF-HONOR

8:25 a.m.

GUEST-OF-HONOR

James W. McLaurin, M.D.

Baton Rouge, Louisiana

Professor of Otolaryngology

Tulane University School of Medicine

SCIENTIFIC SESSION

Harold G. Tabb, M.D.

Presiding

8:30 a.m.

Age Related Changes in the Monkey Larynx

Charles W. Cummings, M.D.

Seattle, Washington

Michael P. Stearns, M.D. (By Invitation)

London, England ✓

An experiment was designed to measure the area of the squamous epithelium below the free edge of the true vocal cord, in Rhesus monkeys. A group of 14 monkeys was utilized. Their mean age was 15 years (sd-10.6) and included two 24 year olds, and three 31 year old monkeys. The latter two groups would be expected to show the age changes of centenarian humans. We were fortunate in this study to have a unique group of primates which were much older than so far available to research.

The larynges were stained with Pyronin Y<sup>1</sup>, which stains respiratory epithelium magenta, and squamous epithelium pink. The larynges were then split, and the area of squamous epithelium beneath the free edge of the true vocal cord measured.


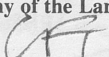
It was found that the area of squamous epithelium beneath the vocal cord edge increased with age during adulthood. There was good correlation statistically ( $r=0.61$ ,  $p=0.05$ ). If this occurs in humans it may be an important factor in the staging of laryngeal tumors. The glottis is defined arbitrarily as extending 1 cm below the free edge of the true

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## ONE HUNDRED AND THIRD ANNUAL MEETING

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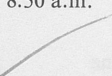

vocal cord.<sup>2</sup> It may be that there is considerable variation in the "glottic" area of the larynx. These findings tend to support Stell's<sup>3</sup> contention that the glottis, with respect to staging should be considered to be that area covered with squamous epithelium, when considering the lower limit of the glottis.

2 8:40 a.m.  **Office Telescopic Photography of the Larynx**  
Eiji Yanagisawa, M.D.  
New Haven, Connecticut 

Accurate photographic documentation of the larynx is of considerable value for teaching, permanent record, proper diagnosis and management of various laryngeal disorders. Yet, there is no single reliable method of still photography of the larynx which laryngologists can easily employ at the office.

After trials of many different methods, the author found that telescopic photography is a most effective and reliable method of office photography.

The purpose of this presentation is twofold: (1) to review three currently available "right-angle" laryngeal telescopes of different makes and their light sources and to discuss their advantages and disadvantages, and (2) to present the author's method of office telescopic photography of the larynx which has proven to be very satisfactory.

3 8:50 a.m.  **A Classification and Approach to Patients With Functional Voice Disorders**  
James A. Koufman, M.D. (By Invitation)  
P. David Blalock, M.A. (By Invitation)  
Winston-Salem, North Carolina 

Functional\* voice disorders are more easily recognized than many other psychosomatic behaviors because the clinician can see the larynx. If the larynx appears normal anatomically, then the vocal dysfunction can be assumed to be due to misuse or abuse (functionality).

A classification of these disorders is presented and illustrated using the case material of the authors (50 cases). An approach to the diagnosis and treatment of these patients is presented.

Type I Hysterical aphonia or dysphonia (conversion-reaction type)

Type II Psychogenic hoarseness (including plica vermicularis)

Type III Falsetto voice

Type IV Vocal abuse and/or misuse syndromes (including tension-fatigue syndrome)

These disorders may be associated with secondary laryngeal pathology such as:

- a. vocal cord nodules
- b. Reinke's space edema
- c. polypoid degeneration
- d. contact ulcers and granulomas

\*The term "functional" implies that *not*—*a priori* laryngeal pathology exists though secondarily vocal cord pathology can develop. "Functional" refers to some form of misuse or abuse of the larynx which is frequently of psychogenic origin.



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## AMERICAN LARYNGOLOGICAL ASSOCIATION

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9:00 a.m. **Pathogenesis of Vocal Cord Polyps**

Oskar Kleinsasser, M.D.  
Marburg (Lahn), Germany

(4) ✓ CFF

"Pathogenesis of vocal cord polyps," followed by microlaryngoscopy, microscopy and electronmicroscopic observations.

In this paper it is shown that a polyp develops from first vascular submucous changes, to the mucous and teleangiectatic types. Demonstrating the histopathology, histochemical changes and the electronmicroscopic alterations at the capillaries of a polyp, the etiology of vocal cord polyps is discussed.

9:15 a.m. Open discussion of last two papers

9:20 a.m. **Endoscopic Rehabilitation of the Airway in  
Laryngeal Paralysis**

F. R. Kirchner, M.D.  
Kansas City, Kansas

5

CFT ✓

The dissecting microscope plus the use of focal heat, whether applied by the microcautery or Laser beam, for surgical purposes have greatly expanded the field of endoscopic surgery.

The purpose of this presentation is to describe three simple endoscopic techniques that have been used and the results that have been obtained in the rehabilitation of the airway in patients with:

- 1) Unilateral abductor paralysis with compromised airways secondary to excessive injection of Teflon.
- 2) Bilateral abductor paralysis of the vocal cords.
- 3) Revision surgery after arytenoidectomies that fail to produce adequate airway because of the formation of a posterior commissure web.

**EXCESSIVE INJECTION OF TEFLON** In the past ten years 11 patients with airway obstruction secondary to the injection of excessive amounts of Teflon have been successfully rehabilitated using the microcautery and simple endoscopic approaches. The anatomical distortion encountered in most of them produced by Teflon corresponded to either exophytic bulges projecting into the airway or large intramural infiltrations. While the simple excision of the exophytic bulge was sufficient to rehabilitate the first group of patients, it required excision of a block of infiltrated tissue and drainage to produce the improvement in the second group of patients.

**LATERALIZATION OF VOCAL CORDS** The lateralization of one vocal cord has been used in the treatment of 22 patients with bilateral abductor vocal cord paralysis. All of these procedures were carried out with the aid of the microcautery, using routine endoscopic approaches.

The treatment consisted in the segmental removal of the thyroarytenoid muscle fibers adjacent to the vocal ligament down to the conus elasticus. This surgical maneuver was easily carried out with the microcautery. A suture introduced into the larynx through the lumen of hypodermic needles was then used to produce the closure of this surgical defect, concomitantly with lateralization of the vocal ligament and the enlargement of the airway.

**REVISION SURGERY AFTER ARYTENOIDECTOMY** This revision has been used in 6 patients whose airways remained impaired in spite of arytenoidectomies. The cause of failure in these patients was

# ONE HUNDRED AND THIRD ANNUAL MEETING

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found to be produced by a posterior cicatricial web that reduced by about one third the anterior posterior dimension of the airway. These complications were treated by lysis of the web plus the relining of the denuded area by means of a split thickness skin graft using purely endoscopic procedures.

9:30 a.m. **Predictive Factors of Success or Failure in Endoscopic Management of Laryngeal and Tracheal Stenosis**

George T. Simpson, M.D. (By Invitation)  
M. S. Strong, M.D.  
G. B. Healy, M.D. (By Invitation)  
S. M. Shapshay, M.D. (By Invitation)  
C. W. Vaughan, M.D. (By Invitation)  
Boston, Massachusetts

Stenosis of the larynx and/or trachea presents perplexing problems. No one technique has proven totally satisfactory in the management of all varieties of stenosis. Recent reports have described the successful use of the CO<sub>2</sub> laser in stenosis of the larynx and trachea. Failures of this technique need emphasis to assure appropriate selection of therapeutic method. Retrospectively, 46 cases of laryngeal stenosis, 8 cases of tracheal stenosis and 3 cases of combined laryngeal and tracheal stenosis were studied (total: 57 patients) following treatment at the Boston University Affiliated Hospitals. Follow-up ranged from 1 to 7 years. Multiple procedures were required in 16 laryngeal patients (average # of procedures: 2.56), and 6 tracheal patients (average # of procedures: 2.66). Failures in laryngeal stenosis included 9 patients in whom an adequate airway was not established though voice was present. These patients maintained tracheotomies. Three patients required segmental resection of the trachea, with good result.

Factors associated with poor result or failure included excessive application of laser energy, circumferential scarring with cicatricial contracture, tracheomalacia, and presence of tracheostomy. In these circumstances, multiple procedures, more extensive alternative techniques, or maintenance of tracheostomy were necessary. The factors associated with failure or success of the CO<sub>2</sub> laser in the management of laryngo-tracheal stenosis are analyzed.

*Lewey Disckindner*

✓ 9:40 a.m. **Open Discussion**

7 9:45 a.m. **Present Diagnosis and Conservative Surgical Management of Chondrosarcoma of the Larynx**  
Julius N. Hicks, M.D. (By Invitation)  
Birmingham, Alabama

Few laryngologists of even wide experience encounter more than one cartilaginous tumor of the larynx. Knowledge about the clinical characteristics and early diagnosis and treatment still accumulate slowly. This paper points out the important clinical features of Chondrosarcoma of the larynx, emphasizes the need to diagnose these lesions early, discusses the newest diagnostic techniques, and illustrates in detail the conservative surgical management of a lesion found reasonably early arising from the posterior cricoid plate.

8 9:55 a.m. **Case Presentation: Chondrosarcoma of the Larynx**

Francis LeJeune, Jr., M.D.  
New Orleans, Louisiana

*SPL ✓*

*L. Montgomerie Disckindner*



# AMERICAN LARYNGOLOGICAL ASSOCIATION

10:00 a.m. **BAKER LECTURE**  
**Subcertification: A Dilemma For**  
**Otolaryngology-Head and Neck Surgery**  
George F. Reed, M.D.  
Syracuse, New York

10:15 a.m. Recess

10:30 a.m. Announcements  
Stuart Strong, M.D., Vice President  
President-Elect  
Presiding

10:35 a.m. **An Extended Transantral Approach for**  
**Pterygomaxillary Tumors**  
Charles J. Krause, M.D.  
Ann Arbor, Michigan

An extended transantral surgical approach to the pterygomaxillary space and nasopharynx is described. This approach provides a number of advantages over other approaches when utilized for benign and malignant tumors, including direct visualization of tumor extending into the pterygomaxillary space and through the inferior orbital fissure. A review of the twelve patients in whom this approach has been utilized will be presented. The advantages and limitations of this approach will be discussed and illustrated.

10:45 a.m. **The Primary Management of Laryngeal Trauma**  
Steven D. Schaefer, M.D. (By Invitation)  
Dallas, Texas

Following the treatment policies derived from the author's previous retrospective institutional review of fifty-three consecutive laryngeal fractures, an additional 20 patients were prospectively managed over the past three years. Patient management fell into four groups: observation with or without direct laryngoscopy (14 patients), direct laryngoscopy and tracheotomy (8 patients), open reduction of fractures without stenting (21 patients), and open reduction with stenting (30 patients). In the entire group of 73 patients, only two of the individuals (retrospective population) required long term tracheotomy. All other patients obtained a functional airway, and often, a normal voice.

Consistent with the author's previous reports: (1) all surgery was performed within 24 hours after injury; (2) despite frequent massive disruption of the laryngeal mucosa, all wounds were closed primarily; (3) antibiotics were used, but not steroids; (4) tracheotomy, rather than endotracheal intubation, was the method of choice for establishing an airway; and, (5) stents were fixated for approximately four weeks with Prolene® instead of wire. In the prospective patient population, evaluation and surgical intervention were revised to include: (1) application of fourth generation computerized axial tomography to avoid the need for direct laryngoscopy and open reduction in marginal fractures of the larynx, and (2) a decrease in the use of stenting, particularly in stable cartilaginous larynx fractures in which mucosal coverage of the anterior commissure can be reconstructed.

Based on experience, the author has evolved a primary management protocol for both blunt and penetrating trauma to the larynx which yields both predictable and successful results.

10:55 a.m. Open discussion

11:00 a.m. **An Assessment of Intubation in Croup and Epiglottitis**

## An Assessment of Intubation in Croup and Epiglottitis

12/5/17 ✓

This series (1973-1979) when combined with a similar previous evaluation (1965-1972) represents the *total* experience for a fifteen year interval and provides an opportunity to accurately assess the safety of intubation. In the group of 78 children intubated for epiglottitis, there were no permanent complications and no mortality. There were 11 children of 136 (8.1%) who developed permanent complications but no mortality associated with laryngotracheobronchitis intubations.

The safety of nasotracheal intubation for croup or epiglottitis airway problems is demonstrated in this study. However, children intubated for croup under one year of age may be at higher risk for developing subglottic stenosis. The manuscript will include specific recommendations for airway management evolving from this project.

## Treatment of Severe Subglottic Stenosis Without Tracheotomy

13

Congenital and acquired subglottic stenosis is one of the most challenging problems confronting the pediatric otolaryngologist today. Infants and children with stenosis severe enough to require tracheotomy must undergo either laryngotracheoplasty or repeated endoscopic procedure. Weeks, months, or years are usually required to attain a lumen large enough to permit decannulation. Certain of these patients may be managed without tracheotomy. The surgical technique involves endoscopic excision of subglottic tissue using the CO<sub>2</sub> laser and suspension microlaryngoscopy. Instrumentation of the larynx is minimized; intubation is avoided by using an insufflation technique for general anesthesia.

CP 7 Smith.  
Beverly Bader



# AMERICAN LARYNGOLOGICAL ASSOCIATION

11:20 a.m. **Laryngeal Paralysis in the Pediatric Patient**  
Seymour R. Cohen, M.D.  
Kenneth A. Geller, M.D. (By Invitation)  
Jeffrey W. Birns, M.D. (By Invitation)  
Jerome W. Thompson, M.S. (By Invitation)  
Los Angeles, California

This is a retrospective study which reports a large series of pediatric patients with laryngeal paralysis. The study tabulates the various causes of paralysis in the infant and child many of whom have onset of symptoms in the immediate neonatal period, the problems in evaluating the laryngeal disease, the overall management and long-term followup of patients with laryngeal paralysis of many causes. The problems in evaluating such surgical intervention as the Tucker procedure will be discussed. The long-term results of arytenoidectomy, its indications and timing are presented. The authors experience with laryngeal paralysis over many years is documented.

11:30 a.m. **Neonatal Tracheotomy**  
Gabriel F. Tucker, Jr., M.D.  
Carol Roberts Gerson, M.D. (By Invitation)  
Chicago, Illinois

We have reviewed the pediatric tracheotomies on our service, at Children's Memorial Hospital, since 1975. We studied the ages of patients treated, birth weights, rates of complications, decannulations and deaths. As compared to previous studies the proportion of procedures done on neonates has dramatically increased. Our technique, which has been modified for the low birth weight infant, is described.

11:40 a.m. Discussion

12:00 noon Adjourn  
Annual Photograph

6:30 p.m. PRESIDENT'S RECEPTION  
ANNUAL BANQUET

## SECOND DAY, SUNDAY, MAY 2, 1982

### Afternoon Session

1:00 p.m. ANNUAL BUSINESS MEETING  
(Fellows Only)  
Report of Nominating Committee  
Special Committee Reports  
Other Business

SCIENTIFIC SESSION  
Harold G. Tabb, M.D.  
President  
Presiding

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ONE HUNDRED AND THIRD  
ANNUAL MEETING

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16  
1:30 p.m.

**Laryngeal Papilloma: Results of Treatment  
With the CO<sub>2</sub> Laser and Podophyllum**

Robert X. Jackler, M.D. (By Invitation)  
Herbert H. Dedo, M.D.  
San Francisco, California

CJR

A six-year experience involving approximately 90 patients with recurrent laryngeal papillomatosis is presented. All patients were managed by CO<sub>2</sub> laser excision followed by podophyllum painting of their lesions, usually at one month intervals. Results are measured by four criteria: 1) length of disease free interval; 2) number of operations required per year; 3) clearance of individual anatomic sites, and 4) incidence of complications such as respiratory obstruction requiring tracheotomy. Prognostic indicators such as race, age at onset of disease, number of previous procedures, and multiplicity of anatomic sites involved are also analyzed. Results indicate a substantial advantage of laser excision with podophyllum painting over mechanical modes of therapy.

17  
1:40 p.m.

**Leukocyte Interferon in Patients with Juvenile  
Laryngeal Papillomatosis (J.L.P.)**

Helmuth Goepfert, M.D. (By Invitation)  
R. B. Sessions, M.D. (By Invitation)  
J. U. Gutterman, M.D. (By Invitation)  
A. Cangir, M.D. (By Invitation)  
Houston, Texas

CJR

Several surgical, medical and even radiotherapeutic measures have been used in an attempt to control J.L.P. Such treatment modalities have met with either mixed or little success or have brought about unfavorable sequelae, including transformation into cancer.

It has been hypothesized that the disease has a viral cause and/or perpetuation.

The Interferon system is part of the complex mechanism of cellular defense and immunity. Cellular Interferon is produced and secreted by cells infected by viruses and a variety of other agents (Interferon inducers). The Interferons are named in one of the nomenclatures, according to the cell type of production, are able to modify the host defense mechanisms and show ability to inhibit the proliferation of certain tumor and normal cells. There is increasing evidence for the efficacy of leukocyte Interferon in the treatment of human viral diseases and certain human malignant tumors.

Fourteen patients, ages 22 months to 30 years (median 9 years) with aggressive juvenile laryngeal papillomatosis were entered into a non-randomized clinical trial. Patient eligibility and restrictions were strictly adhered to. All patients were objectively evaluated and treated by conventional endoscopic micro-surgical and Laser methods at 2 month intervals. The dosage of Leukocyte Interferon was 2 million units per square meter per day and modified according to toxicity, and to established response criteria of the lesions.

The treatment was carried out for 6 months in 11 patients. Two patients had to terminate therapy because of repeated liver enzyme elevation (fully recovered after discontinuation of Interferon) and because of lack of response of disease process. No untoward sequelae have been encountered.

Of the 11 evaluable patients there was one total remission maintained over 6 months. Seven patients experienced what was defined as a strong to moderate improvement in the objective findings of disease and 2 patients had slight improvement in their papillomas.



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The response seemed to be proportional to the dose and frequency of administration; SGOT elevation and leukopenia have been encountered primarily in the younger patient population and have been totally reversible.

2:50 p.m.

Discussion—Opened by  
Stuart Strong, M.D.  
Boston, Massachusetts

2:00 p.m.

**Single Stage Correction of the Twisted Nose**

M. Eugene Tardy, M.D.

Tom Lawrence, M.D. (By Invitation)

Chicago, Illinois

Satisfactory correction of the twisted nose commonly eludes the experienced surgeon and resident physician alike. Undiagnosed deformities, coupled with unpredictable healing occasioned by intranasal scarring and boney irregularities, may further complicate a controlled repair.

Since major septal abnormalities co-exist with asymmetries of the osseocartilaginous vault in most twisted noses, some surgeons advocate a two stage approach, accomplishing septoplasty initially followed by external nasal reconstruction at a later date.

Precisely because these abnormalities are intimately related and interdependent, requiring correction of each to satisfactorily correct the whole, a one stage reconstruction of the functional and esthetic aspects of the crooked nose is advocated.

2:10 p.m.

**Sarcoidosis of the Larynx**

H. Bryan Neel, III, M.D., Ph.D.

Thomas J. McDonald, M.D. (By Invitation)

Rochester, Minnesota

Sarcoidosis is a chronic granulomatous disease which may affect almost any organ. Most of us have seen patients with manifestations of the disease in the head and neck region, such as cutaneous lesions, uveitis (uveoparotid), parotid enlargement, enlarged cervical lymph nodes, cranial nerve neuropathies, and granular "vasomotor" rhinopathy. On the other hand, many do not realize that three to five percent of patients who have sarcoidosis have laryngeal symptoms. Life-threatening airway obstruction can occur. The first report of histologically confirmed sarcoidosis of the larynx was published by Poe in 1940, although Boeck described nasal, cutaneous and lymph node involvement as early as 1899.

During the past 60 years, 12 patients who had laryngeal sarcoidosis were seen at the Mayo Clinic. The larynx was affected in a characteristic manner, and we believe that laryngologists can often make the diagnosis of laryngeal sarcoidosis by appearance alone. The epiglottis, aryepiglottic folds, false cords and arytenoids were diffusely edematous, pale and thickened; the rim of the epiglottis was infiltrated and showed turban-like thickening in most patients. Less commonly there was a firm, smooth subglottic mass which extended under the anterior commissure and vocal cords. The true vocal cords were never involved.

When the laryngologist is confronted with a patient with chronic laryngeal edema or pseudo-edema and thickening, (s)he must consider a variety of diagnosed sarcoidosis and other granulomatous diseases: lymphoma and other cancers; benign myxomatous polyps, thickening

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## ONE HUNDRED AND THIRD ANNUAL MEETING

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due to smoking or irradiation; fungal infections; and connective tissue disorders such as amyloidosis and relapsing polychondritis.

*m* *main*  
*20* 2:20 p.m. **Cricothyroidotomy—The Impact of Antecedent Intubation**

Ernest A. Weymuller, Jr., M.D. (By Invitation)  
Seattle, Washington

In light of the current debate regarding cricothyroidotomy we elected to study the procedure at our institution. Cricothyroidotomies was instituted whenever tracheotomy was necessary for airway management. After a fairly short period of time some significant complications of cricothyroidotomy were apparent and the study was aborted prior to achieving statistically significant results.

The report will review 17 consecutive cricothyroidotomies. Three patients died of their primary disease with the cricothyroidotomy in place. Of the remaining 14, four (28%) developed significant complications requiring surgical intervention. Of the four, two had life-threatening urgent airway obstruction.

The major underlying factor in patients who developed complications was prolonged intubation. The issue of primary cricothyroidotomy for short term airway control remains unanswered.

*24* 2:30 p.m. **Nerve-Muscle Pedicle Reinnervation of the Larynx: Avoiding Pitfalls and Complications**

Harvey M. Tucker, M.D.  
Cleveland, Ohio

The procedure for reinnervation of bilateral vocal cord paralysis using nerve-muscle pedicle technique has now been well established in the literature.<sup>1-3</sup> Moreover, several other centers have reported success using this technique.<sup>4-5</sup> Nevertheless, the author is aware that a significant number of well trained otolaryngology-head and neck surgery practitioners have found difficulty in making the procedure successful in their hands. It, therefore, seems appropriate to address those aspects of patient evaluation, technique and postoperative followup that have brought a satisfactory level of success in the author's hands.

Preoperative evaluation of patients is the cornerstone of success in nerve-muscle pedicle reinnervation. It is imperative that the larynx be properly evaluated to be certain that there does not exist fixation or ankylosis of one or both arytenoids in addition to paralysis. Clearly if such fixation exists, nerve-muscle pedicle reinnervation cannot be successful. Second, several pertinent aspects of technique with special reference to the identification of the proper nerve-muscle pedicle, the design of the pedicle and proper identification of the posterior cricoarytenoid muscle will be discussed. Third, postoperative evaluation of patients may be difficult for inexperienced operators. The author has seen at least three patients who were operated on by other surgeons who were referred because of "failure" of the procedure only to find that all three of them were successfully reinnervated with satisfactory motion of the reinnervated cord for reasonable day-to-day activity. All aspects of postoperative evaluation and management will be discussed as well.

2:40 p.m. **Discussion—Opened by Paul Ward, M.D.**  
Los Angeles, California



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2:45 p.m.     **Surgery of the Inferior Nasal Turbinates**  
William H. Saunders, M.D.  
Columbus, Ohio

22

STLV ✓

The inferior turbinates are responsible for nasal obstruction more often than commonly thought. When there is no other obvious cause for nasal obstruction, and when allergic disorder or other medical condition is not responsible, attention should be given to treatment of the inferior turbinates in many instances of nasal obstruction.

Such treatment is usually surgical and may consist of submucous resection of the turbinate bone or excision of redundant hyperplastic turbinate tissue, or a combination of the two. Other treatments consist of electrocautery or cryotherapy. Injection of corticosteroids have produced blindness through embolism and, in general, this treatment is discouraged.

The paper discusses in some detail which patients are best suited for submucous resection and which for excision of soft tissue. Techniques, which are simple, are also described.

2:55 p.m.     Open Discussion

3:00 p.m.     RECESS  
SCIENTIFIC SESSION  
Raleigh Lingeman, M.D.  
Councilor at Large  
Presiding

3:20 p.m.     **Correction of Posterior Glottic Incompetence  
Following Extended Partial Laryngectomy**  
Hugh F. Biller, M.D.  
William Lawson, M.D. (By Invitation)  
Steven Sacks, M.D. (By Invitation)  
New York, New York

23 CR

Vertical or horizontal partial laryngectomy with resection of the arytenoid cartilage results in posterior glottic incompetence accompanied by chronic aspiration post-operatively. The laryngeal rehabilitation of such patients requires replacement of the absent arytenoid. A variety of methods have been proposed for the primary reconstruction of the resected arytenoid. However, in patients lacking, or with inadequate primary reconstruction of the posterior glottis, few procedures have been described for correction other than the endoscopic injection of teflon. A new method of delayed repair utilizing the submucosal placement of cartilage or bone graft through an external approach has been devised. The results in five cases are presented.

3:35 p.m.     **Thyroid Carcinoma with Laryngeal Invasion  
(Subglottic Hemilaryngectomy Treatment)**  
Michael Friedman, M.D. (By Invitation)  
Emanuel M. Skolnik, M.D.  
Chicago, Illinois

23 CF

4

Thyroid carcinoma rarely invades the larynx, but when it does, proper management has been classically considered to be total laryngectomy. Several cases have been successfully treated with individualized forms of partial laryngectomy. Because invasion usually occurs in the subglottic area, no standard partial laryngectomy is appropriate for treatment.

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The experience in recent years has prompted a review of all cases of thyroid carcinoma with laryngeal invasion treated at the University of Illinois and affiliated hospitals over the past twenty-five years. Pathological sections were retrospectively studied to determine the exact extent and areas of invasion. Similar areas were then resected in experimental animals and reconstructed to determine the incidence of subglottic stenosis.

Based on the nature of thyroid carcinoma and the margins considered acceptable in other areas, we feel that the subglottic hemilaryngectomy should be considered basic surgical treatment for thyroid carcinoma invading the larynx.

3:45 p.m. Open Discussion

*Dedo*

3:50 p.m. **Tracheostomal Stenosis After Total Laryngectomy**

*mailed?*

*265*  
Eugene N. Myers, M.D.

Louis J. Gallia, D.D.S., M.D. (By Invitation)  
Pittsburgh, Pennsylvania

Stenosis of the tracheostoma after total laryngectomy is an infrequent but often distressing postoperative complication. It may occur in the immediate postoperative period or years later. Stomal stenosis will compromise not only optimum air exchange but also the ability to clear tracheobroncheal secretions. Severe stenosis especially with the addition of crusting may result in asphyxia.

Factors contributing to stomal stenosis include excessive scar formation, keloid formation, excessive peristomal fat or edema, defective or absent tracheal rings, recurrent tumor, and inadequate excision of peristomal skin at initial stomal construction.

The ideal method of dealing with tracheostomal stenosis is prevention. Preventive measures including preoperative planning, stomal construction and postoperative care are discussed.

Once tracheostomal stenosis has developed it is best managed by surgical correction. Previously described methods of repair are reviewed.

The author's method of stenosis correction consists of 1) excision of concentric stomal scar, 2) additional excision of inferior (lower) peristomal skin, extensive undermining and suturing of the lower stomal margin under moderate tension, and 3) creation of a superior stomal V-Y advancement which opens the superior margin and introduces a tongue of cutaneous tissue which acts to enlarge the stoma. This technique can also be used as a method of primary stomal construction in those patients predisposed to stomal stenosis.

A series of illustrative cases are provided to demonstrate the salient features of this technique.

4:00 p.m. **Causes of Failure of Esophageal Speech**

*26*  
George A. Gates, M.D.

San Antonio, Texas

*m mail*

Patients undergoing laryngectomy in the 1980's have a low rate of acquisition of esophageal speech due to a variety of factors.

Postoperative radiotherapy and postoperative stricture of formation are the two most important predictors of failure to acquire esophageal speech. Within the usual demographic characteristics of patients undergoing laryngectomy, factors such as age, sex, extent of lesion, use of electrolarynx and extent of speech therapy do not correlate with success or failure of esophageal speech.

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4:10 p.m. ~~Open Discussion~~

27  
4:15 p.m. **Primary Vocal Rehabilitation Using the Blom-Singer and Panje Voice Prosthesis**

Michael D. Maves, M.D. (By Invitation)  
Raleigh E. Lingeman, M.D.  
Indianapolis, Indiana CPT → V

Vocal rehabilitation by means of tracheoesophageal puncture and placement of either the Blom-Singer or Panje silicone prosthesis has become a standard method of speech production following total laryngectomy. The same technique has been employed primarily at the time of the laryngectomy at the Indiana University Medical Center and we have found it to be extremely useful for several reasons. Our experience with primary vocal rehabilitation by using this technique forms the basis for this report.

To begin with, by placing the tracheoesophageal fistula at the time of the ablative procedure a second operation is eliminated. Care in the closure of the pharynx or selective myotomy of the constrictor musculature may be performed also to afford the maximum chance of success with prosthetic speech production. A considerable psychological boost is given to the patient, as speech may begin as soon as 7 to 10 days post laryngectomy. The nasogastric tube is eliminated as feeding may be given through the catheter in the tracheoesophageal puncture site. Most importantly, we have observed that the evidence of pharyngeal spasm is considerably lower than when the procedure is done at a later stage when scar tissue has been allowed to form.

Limitations of the technique have been few but are related to the situation in which large amounts of pharyngeal mucosa have been resected and a nasogastric tube is required to maintain a patent pharyngeal lumen, or when postoperative irradiation therapy and the resultant skin reaction may necessitate limited voicing.

4:25 p.m. Discussion—Opened by  
William Panje, M.D. (By Invitation)  
Iowa City, Iowa  
Mark I. Singer, M.D. (By Invitation)  
Indianapolis, Indiana

28  
4:30 p.m. **Principles of Chemo and Radiobiology as Applied to Clinical Management of Head and Neck Cancer**

Ralph Weichselbaum, M.D. (By Invitation)  
Thomas Ervin, M.D. (By Invitation)  
Marshall Posner, M.D. (By Invitation)  
Daniel Miller, M.D.  
Boston, Massachusetts CPT

The goal of combined modality cancer management is complete eradication of all clonogenic cancer cells. To achieve this aim, the biological principles underlying chemotherapy, radiotherapy and surgery must be manipulated for optimal therapeutic results.

In head and neck cancer, combinations of radiation therapy and surgery have been employed with results which vary with the initial stage of disease presentation. One reason for radiotherapeutic failure is the presence of hypoxic tumor cells. Hypoxic cells are more radio-resistant than well-oxygenated cells and surgery may remove this resistant nidus. Recently, some alkylating agents have been shown to be ineffective under hypoxic conditions. The nitroimidazole, misonida-



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## ONE HUNDRED AND THIRD ANNUAL MEETING

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zole, an electron affinic agent originally employed as a radiation hypoxic cell sensitizer, has recently been shown to be effective in sensitizing experimental animal tumors to chemotherapy. We will present this data as well as a theoretical model for combining hypoxic sensitizers with radiation and chemotherapy in head and neck cancer treatment.

*Repair* of x-ray and chemically induced DNA damage may lead to the emergence of resistant tumor clones to chemotherapeutic agents as well as alteration in strategies for fractionation in clinical radiotherapy. *Repopulation* and *recruitment* of the normal tissues are important concepts in radio and chemo biology which must be considered to enhance the therapeutic ratio. Prevention of stem cell depletion of normal tissues has important implications for the delivery of chemotherapy, radiotherapy, as well as wound healing following surgery.

In summary, radiotherapy and chemotherapy have similar therapeutic road blocks in Head and Neck Oncology and integration of basic principles with surgery is essential for an optimal therapeutic result.

4:45 p.m.      Election of Board of Directors and  
                    Organization of the Officers  
                    Secretary's Announcement  
                    Installation of Newly Elected Officers  
                    ADJOURNMENT

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# AMERICAN LARYNGOLOGICAL ASSOCIATION

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ONE HUNDRED AND THIRD  
ANNUAL MEETING

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JANUARY 1, 1982

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Homen, 371, Sao Paulo, Brazil  
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1936 Vialle, Jacques, 27 Rue de France, Nice (Alpes  
Maritimes), France

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# ONE HUNDRED AND THIRD ANNUAL MEETING

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## EMERITUS FELLOWS

- 1980 (1962) Arnold, Godfrey E., 2500 N. State Street,  
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- 1970 (1931) McNally, William J., 1509 Sherbrooke St.,  
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- 1978 (1957) Munoz-MacCormick, Carlos Eduardo, 71  
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- 1971 (1953) Murtagh, John A., 1198 A1A Apt. 240,  
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Philadelphia, Pa. 19107
- 1976 (1951) Priest, Robert E., 322 Medical Arts Bldg.,  
Minneapolis, Minn. 55402

*Hansel*

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- 1972 (1956) Richardson, John R., P.O. Box 52, Searsport,  
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- 1981 (1950) Sanders, Sam H., 1286 Peabody Av.,  
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- 1969 (1950) Smith, Austin T., 382 Lakeside Rd., Box 28,  
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- 1981 (1961) Suehs, Oliver W., 2805 Robbs Run, Austin,  
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- 1961 (1941) Viole, Pierre P., 241 South Windsor Blvd., Los  
Angeles, California 90004
- 1977 (1962) Weaver, Delmar F., Medical Professional  
Bldg., Culpeper, Va. 22701
- 1975 (1953) Work, Walter P., 172 East Paseo de Golf,  
Green Valley, Arizona 85614

### Year Elected

### ACTIVE FELLOWS

- 1974 Alford, Bobby R., 1200 Moursund, Houston,  
Texas 77025
- 1969 Andrews, Albert H., Jr., 122 S. Michigan  
Ave., Chicago, Ill. 60603
- 1962 Arnold, Godfrey E., 2500 N State St.,  
Jackson, Mississippi 39216
- 1969 Ausband, John R., 1365 Clifton Road, Atlanta,  
Ga. 30322
- 1975 Bailey, Byron, J., Dept. of Otolaryngology,  
University of Texas Medical Branch,  
Galveston, Texas 77550
- 1970 Ballenger, John J., 723 Elm St., Winnetka, Ill.  
60093
- 1963 Baxter, James D., 687 Pine Ave., West,  
Montreal, 112, Quebec, Canada
- 1975 Biller, Hugh F., Dept. of Otolaryngology,  
Mount Sinai Hospital, 100th St. & 5th Ave.,  
New York, N.Y. 10029
- 1977 Blaugrund, Stanley M., 115 East 61st., New  
York, N.Y. 10021
- 1975 Boles, Roger, Dept. of Otolaryngology,  
University of California, San Francisco,  
California 94122
- 1955 Bordley, John E., Johns Hopkins Hospital,  
Baltimore, Maryland 21205
- 1959 Brewer, David W., 1100 E. Genessee St.,  
Syracuse, N.Y. 13210
- 1976 Briant, Thomas D. R., St. Michael's Hospital,  
Chief Otolaryngology, 30 Bond St., Ontario,  
Canada



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ONE HUNDRED AND THIRD  
ANNUAL MEETING

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Active Fellows (Continued)

- 1955 Brown, Lester Alexander, 490 Peachtree St.,  
N.E., Atlanta, Georgia 30308
- 1963 Bryce, Douglas P., O.P.D. Toronto General  
Hospital, Toronto, Ontario, Canada
- 1979 Calcaterra, Thomas C., UCLA Medical  
Center, Los Angeles, CA 90244
- 1976 Cantrell, Robert W., Dept. of Otolaryngology,  
Univ. of Virginia Medical School,  
Charlottesville, Va. 22901
- 1968 Chandler, J. Ryan, 1700 N.W. 10th Ave.,  
Miami, Florida 33136
- 1967 Cocke, Edwin W., Jr., Suite 1030, 920  
Madison Ave., Memphis, Tenn. 38103
- 1964 Cody, Claude C., 7777 Southwest Freeway,  
Suite 820, Houston, Texas 77074
- 1971 Cohen, Seymour R., 1300 N. Vermont Ave.,  
Los Angeles, Calif 90027
- 1957 Conley, John J., 211 Central Park West, New  
York, N.Y. 10024
- 1980 Cummings, Charles W., Dept. Otolaryngology,  
University of Washington, Seattle,  
Washington 98195
- 1960 Daly, John F., 16 North Brae Court, Tenafly,  
New Jersey 07670
- 1973 Dedo, Herbert H., University of California,  
San Francisco School of Medicine, Dept. of  
Otolaryngology, Room 495U, San  
Francisco, California 94122
- 1966 Devine, Kenneth D., Mayo Clinic, Rochester,  
Minn. 55901
- 1976 Doyle, Patrick John, 1081 Burrard,  
Vancouver, B.C., Canada
- 1973 Duvall, Arndt J., III, University of Minn.,  
Medical School, Dept. of Otolaryngology,  
A605 Mayo Memorial Bldg., Minneapolis,  
Minn. 55455
- 1968 Farrior, Richard T., 505 DeLeon, Tampa,  
Florida 33606
- 1964 Fearon, Blair, 308 Medical Arts Bldg., Toronto  
5, Ontario, Canada
- 1963 Ferguson, Charles F., P.O. Box 313,  
Osterville, Mass. 02655
- 1970 Frazer, John P., 601 Elmwood Ave.,  
Rochester, N.Y. 14642
- 1977 Frederickson, John M., Medical Sciences  
Bldg., Rm. 7310, University of Toronto,  
Toronto, Ontario, Canada
- 1956 Friedberg, Stanton A., 1725 West Harrison  
St., Chicago, Ill. 60612
- 1977 Gacek, Richard R., Dept. of Otolaryngology,  
Upstate Medical Center, 750 East Adams  
St., Syracuse, N.Y. 13210
- 1981 Gates, George, 7703 Floyd Curl Dr., San  
Antonio, Texas 78284

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AMERICAN LARYNGOLOGICAL  
ASSOCIATION

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**Active Fellows (Continued)**

- 1959 Goldman, Joseph L., 55 East 87 St., New York, N.Y. 10028
- 1974 Hudson, William R., Duke University Medical Center, ENT-POP-3805, Durham, N.C. 27710
- 1965 King, James T., Suite 206, W. Paces Ferry Professional Bldg., 3250 Howell Mill Rd., N.W., Atlanta, Ga. 30327
- 1975 Kirchner, Fernando R., 155 South 18th St., #270, Kansas City, Kansas 66102
- 1963 Kirchner, John A., 333 Cedar St., New Haven, Conn. 06510
- 1979 Krause, Charles J., University Hospital, Ann Arbor, Michigan 48109
- 1981 Lawson, William, 19 East 98th St., New York, New York 10029
- 1979 LeJeune, Francis E., Jr., 1514 Jefferson Highway, New Orleans, LA 70121
- 1966 Lewis, John S., 3 East 71 St., New York, N.Y. 10021
- 1961 Lewy, Robert B., 25 East Washington St., Chicago, Ill. 60602
- 1976 Lingeman, Raleigh E., 1100 W. Michigan St., Indianapolis, Ind. 46202
- 1973 Loré, John M., Jr., 2121 Main St., Seaton Prof. Bldg., Buffalo, N.Y. 14214
- 1978 Lyons, George D., 120 N. Jefferson Davis Parkway, New Orleans, La. 70119
- 1966 McCabe, Brian F., Dept. of Otolaryngology, University Hospitals, Iowa City, Iowa 52240
- 1976 Miglets, Andrew W., Jr., 456 Clinic Drive, Room 4118, Columbus, Ohio 43210
- 1952 Miller, Alden H., 1407 N. Vermont Ave., Los Angeles, Calif. 90027
- 1965 Miller, Daniel, 110 Francis St., Boston, Mass. 02215
- 1964 Montgomery, William W., 243 Charles St., Boston, Mass. 02114
- 1972 Morse, Harry R., 645 Powell Drive, Fort Walton Beach, Florida 32548
- 1979 Myers, Eugene N., Dept. Otolaryngology, 230 Lothrop Street, Pittsburgh, PA 15213
- 1975 Nahum, Alan M., 225 West Dickinson, San Diego, California 92103
- 1981 Neel, H. Bryan III, 200 First St., S.W., Rochester, Minnesota 55901
- 1980 Nichols, Richard D., Henry Ford Hospital, 2799 W. Grand Blvd., Detroit, Michigan 48202
- 1956 Norris, Charles Morgan, 3401 North Broad St., Philadelphia, Pa. 19140
- 1961 Ogura, Joseph H., Dept. of Otolaryngology, Washington University School of Medicine, 517 S. Euclid, St. Louis, Missouri 63110
- 1961 Pang, Lup Q., 1374 Nuuanu Ave., Honolulu, Hawaii 96817

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## ONE HUNDRED AND THIRD ANNUAL MEETING

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### Active Fellows (Continued)

- 1961 Pastore, Peter N., 5503 Riverside Drive,  
Richmond, Va. 23225
- 1972 Pennington, Claude L., 800 First St., Macon,  
Ga. 31201
- 1967 Pratt, Loring W., North Bldg., 325-B Kennedy  
Memorial Drive, Waterville, Maine 04901
- 1963 Reed, George F., 750 E. Adams St., Syracuse,  
N.Y. 13210
- 1974 Ritter, Frank N., 2675 Englave Drive, Ann  
Arbor, Michigan 48103
- 1981 Sasaki, Clarence T., 333 Cedar Street, New  
Haven, Connecticut 06510
- 1964 Saunders, William H., The Ohio State  
University, Room 3110, 456 Clinic Drive,  
Columbus, Ohio 43210
- 1978 Sessions, Donald G., 1960 Grassy Ridge Road,  
Kirkwood, Missouri 63122
- 1979 Shapiro, Myron J., 349 East Northfield Road,  
Livingston, N.J. 07039
- 1962 Sisson, George A., Northwestern U. Medical  
School, 303 Chicago Ave., Chicago, Ill.  
60611
- 1964 Skolnik, Emanuel M., Abraham Lincoln  
School of Medicine, University of Illinois,  
1855 W. Taylor St., Chicago, Ill. 60612
- 1974 Snow, James B., Jr., 3400 Spruce St.,  
Philadelphia, Pa. 19104
- 1972 Soboroff, Burton J., 307 N. Michigan Ave.,  
Chicago, Ill. 60601
- 1973 Som, Max L., 121 East 60 St., New York,  
N.Y. 10022
- 1954 Sooy, Francis A., University of California  
Hospital, 3rd and Parnassus Ave., San  
Francisco, California 94122
- 1979 Spector, Gershon J., Dept. Otolaryngology,  
517 South Euclid, St. Louis, Missouri 63110
- 1975 Sprinkle, Philip Martin, West Virginia  
University Medical Center, Division of  
Otolaryngology, Morgantown, West Va.  
26505
- 1975 Strong, M. Stuart, 720 Harrison Ave., Boston,  
Mass. 02118
- 1963 Tabb, Harold G., Dept. Otolaryngology,  
Tulane Medical School, New Orleans, LA  
70112
- 1979 Tardy, M. Eugene, 2913 N. Commonwealth,  
#430, Chicago, Ill. 60657
- 1954 Thornell, William C., 2328 Auburn Ave.,  
Cincinnati, Ohio 45219
- 1978 Toomey, James M., 550 N. Main St.,  
Attleboro, Massachusetts 02703
- 1967 Tribble, William MacL., 1234 19 St., N.W.,  
Washington, D.C. 20036
- 1970 Tucker, Gabriel F., Jr., The Children's  
Memorial Hospital, 2300 Children's Plaza,  
Chicago, Ill. 60614



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Active Fellows (Continued)

- 1979 Tucker, Harvey M., Dept. Otolaryngology,  
Cleveland Clinic, Cleveland, Ohio 44106
- 1973 Tucker, John Anwyl, Hanemann Hospital, 230  
N. Broad St., Philadelphia, Pa. 19102
- 1980 Vrabec, Donald P., Dept. Otolaryngology,  
Geisinger Med. Center, Danville, Pa. 17821
- 1974 Ward, Paul H., UCLA School of Medicine,  
Head & Neck Surg., Divn., 62-215 Center  
for the Health Sciences, Los Angeles,  
California 90024
- 1971 Williams, Russell I., 414 East 23rd St.,  
Cheyenne, Wyoming 82001
- 1951 Woodman, DeGraaf, P.O. Box 560, Easton,  
Md., 21601
- 1981 Yanagisawa, Eiji, 98 York Street, New Haven,  
Connecticut 06511

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## ONE HUNDRED AND THIRD ANNUAL MEETING

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### RECIPIENTS OF THE DE ROALDES AWARD

1928 Chevalier Jackson	1959 Albert C. Furstenberg
1931 D. Bryson Delavan	1960 Dean M. Lierle
1934 Harris P. Mosher	1961 Frederick T. Hill
1937 Lee Wallace Dean	1966 Paul H. Holinger
1943 Ralph A. Fenton	1970 Francis E. LeJeune
1949 George M. Coates	1973 Lawrence R. Boies
1951 Arthur W. Proetz	1976 Anderson C. Hilding
1954 Louis H. Clerf	1979 Joseph H. Ogura

*Conley*

### CASSELBERRY AWARD

The Casselberry Award has been established to encourage the advancement of the art and science of Laryngology and Rhonology. The award is given for outstanding theses or accomplishments in Laryngology and Rhinology and consists of a suitable sum of money and a certificate of the Association. Theses must be submitted to the Secretary before November 1 of any year. Further information regarding the award may be obtained by writing to the Secretary.

### RECIPIENTS OF THE CASSELBERRY AWARD

1923 George Fetterolf and Herbert Fox
1928 Ralph A. Fenton and O. Larsell
1929 Richard A. Kern and Harry P. Schenck
1929 Edward H. Campbell
1931 Arthur W. Proetz
1934 Anderson C. Hilding
1936 Francis E. LeJeune
1936 Joel J. Pressman
1939 H. Marshall Taylor
1939 Brien T. King
1940 French K. Hansel
1941 Noah D. Fabricant
1946 Paul H. Holinger
1949 Henry B. Orton
1962 Hans von Leden
1966 John A. Kirchner and Barry D. Wyke
1968 Joseph H. Ogura

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RECIPIENTS OF THE NEWCOMB AWARD

- 1942 Francis R. Packard  
1943 George M. Coates  
1944 Charles J. Imperatori  
1947 Harris P. Mosher  
1948 Gordon Berry  
1949 Gordon B. New  
1950 H. Marshall Taylor  
1951 John D. Kernan  
1952 William J. McNally  
1953 Frederick T. Hill  
1954 Henry B. Orton  
1955 Thomas C. Galloway  
1956 Dean M. Lierle  
1957 Gordon F. Harkness  
1958 A. C. Furstenberg  
1959 Harry P. Schenck  
1960 Joel J. Pressman  
1961 Chevalier L. Jackson  
1962 Paul H. Hollinger  
1963 Francis E. LeJeune  
1964 Fred W. Dixon  
1965 Edwin N. Broyles  
1966 Lyman G. Richards  
1967 Joseph H. Ogura  
1968 Walter P. Work  
1969 John A. Kirchner  
1970 Louis H. Clerf  
1971 Daniel C. Baker, Jr.  
1972 Alden H. Miller  
1973 DeGraaf Woodman  
1974 John J. Conley  
1975 Francis W. Davison  
1976 Joseph L. Goldman  
1977 F. Johnson Putney  
1978 John F. Daly  
1979 Charles F. Ferguson  
1980 Charles M. Norris  
1981 Stanton A. Friedberg

TRIBLE



NOTES

Sleazy

Leary

Mazys

Prall

3 Tucker.

Dedo

Pemguter.

Krueger

Miller

Tabb



