The Artificial Larynx

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Many successes have been reported on laryngectomized people who have learned to speak well with oesophageal speech or one of the many devices for voice prosthesis. This should not give us a too optimistic idea about the possibilities which exist for these patients.

Various causes of failure in acquiring oesophageal speech are described in my thesis on patients of the University ENT Clinic at Groningen. Recently in Utrecht we have had some experience with artificial larynxes used by patients who could not learn oesophageal speech.

The air actuated ("pneumatic") artificial larynx has been in use ever since the first successful laryngectomy by Billroth in 1873. Several types are demonstrated, among them a new one of Dutch invention.

The operations after Briani and Conley provide an artificial voice mechanism with the patient's own tissues; a very interesting solution which has, however, not yet stood the test of praxis.

Electrical larynxes are robust, but the sound is weak and monotonous. The electronic apparatus brings the sound into the mouth through a tube (eventually camouflaged as a pipe-stem) , or a small sound-generator is built in an upper dental plate {Taft, 1959). The latter is not so simple to make and to maintain and therefore is expensive.

The new Bell electro-larynx is again an external vibrator, but, contrary to the other electric types, the membrane is driven by an electronic circuit. It is economical with its batteries; the external buzzing noise is somewhat stronger but speech is also louder than in other types.

The pneumatic, the electric and the electronic types all serve their purpose well: providing a means for speech if for some reason oesophageal speech is not possible. The variety enables us to make an individual choice according to the needs of the patient.

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The Endoscopic Treatment of the Zenker Diverticulum

By P. C. DE JONG and W. H. STRUBEN, Rotterdam

After a description of the classification of oesophageal diverticula the localisation, aetiology, symptomatology, diagnosis and complications of the Zenker diverticulum are discussed. With regard to treatment, special attention is invited for Dohlmar's endoscopic procedure. The results obtained in seven patients operated upon in that manner are described.

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