LARYNGOLOGY IN QUEENSLAND*

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AUSTRALIA is a large continent. The state of Queensland is about one quarter of it, being 900 miles from east to west and 1,300 miles north to south at the greatest distances. In area, it is 667,000 square miles, which is seven times the area of the United Kingdom. The state is divided into two almost equal parts by the Tropic of Capricorn.

The "Great Dividing Range" separates a small coastal plain along almost the whole length of the coastline, from the western tablelands. The average rainfall on the coastal plain varies from 40–130 inches per year, while the western plains have only 5–25 inches per year. It is this extreme variation in rainfall which explains the population distribution.

Total population in the state is approximately 1,600,000 of which more than one third live in Brisbane, the capital city, and the combined total of the four principal cities represents half the state population.

The coastal plain with high summer humidity is occupied by 1,300,000 people. The remainder live in the sparsely populated, hot and dry western part of the state.

The people are almost all of European origin. At the last census, less than 1 per cent. are shown with a birth place other than Australasia or Europe.

It is therefore apparent that a people of European origin are living in a tropical and sub-tropical area, partly humid, partly dry with high temperatures.

Acclimatization has been good. Living and working conditions have been accepted—two important considerations are the absence of tropical diseases, and the absence of a coloured population as a labour force.

Nasal discomfort occurs in the very dry climate, but it does not appear to cause any permanent irreversible change. Dust acts as an added irritant.

In the hot humid season there is nasal congestion and obstruction, but this also is not irreversible.

The incidence of Skin Cancer is high—in the 12 months to June 1964, 256 cases of squamous cell and 1,392 cases of basal cell carcinoma were

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treated by radiotherapy. Melanoma is also relatively common—about 250 cases per year are reported.

There would appear to be marked differences between Europe and Queensland in the incidence of the commonly described diseases of the nose and throat.

In Queensland, nasal allergy is very common, and might be considered in every case of nasal obstruction or nasal discharge. Chronic nasal infection is relatively much less common. The Caldwell Luc operation is now rarely performed except for cases of dental infection or antro-oral fistula. The chronic enlargement of posterior ends of the turbinates is now very uncommon. Atrophic rhinitis with ozaena is very rare except in those recently arrived from other countries.

Congenital laryngeal Stridor is infrequent, but it is not restricted to any particular group in the population. It is unlikely that there is any general nutritional factor in its origin. Multiple laryngeal papillomata are very rare in this community. Chronic laryngitis does occur, but true keratosis or pachydermia of the larynx has not been seen for many years. Tubercular laryngitis has almost disappeared.

Carcinoma of the larynx does occur. In the period 1947–64, the population has increased from 1,100,000–1,500,000 yet the recorded deaths due to laryngeal carcinoma have fallen from 1·8–1·1 per hundred thousand.

The total number of cases recorded over the same period, although the numbers are small, has not shown the increase expected with the increase in population.

The long term results of a small series of twenty-four cases of laryngeal cancer treated between 1945 and 1957 by Finzi Harmer technique show thirteen symptom free, two recurred, five died with cancer present, and two cases of cancer in the other vocal cord. This is a selected series of Stage I cases but suggests that treatment of these cases by implantation, by external irradiation, or by surgery gives comparable results. Since 1957, Supervoltage has been used in Queensland for this stage, almost exclusively.

Difficulty has been experienced with location of site of origin of laryngeal carcinoma in attempting to apply the international T.N.M. Classification.

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