October 1994

Vol 108

No 10

The Journal of Laryngology and Otology



Founded in 1887 by Morell Mackenzie & Norris Wolfenden

Edited by NEIL WEIR

Assistant Editors CAROL WENGRAF, RICHARD RAMSDEN, PETER RHŶS EVANS, DAVID PROOPS, VALERIE LUND, HENRY GRANT, ANDREW JONES & GUY KENYON

Book Review and Abstracts Editor JOHN B. BOOTH

Emeritus Advisor in Pathology IMRICH FRIEDMANN

Advisors in Pathology BRIAN MANNERS, CHRISTOPHER MILROY, KENNETH MACCLELLAND & LESLEY SMALLMAN

Advisor in Audiology LINDA LUXON

Advisors in Radiology GLYN LLOYD & PETER PHELPS

Advisors in Statistics ANTHONY HUGHES & PETER KELLY

Production Editors GILLIAN GOLDFARB & INGA McKENZIE

The Journal of Laryngology and Otology

(Founded in 1887 by MORELL MACKENZIE and NORRIS WOLFENDEN)

Edited by NEIL WEIR

Assistant Editors CAROL WENGRAF, RICHARD RAMSDEN, PETER RHŶS EVANS, DAVID PROOPS, VALERIE LUND, HENRY GRANT, ANDREW JONES & GUY KENYON Book Reviews and Abstracts Editor JOHN B. BOOTH

Production Editors GILLIAN GOLDFARB & INGA McKENZIE

INSTRUCTIONS FOR AUTHORS

1. Original articles which have not been published elsewhere are invited and should be sent to the Editor. They are considered for publication on the understanding that they are contributed to this Journal solely. Reproduction elsewhere, in whole or in part, is not permitted without the previous written consent of the Author and Editor and the customary acknowledgement must be made. Normally an original main article should not exceed 7500 words.

Longer articles or theses will be considered for publication as Supplements, at the expense of the authors or their employing authorities.

2. Manuscripts should be **typewritten** in **duplicate** on one side of the paper only (A4 297×210 mm) and double spaced, with wide margins.

Begin each component on a new page in the following sequence: title page, abstract, text, acknowledgements, references, tables and legends

(a) Abstract—This should contain not more than 150 words and include a statement of the problem, the method of study, results and conclusions, a 'summary' section should not be included in the main manuscript.

(b) Key Words—only those appearing as Medical Subject Headings (MeSH) in the supplement to the Index Medicus may be used; where no appropriate word(s) are listed those dictated by common sense/usage should be supplied.

(c) Text-Suggested outline-(1) introduction, (2) materials and methods, (3) results, (4) discussion, (5) conclusion.

(d) **Tables** are adjuncts to the text and should not repeat material already presented.

(e) **Illustrations**—Two sets of illustrations, one with each copy of the manuscript, must be submitted and all authors should remember that the single column width is 80mm. One set of illustrations should, therefore, not exceed this width and they should ensure that the essential features are illustrated within this dimension.

Coloured illustrations will be charged to authors, unless a special grant is authorized by the Editor.

Written permission from the publisher must be provided to the *Journal* in order to republish material with copyright elsewhere and also from the senior author where necessary.

(f) Measurements must be in metric units, with Système Internationale (SI) equivalents given in parentheses.
(g) References—For Journal articles, The Harvard system of recording references should be used, e.g. Green, C. and

Brown, D. (1951) The tonsil problem. Journal of Laryngology and Otology 65: 33–38. A paper written by more than two authors should be abbreviated in the text, e.g. Green et al. (1951), but all the authors should be given in the list of references. The titles of all Journals should be given without abbreviation. References should be listed in alphabetical order; use of the

Vancouver system will *not* be accepted. For single-author books, the following style should be used: Green, C. (1951) *The tonsil problem*, 2nd Edition, vol. 1, Headley Brothers Ltd., Ashford, Kent, pp 33–38.

For papers in multi-author books with one or more editors, the reference should include the title of the chapter and the names of the editors, together with the number of the edition as eg: Brown, D. (1951) Examination of the ear. In *Diseases of the* Ear, Nose and Throat. 2nd Edition. (White, A., Black, B., eds.), Headley Brothers Ltd, Ashford, Kent, pp 33-38.

It is most important that authors should verify personally the accuracy of every reference before submitting a paper for publication. The names of authors cited in the References should be given in alphabetical order. (h) Drugs—The proper names of drugs must be used. One reference can be made to the brand name if it is felt to be impor-

(i) Meetings—If the manuscript was presented at a meeting, the place where it was held, and the date on which it was read

must be included and should appear at the foot of the title page.

(j) Financial disclosures—In the submission letter to the Editor, the authors must list all affiliations with or financial involvement in, organizations or entities with a direct financial interest in the subject matter or material of the research discussed in the manuscript.

(k) Declaration. Each manuscript must be accompanied by a letter of declaration to be signed by each author to confirm that they have seen, read and approve the contribution bearing their name.

(I) Rejections—All manuscripts which are rejected will no longer be returned to the authors. Those submitting papers should, therefore, ensure that they retain at least one copy and the reference numbers, if any, of the illustrations. The only exception to this will be those manuscripts with colour illustrations which will be returned automatically by Surface Mail.

(m) Facsimile (FAX). All authors should send a Facsimile number whenever possible to speed communication; this particularly applies to those outside the United Kingdom. Manuscripts with no visual illustrations (X-rays/pathology) may be sent by facsimile.

3. Page proofs are sent to authors for corrections, which should be kept to a minimum; they must be clearly marked, and no extra matter added. Proofs should be returned within 5 days.

4. Orders for reprints must be sent when returning page proofs, and for this purpose special forms are supplied.

5. Editorial communications may be addressed to The Editor, Journal of Laryngology and Otology, c/o Headley Brothers Ltd., The Invicta Press, Ashford, Kent TN24 8HH or sent by FAX (0483 451874).

6. The annual subscription is £95.00 Institutions & Libraries US\$190.00; £85.00 Individuals US\$170.00; £45.00 Registrars, Residents and Interns. (Those in training should submit a certificate from The Head of the Department giving details of their appointment; those who qualify must supply their home address for mailing direct). Claims to be made for missing issues

within 6 months of each publication date.

7. Single copies of current or back numbers (when available) will be on sale at £12.00 each (including postage).

8. SUPPLEMENTS published at 'irregular' intervals with subscription, available separately on request.

9. All subscriptions, advertising and business communications should be sent to the publishers, or subscription agents.

HEADLEY BROTHERS LTD,

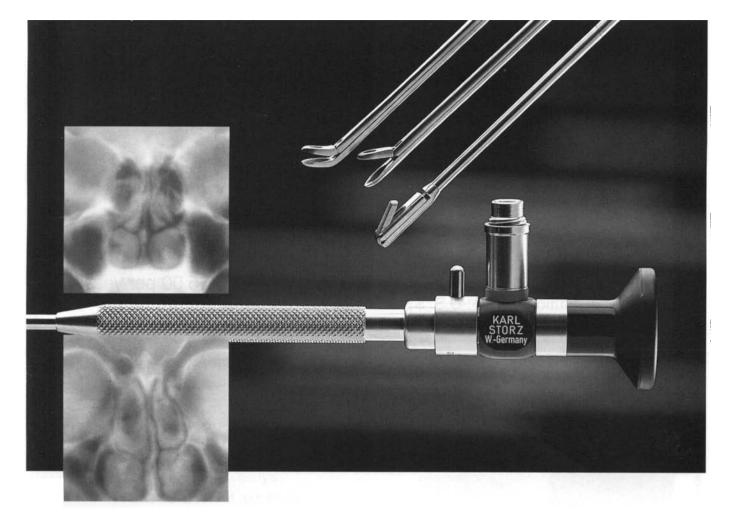
THE INVICTA PRESS, ASHFORD, KENT. © Journal of Laryngology and Otology Ltd., 1994

ISSN 0022-2151

Second class postage paid Rahway, N.J.

Postmaster: Send address corrections to The Journal of Laryngology and Otology, c/o Mercury Airfreight International Ltd. Inc., 2323 Randolph Avenue, Avenel, N.J. 07001. Frequency of Publication: Monthly.

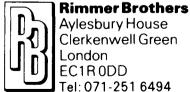
Functional Endoscopic Nasal and Paranasal Surgery



Functional endoscopic paranasal surgery has nowadays acquired worldwide recognition as a technique which can achieve maximum success in treatment with minimum traumatization of the patient. This is not least due to the possibilities of precision endoscopic diagnostics which, in conjunction with CT, permit causal therapy. Instruments developed by KARL STORZ have facilitated this technique from the very beginning. Hopkins rod lens telecopes ensure an excellent overview; specially developed in-

struments also allow high-precision, atraumatic procedures in the confinded nasal cavities. Anyone who is nowadays committed to functional endoscopic paranasal surgery should not be without the experience incorporated in every instrument manufactured by KARL STORZ.

United Kingdom agents:



Aylesbury House **Clerkenwell Green** London EC1R0DD Tel: 071-251 6494



KARL STORZ GMBH & CO. Mittelstr. 8, Postfach 230 D-7200 Tuttlingen/West Germany Cable: Endoskopie Phone: (07461) 7080, Telex:762656 storz d Teletex: 746 118, Telefax: (07461) 708105

KARL STORZ Endoscopy – America, Inc. 10111 W. Jefferson Boulevard, Cuiver City, California 90232-3578, Phone: (213) 558 1500, Telex: 910-340-6372 k storz culv. Telefax: 213 280 2504

KARL STORZ Endoscopia Latino-America 815 N.W. 57 AV, Suite No. 342 Miami, Florida 33126 Phone: KSLA (305) 262 - 8980 Telex: 510 601 6506, Telefax: (305) 262 - 8986

 	For more information please send me the catalogue ENT
HNO 12	



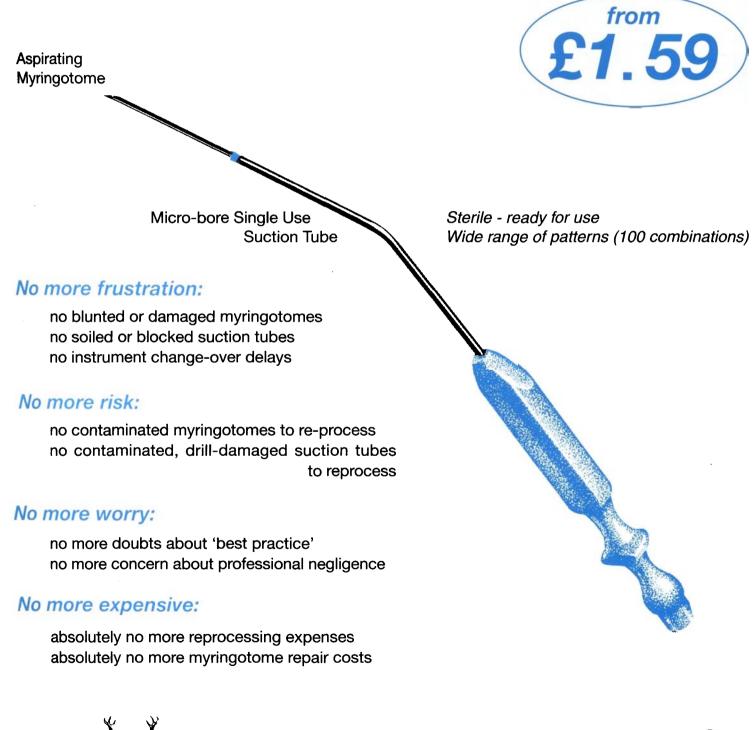


U.S. \$110.00 per year Outside U.S. \$135.00 per year Institutional Rate: U.S. \$150.00 per year • Outside U.S. \$175.00 per year

	INVEST IN YOURSELF
ANNALS	OFFICIAL JOURNAL OF THE AMERICAN LARYNGOLOGICAL ASSOCIATION <u>1994 ANNUAL SUBSCRIPTION RATES</u> RESIDENT* INDIVIDUAL* INSTITUTIONAL
OF OTOLOGY, RHINOLOGY & LARYNGOLOGY	US \$52.00 \$ 99.00 \$ \$148.50 FOREIGN \$64.00 \$ \$119.00 \$ \$168.50 *Individual, resident, and student subscriptions must be in the individual's name and must be billed to and paid for by the individual. NEW SUBSCRIBERS RECEIVE 2 ISSUES FREE WITH PAID SUBSCRIPTION
• MONTHLY ISSUES • SUPPLEMENTS • PEER REVIEWED • CLINICAL AND RESEARCH	Mail to or call: ANNALS PUBLISHING CO 4507 LACLEDE AVENUE ST LOUIS, MISSOURI 63108
• EAGING CASE STUDIES • PATHOLOGY CONSULTATIONS • LETTERS TO THE EDITOR • BOOK REVIEWS	(314) 367-4987 <u>PUBLISHING CO</u> FAX (314) 367-4988



SINGLE USE MYRINGOTOMY KIT



Co. Reg. No: 2075762 (Eng) Exmoor Plastics Ltd., Lisieux Way, Taunton, TA1 2LB, U.K. Tel: (01823) 276837 Fax: (01823) 334154



VERTIGO CONTROL

NON-SEDATIVE^{*} CONTROL

*Aantaa E. Acta Otolaryngol (Stockh) 1991; Suppl.479: 44-47. Presentation A white, flat round tablet imprinted '267' on one face, 'DUPHAR' on the reverse, each tablet containing 16mg betahistine dihydrochloride. Available in packs of 84 tablets. Basic NHS price £18.03. PL0512/0088.

Indications Vertigo, tinnitus and hearing loss associated with Ménière's syndrome.

Dosage and Administration Adults (including the elderly): Stortors/geloi.org/10.101/initially one table! three times daily, taken preteracy with meas.

Maintenance dose: 24-48mg daily. Children: No dosage recommendations are made for children.

Contra-indications, Warnings, etc. Contra-indications: Phaeochromocytoma. Precautions: Caution is advised in the treatment of patients with a history of peptic ulcer. Clinical intolerance to Serc in bronchial asthma patients has been shown in a relatively few patients and therefore caution should be exercised when administering betahistine to patients with bronchial astrima. The usual precautions should be observed when

Serc[®]-16

betahistine 16mg

FOR VERTIGO due to Ménière's syndrome

administering Serc to patients in pregnancy. Side-effects: Relative few side-effects have been reported, they include gastro-intestine upset, (including dyspepsia), headache, skin rash and pruritus Legal Category POM.

Further information is available from the Product Licence Holder Duphar Laboratories Limited, Gaters Hill, West End, Southampto SO18 3JD, Tel: 0703 472281.

A member of the Solvay Group. Date of preparation: August 1994