

# EDITORIAL

## **Key Words:**

The JLO has never been keen on simplistic titles and indeed remains so, but it is of the greatest help when compiling the annual index to determine under which heading a particular title should be included and it may have been noticed that those of a less descriptive nature have been subtitled over the last two to three years. All manuscripts which are accepted from this day forwards will be asked to supply key words from the Medical Subject Headings (MeSH) of the National Library of Medicine published as a supplement each year to the Index Medicus.

Such key words should, however, be spelt in English, e.g. oesophagus with an “o” and a small number of other variations will continue to be found such as presbycusis, and acoustic neuroma will be listed under acoustic schwannoma.

Those familiar with the MeSH headings will already know that there are a number of often apparent anomalies, for example you may have a conductive *hearing loss* but a sensorineural *deafness*! Should you have difficulty with your balance or dysequilibrium then you have a new problem because neither is listed only the labyrinth. Similarly, you can have vertigo but if it is aural then the Index thinks you should have Meniere’s disease; would that it were so uncomplicated in real life! However, as in all things, common sense will prevail and they will continue to be found in our Index.

