

# General Notes

UNIVERSITY OF CAMBRIDGE

DEPARTMENT OF ANATOMY

SUFFOLK OTOLARYNGOLOGY SERVICE

UNITED STATES AIR FORCE HOSPITAL  
LAKENHEATH

ENDOSCOPIC SINUS ANATOMY AND SURGERY  
INTENSIVE DISSECTION COURSE

14–16 JUNE 1995

- Cadaver dissection with pre and post-dissection CT
- Live surgery in two adjacent operating theatres
- Full lecture programme covering all basis aspects and introducing advanced applications
- Numbers limited to twelve participants

Course organisers— Robin Youngs, Eric Mair, Bari Logan, Matthew Yung and Kathryn Evans

Course fee: £350 to include all meals and two nights accommodation

Further details from:  
Postgraduate Medical Centre,  
West Suffolk Hospital NHS Trust,  
Hardwick Lane,  
Bury St Edmunds,  
Suffolk IP33 2QZ.  
Tel: 01284-713342; Fax: 01284-713113

GLASGOW TEMPORAL BONE COURSES

45TH COURSE—29, 30 and 31 MARCH 1995

46TH COURSE—11, 12 and 13 OCTOBER 1995

AT STIRLING ROYAL INFIRMARY

Tutors: Mr Andrew Baxter, F.R.C.S., Professor George G. Browning, M.D., F.R.C.S., Mr Alastair M. Pettigrew, F.R.C.S.

The Courses are primarily designed for otologists in training but they will be of interest to more experienced surgeons. Tutorials on otological techniques and results together with histopathology of the temporal bone will complement the main component of the course which is supervised dissection of the temporal bone.

The Courses are provided for training in the UK.

Further details from:  
Mr Alastair M. Pettigrew, F.R.C.S.,  
Stirling Royal Infirmary,  
Stirling FK8 2AU,  
United Kingdom.  
Tel: 01786-434000 Ext. 401; Fax: 01786-450588

TWJ FOUNDATION  
 THE TRUSTEES OF THE TWJ FOUNDATION  
 INVITE APPLICATIONS  
 for  
 AN OTOLOGICAL RESEARCH AND CLINICAL FELLOWSHIP  
 at  
 THE COLEMAN LABORATORY, SAN FRANCISCO  
 IN THE UNIVERSITY OF CALIFORNIA  
 for  
 SIX MONTHS DURING 1996

The main emphasis will be on research projects in the Coleman Laboratory under the supervision of Professor Michael Merzenich but the holder will also have the opportunity to observe clinical work in the Department of Otolaryngology as the appointment has the approval of Dr Schindler.

Applicants must be Fellows of one of the Royal Colleges of Surgeons and a Senior Registrar in Otolaryngology in an appointment recognized for Higher Surgical Training in the United Kingdom or the Republic of Ireland.

Further details concerning applications should be obtained now from

The Trustees of the TWJ Foundation,  
 c/o Mr David Wright,  
 Mount Alvernia Hospital,  
 Harvey Road,  
 Guildford, Surrey,  
 GU1 3LZ

The closing date for formal applications will be Wednesday, 12 April 1995

IIIrd INTERNATIONAL SYMPOSIUM

“TRANSPLANTS AND IMPLANTS IN OTOLOGY”

BORDEAUX, FRANCE, 10–14 JUNE 1995  
 second announcement — Call for papers

Languages of the Symposium: English and French  
 Simultaneous interpretation service is planned to be provided

The scientific programme for this meeting will include plenary sessions (conferences and panels) and free papers presentations on all aspects of transplants and implants in otology.

*Main topics will be:*

Basic sciences (various materials, bio-integration, biocompatibility . . .) — External ear reconstruction (surgery, prostheses . . .) — Allografts (legal problems, viral transmission . . .) — Ossiculoplasties — External auditory canal reconstructions and mastoid obliterations — Implantable hearing aids (B.A.H.A., middle ear . . .) — Electrical stimulation (cochlear implants, brain stem implants . . .).

Further details about the meeting, including information about hotel reservations, will be available from the address below:

PROFESSOR MICHEL PORTMANN  
 Institut G. Portmann—114 avenue d'Arès—F 33074—BORDEAUX CEDEX—France  
 Tel: 33/56 24 30 15; Fax: 33/56 96 13 17

**THE LONDON COURSE FOR  
LASER APPLICATIONS IN  
OTOLARYNGOLOGY**

---

**THURSDAY 23 MARCH and FRIDAY 24 MARCH 1995**

**THE ROYAL LONDON HOSPITAL, LONDON**

**ORGANIZERS: M. G. DILKES, G. S. KENYON**

*A TWO DAY COURSE IN SURGICAL LASERS AND PHOTODYNAMIC THERAPY  
FOR OTOLARYNGOLOGISTS—  
HEAD AND NECK SURGEONS OF ALL GRADES.*

---

THE CLINICAL ASPECTS OF SIX DIFFERENT LASER MODALITIES USED IN THE HEAD AND NECK WILL BE DISCUSSED. EXPERTS FROM ALL OVER THE U.K. HAVE BEEN INVITED TO SPEAK.

**Further information from:  
Mrs R. P. Doyle,  
Department of Otolaryngology,  
The Royal London Hospital,  
Whitechapel,  
London E1 1BB, UK  
Tel: 071 377 7430.**

**Fee: £250 to include lunch, banquet and refreshments.**

## ANNOUNCEMENT

## 13TH INTERNATIONAL COURSE IN FUNCTIONAL CORRECTIVE NASAL SURGERY

25 JUNE THROUGH 30 JUNE 1995

UTRECHT, THE NETHERLANDS

## Information:

Prof. Dr. E. H. Huizing

Department of O.R.L., University Hospital Utrecht

P.O. Box 85500, 3508 GA Utrecht

The Netherlands

Tel: 32-30-506645; Fax: 32-30-541922

## THIRD INTERNATIONAL ADVANCED SINUS SYMPOSIUM

AUGUST 14 TO 19, 1995

THE GREAT BARRIER REEF, CAIRNS, AUSTRALIA

## The Secretariat:

P. O. Box 235,

North Balwyn Vic. 3104,

Australia

Telephone: (61) 3 859 6899

Fax: (61) 3 859 2211

## THE CLEVELAND REVISION COURSE

IN

## OTOLARYNGOLOGY, HEAD AND NECK SURGERY

21st-25th AUGUST 1995

COURSE ORGANISER: MR. L. M. FLOOD

This five-day course is presented as a revision aid to candidates for higher surgical examination, especially Fellowship, in the speciality. The intensive programme will include:

- ★ Twice daily lectures
- ★ Case presentations by delegates
- ★ A daily slide quiz
- ★ Training in viva voce skills
- ★ Simulated clinical examination
- ★ Survival skills when all else fails

This introductory week will then be supplemented by provision of a syllabus and an essay correspondence course as a continuing aid to revision.

There is no charge for tuition. A small deposit on booking will be refunded at registration. Discounted hospital or local hotel accommodation is available.

To ensure individual tuition the number of participants is limited and early application is vital.

*Further details from:*

Mr. L. M. Flood, F.R.C.S.

The Forge, Kirby Lane, Kirby in Cleveland TS9 7AL.

Tel: 0642 710107

# Instructions to Authors

**Review Articles.** Articles of this type, preferably not exceeding 3,000 words will be considered but the author(s) are expected to be a recognised authority on the topic and have carried out work of their own in the relevant field.

**Historical Articles.** Articles of this type are generally encouraged, but it is obvious that they have to provide some new information or interpretation, whether it be about a well-known person or for example an instrument associated with him, but those from within a Hospital's own department who have made a hitherto less well-known contribution would be welcome.

**Letters to the Editor.** This feature has been re-introduced to give those who wish to comment about a paper previously published within the Journal, an opportunity to express their views. Wherever possible, the original author is asked to add his further comment, thereby adding to the value of the contribution. Such letters should be sent as soon as possible after publication of each month's issue of the Journal in the hope of including them early thereafter.

'Mini-papers', such as those which appear in the British Medical Journal, Lancet, or New England Journal of Medicine, will not be acceptable except on the rare occasion that they bring information of immediate interest to the reader.

**Pathology.** Articles which are of pathological interest with particular emphasis on the way the diagnosis was achieved now appear on a monthly or bimonthly basis. It is hoped that clinicians will involve their pathologists in these reports, and all illustrations must be of first-class quality. Where a department, particularly those overseas, may not have such specialized facilities, it may be possible, if a block or several unstained sections are provided for our Adviser to produce or supplement the illustration submitted. Only contributions of particular pathological interest will be accepted.

**Radiology.** Short reports on cases in which the radiology has been crucial in the making of the diagnosis or the management of a particular case now appear on a monthly or bimonthly basis. This spot is to encourage clinicians and radiologists to produce material of particular interest in the specialty and to encourage co-operation in this field. Only presentations with first-class illustrations can be accepted and these must emphasise a problem of unusual clinical interest.

**Short Communications.** This feature will be used on an occasional basis. Examples of material suitable for inclusion under this title would be, for example: a piece of work which was of clinical interest but had failed to produce findings which were of statistical significance; where an investigative technique has been applied to an allied field, not warranting a further in-depth description of its earlier application and methodology.

'**Silence in Court**'. Articles on medicolegal topics are welcome but a preliminary letter written beforehand is requested to ensure that the contribution would be appropriate.

## Check List for Authors/Secretaries

1. Title page—Titles should be short with names of the authors, higher degrees only and the city/country. Details of the departments in which the authors work should be put lower down.  
An address for correspondence should be supplied together with the author who should receive this; this will ultimately appear beneath the list of references. If the paper was presented at a meeting, the details of this must be given and will be inserted at the bottom of the first page of the printed script.
2. Abstract—No paper will be accepted without this and it adds considerably to the Editor's time to have to write and request this if the paper is accepted.
3. Key Words—only those appearing as Medical Subject Headings (MeSH) in the supplement to the Index Medicus may be used; where appropriate word(s) are not listed those dictated by common sense/usage should be supplied.
4. To follow the instructions to Authors with the way in which the paper is set out. It is preferred that each section should start on a fresh page with double spacing and wide margins.
5. References must be in the Harvard system; to submit a paper using the Vancouver system is automatically to have it returned or rejected.
6. Two sets of illustrations must be included, one of half-plate size and the other with the width of 80 mm. Illustrations must be clearly labelled with the author's name on the reverse side and where appropriate with an arrow to give orientation.
7. Authors to check manuscript and references to see that these match up particularly for dates and spelling.
8. Title of Journals must be given in full with the date, volume number and first and last pages.
9. Consent to be obtained from a patient if a photograph of their face is to be reproduced.
10. If the author to whom correspondence is to be directed changes his address, he should let the Editorial Office know as soon as possible.
11. Page proofs will normally be sent out one month in advance and must be returned as soon as possible.
12. Authors should provide a Facsimile number (FAX) whenever possible to speed communication. The FAX number of the Editorial office is 0483 451874.
13. Manuscripts with tables only may be retransmitted by FAX; those with graphic or visual illustrations, e.g. graphs, X-rays, pathology, electrical records (ENG, BSER etc) must continue to be sent by post as the quality of reproduction does not give sufficient accuracy of detail.

# The Journal of Laryngology and Otology

Vol 109

February 1995

<b>Editorial</b>	95
<b>Main Articles</b>	
Hearing loss and pigmentary disturbances in Waardenburg syndrome with reference to WS Type II: <i>X. Liu, V. Newton, A. Read</i>	96
An alternative to regular dressings for otitis externa and chronic suppurative otitis media?: <i>A. D. Wilde, J. England, A. S. Jones</i>	101
Occupational rhinitis—possible mechanisms of pathogenesis: <i>A. R. Welch, J. P. Birchall, F. W. Stafford</i>	104
Diagnostic imaging of the larynx: autofluorescence of laryngeal tumours using the helium-cadmium laser: <i>M. LL. Harries, S. Lam, C. MacAulay, J. Qu, B. Palcic</i>	108
CO <sub>2</sub> -laser therapy for carcinoma of the larynx: <i>K. E. Outzen, P. Illum</i>	111
The treatment of node negative squamous cell carcinoma of the postcricoid region: <i>A. S. Jones, R. D. McRae, D. E. Phillips, J. Hamilton, J. K. Field, D. Husband</i>	114
Squamous cell carcinoma of the posterior pharyngeal wall: characteristics compared with the lateral wall: <i>L. Barzan, S. Barra, G. Franchin, R. Talamini, G. Zanelli, G. Caruso, A. Maione, M. Pin, D. Politi, C. Gobitti, E. Minatel, G. M. Trovò, R. Comoretto</i>	120
Soft tissue sarcomas of the head and neck associated with surgical trauma: <i>M. D. Dijkstra, A. J. M. Balm, R. T. Gregor, F. J. M. Hilgers, B. M. Loftus</i>	126
<b>Audit Article</b>	
An audit of the management of acute otitis externa in an ENT casualty clinic: <i>S. Ali Raza, S. W. Denholm, J. C. H. Wong</i>	130
<b>Short Communications</b>	
A modification to the brow incision for access to the anterior skull base and paranasal sinuses: <i>N. J. P. Beasley, N. S. Jones</i>	134
The Jepson whistle: a simple device for laryngectomees: <i>R. H. Jepson, D. J. Alderson, R. T. Clegg, A. J. Parker</i>	137
<b>Clinical Records</b>	
Branchial cyst of the nasopharynx: resection via the endonasal approach: <i>Y. Tamagawa, K. Kitamura, M. Miyata</i>	139
An unusual case of laryngeal pseudotumour: <i>S. T. Anstey, J. Marais, W. Wallace</i>	142
Penetrating laryngeal injury: two case reports from Bosnia: <i>G. K. Banfield, C. R. Chowdhury, R. Brookstein</i>	144
Rhabdomyoma of the larynx: a review of the literature with a summary of previously described cases of rhabdomyoma of the larynx and a report of a new case: <i>E. C. J. Johansen, P. Illum</i>	147
Actinomycosis of the vallecula: report of a case and review of the literature: <i>R. Thomas, M. Kameswaran, S. Ahmed, P. Khurana, N. Morad</i>	154
An unusual presentation of squamous cell carcinoma of the pyriform fossa as a pedunculated polypoidal mass—a case report: <i>M. Singh, H. Ahluwalia</i>	157
Intraoperative herniation of a tracheostomy tube cuff: <i>Y. Bar-Lavie, A. Gatot, F. Tovi</i>	159
Successful management of tracheo-innominate artery fistula using interposition of a thymus pedicle flap: <i>R. Nakanishi, A. Shimazu, T. Mitsudomi, T. Masuda, T. Osaki, S. Onimura, A. Shigematsu, T. Sata, H. Urano, K. Yasumoto</i>	161
A leaking aortic aneurysm presenting as a recurrent neck swelling: <i>M. El-Naggar, L. Flood</i>	163
<b>Pathology in Focus</b>	
Polycystic disease of salivary glands: <i>D. J. McFerran, D. R. Ingrams, A. P. Gallimore, H. R. Grant</i>	165
Chondrosarcoma of the larynx: <i>V. N. Koka, F. Veber, J-F. Haguët, O. Rachinel, C. Freche, M-D. Liguory-Brunaud</i>	168
<b>Abstract Selection</b>	171
<b>General Notes</b>	175