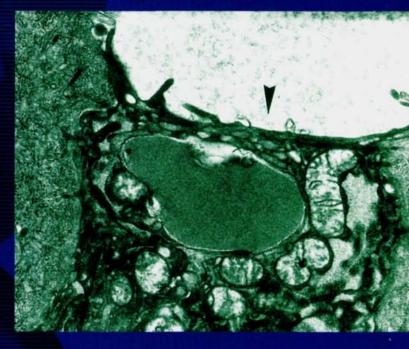
July 1996

The Journal of

Laryngology & Otology

Morrell Machanata & Norris Welfanile



features:

Clinical, genetic and audiological study of unilateral vestibular schwannomas

Analysis of CT scanning referrals for chronic rhinosinusitis

Coherence analysis of EEG changes during odour stimulation in humans

Cryoglobulinaemia and septal perforation

Edited by Neil Weir

Assistant Editors Carol Wengraf, Richard Ramsden, David Proops, Valerie Lund, Henry Grant, Andrew Jones, Guy Kenyon, Michael Rothera, Martin Bailey, Liam Flood, Patrick Bradley & Nick Jones

Emeritus Advisor in Pathology Imrich Friedmann

Advisors in Pathology Brian Manners, Christopher Milroy & Lesley Smallman

Advisor in Audiology Linda Luxon

Advisors in Radiology Glyn Lloyd & Peter Phelps

Advisors in Statistics Anthony Hughes, Peter Kelly & Janine Gray

Production Editors Gillian Goldfarb & Jennifer Almond



VERTIGO CONTROL



N O N - S E D A T I V E^{*} C O N T R O L

SERC PRESCRIBING INFORMATION Presentation A white, flat round tablet imprinted '267' on one face, 'OUPHAR' 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 https://doi.org/10.1017/Soldulits (isocluding:ibg=ai/de/sh/): helfally and tablet there times faily, taken preferably with meals. 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 asthma. The usual precautions should be observed when administering Serc

Serc-16 betahistine 16mg

FOR VERTIGO due to Ménière's syndrome

to patients in pregnancy. Side-effects: Relatively few side-effects have been reported, they include gastro-intestinal upset, (includin dyspepsia), headache, skin rash and pruritus. Legal Category POM Further information is available from the product licence holder: Solva Healthcare Limited, Hamilton House, Gaters Hill, West End, Southampton Solls 3JD. Tel: 01703 472281. A member of the Solvay Group Date of preparation: March 1996. © Registered trade man *Aantaa E. Acta Otolaryngol (Stockh) 1991; Suppl.479: 44-47.



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, DAVID PROOPS, VALERIE LUND, HENRY GRANT, ANDREW JONES, GUY KENYON,

MICHAEL ROTHERA, MARTIN BAILEY, LIAM FLOOD, PATRICK BRADLEY & NICK JONES

Production Editors GILLIAN GOLDFARB & JENNIFER ALMOND

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 3 210 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) Title page-Titles should be short with names of the authors, higher degrees only. 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. Any change of address should be notified. 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 printed script.

(b) 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. No paper will be accepted without an abstract.

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

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

(f) 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 60 mm One set of illustrations of indiatable fore, 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. Consent to be obtained from a patient if a photograph of their face is to be reproduced.

(g) Measurements must be in metric units, with Système Internationale (SI) equivalents given in parentheses.

(h) 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-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 e.g. 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.

() Drugs-The proper names of drugs must be used. One reference can be made to the brand name if it is felt to be important to the study.

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.

(1) 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.

 Orders for reprints must be sent when returning page proofs, and for this purpose special forms are supplied.
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 (01483 451874).

6. The annual subscription is £100.00 Institutions & Libraries US\$230.00; £85.00 Individuals US\$195,50; £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 reques

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

Instructions for Occasional Articles

Review Articles. Articles of this type, preferably not exceeding 3,000 words will be considered but the author(s) are expected to be a recognized authority on the

Historical Articles. Articles of this type, prehability not exceeding 3,000 while will be considered but the adultity are expected to be a recognized adultity of 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.

Audit Articles. Articles should be of general audit interest-not specifically departmental. It should always be demonstrated that the 'audit cycle' has been completed.

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

Shere in Court . And is on medicing to prove but a preliminary letter written beforehard is requested to ensure that the controlution would be appropriate. 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. Radiology in Focus. 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 a monthly or biometrial before the base of the ordinal basis or the management of a particular case now the making of the diagnosis or the management of a particular case now the making of the diagnosis or the management of a particular case now the superior and methodologic the ordinal base of the diagnosis or the management of a particular case now the superior and methodologic the ordinal base of the diagnosis or the management of a particular case now the product and the ordinal base of the ordinal base of the ordinal base of the ordinal base of the diagnosis or the management of a particular case now the product of the ordinal base of the o

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 emphasize a problem of unusual clinical interest. encourage co-operation in this field. Only presentations with first-class illustrations can be accepted and these must emphasize a problem of unusual clinical interest. **Pathology in Focus.** 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. **Oncology in Focus.** This new feature is for papers concerned with oncological treatment and investigation. **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.

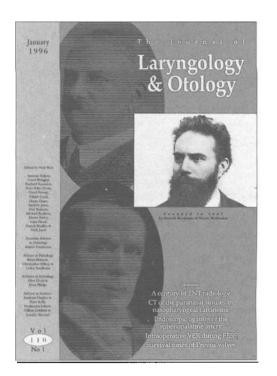
HEADLEY BROTHERS LTD, THE INVICTA PRESS, ASHFORD, KENT

© Journal of Laryngology and Otology Ltd., 1996 ISSN 0022-2151

Periodicals Postage Paid at 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.

EVERY MONTH... THE BEST IN ENT



The Journal of Laryngology and Otology was the first British journal in the ENT field. Since 1887, it has remained the definitive information resource for surgeons, consultants and students. The Journal is run as a charity to promote education and knowledge in all spheres of Laryngology, Rhinology, Otology and related fields.

The JLO is very much an international journal with contributors from around the world and readers from over 80 countries.

The JLO contains main Articles, case reports and short communications from all over the world. Other contents include the quarterly book review, selected abstract service, and every ten years there is a comphrehensive index issue published. By subscribing to the JLO, you not only gain everyday access to this valuable source of information, but also assist in the promotion of excellence in the ENT domain.

<u>The</u> Journal of Laryngology and Otology

I wish to subscribe to the JLO for
one year (12 issues) 1996

----ORDER FORM ------

Please tick one:

Standard Rate £85

Standard Rate U.S. \$195.50

Registrars, residents and interns Rate £45 (with confirmation of status from head of department)

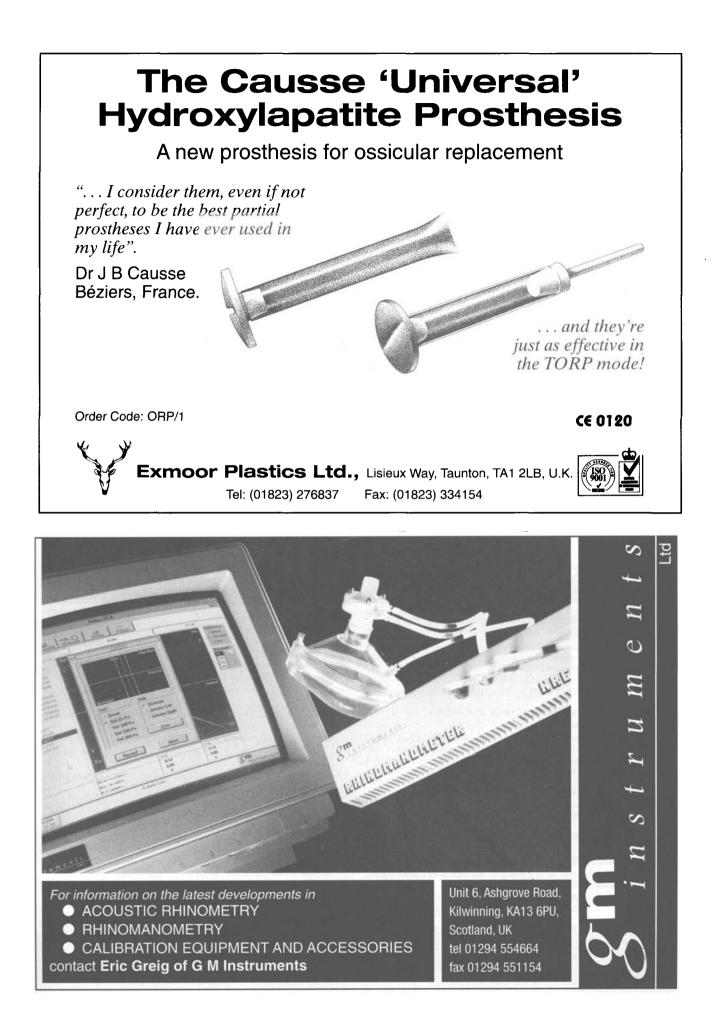
Bill me

Cheques must be in pounds sterling or US dollars drawn on a US bank payable to Headley Brothers Ltd.

Name:	me:	
Address:		
City:	Postal Code	
Country	:	
Grade:		
Mail to:	Subscription Department Journal of Laryngology and Otology Headley Brothers Ltd The Invicta Press Ashford, Kent TN24 8HH ENGLAND	

or Fax to: +44 1233 612345

JLO/JUL 96,



Laryngology & Otology Publications

Available from the Publishers and from Agents throughout the world.

Prices include postage and packing.

The Journal of Laryngology and Otology

Edited by John B. Booth

A leading international journal, published monthly and containing original scientific articles and clinical records in all fields of Otology, Rhinology and Laryngology. Including occasional supplements. Founded in 1886.

Annual subscription for 1990 (calendar year): £70.00 Agents £65.00 (U\$\$175.00 Agents \$162.50); Students rate £40.00 I\$\$\$N 0022 2151

Supplements still available separately.

Traité de L'Organe de L'Ouïe

by Nehemiah Asherson

This Bibliography of one of the earliest accurate descriptions of the organ of hearing, which first appeared in 1683, represents the culmination of a lifetime of historical research. It includes a biographical section on Du Verney, the author of the 'Traité'.

Pp 110 ISBN 0 7186 0447 4

Retail £7.00 Agents £6.12 (US\$14.00 Agents \$12.25)

The ENT Surgeon looks at the Orbit

by D. F. N. Harrison

This supplement records in some detail Professor Harrison's 'personal experience over a period of 20 years dealing with a wide variety of clinical conditions in which entry into the orbit was a desirable or essential part of treatment'. Pp 42 Printed 1980

Retail £4.00 Agents £3.50 (US\$8.00 Agents \$7.00)

Tinnitus

Chairman: Abraham Shulman

The Proceedings of The First International Tinnitus Seminar, which was held in New York in June 1979. Practically all the original papers are reproduced in full, and there are edited versions of all the Panel Discussions. The contributions, from an international group of experts, give comprehensive coverage to a subject of great current interest and importance.

Pp 216 Printed 1981

Retail £10.00 Agents £8.75 (US\$20.00 Agents \$17.50)

20 Years Experience with Homografts in Ear Surgery by Christian Betow

The author, a professor of Otolaryngology in West Berlin, gives a full account of his pioneering development of homograft materials in reconstructive surgery of the middle ear.

Pp 28 Printed 1982

Retail £4.00 Agents £3.50 (US\$8.00 Agents \$7.00)

Laryngology Applied to Singers and Actors

by Norman A. Punt

This fascinating monograph fills an obvious void in laryngological literature. The author, eminent in the field of vocal problems in theatre and opera house, writes with understanding, knowledge and concern. When mixed with valuable advice and useful prescriptions, this monograph will serve to guide all who find themselves called upon to help these most sensitive individuals. Pp 24 Printed 1983

Retail £4.00 Agents £3.50 (US\$8.00 Agents \$7.00)

Experimental and Clinical Studies in Otitis Media with Effusion

by Jamsheed A. Khan

An experimental and clinical study on the effects of Carbocisteine on fluid in the middle ear. Pp 28 Printed 1983

Retail £4.00 Agents £3.50 (US\$8.00 Agents \$7.00)

Proceedings of the Sixth British Academic Conference in Otolaryngology

Edited by John Ballantyne and John Booth

Pp 134 Printed 1983

Retail £5.00 Agents £4.50 (US\$10.00 Agents \$7.50)

Second International Tinnitus Seminar

Chairman: Abraham Shulman

A comprehensive study of the problems and treatment of tinnitus. Pp 323 Printed 1984

Retail £20.00 Agents £17.50 (US\$40.00 Agents \$35.00)

Forensic Audiology

by Chuang Wei Ping

A clear concise and practical guide to industrial hearing damage by a barrister/physician. This is an unusual and highly specialised aide memoire for the personal injuries practitioner, well illustrated with recent case law. A commendable enterprise by the author. Pp 57 Printed 1986

Retail £7.00 Agents £6.12 (US\$14.00 Agents \$12.25)

The Acute Orbit

Preseptal (Periorbital) cellulitis subperiosteal abscess and orbital cellulitis due to sinusitis.

by J. R. Moloney, N. J. Badham and A. McRae

Pp 18 Printed 1987

Retail £7.00 Agents £6.12 (US\$14.00 Agents \$12.25)

Nasal Mast Cells: A Preliminary Report on their Ultrastructure

by A. B. Drake-Lee, F.R.C.S.

The ultrastructural morphology of mast cells in the nose and the adenoids are compared. Normal cells have a very varied morphology with electron dense granules which have scrolls occasionally. Cells from patients with perennial allergic rhinitis show variable degranulation in all areas examined. Few cells were seen in the surface epithelium. Cells from the adenoids had different degrees of degranulation which suggests that mast cell reactions are not a constant feature.

Pp 17 Printed 1987

Retail £10.00 Agents £8.75 (US\$20.00 Agents \$17.50)

Surgical Anatomy of Structures Adjacent to the Thyroid Apex and Post-operative Voice Change (A Review Including Dissection)

by K. L. Yerzingatsian, F.R.C.S.

Pp 13 Printed 1987

Retail £10.00 Agents £8.75 (US\$20.00 Agents \$17.50)

Inferior Meatal Anstrostomy Fundamental Considerations of Design and Function

by Valerie Joan Lund, M.S., F.R.C.S.

Pp 18 (Contains 12 × 4 colour illustrations) Printed 1988 Retail £15.00 Agents £13.12 (US\$30.00 Agents \$26.25)

Surgical Management of the Discharging Mastoid Cavity by R. P. Mills, M.Phil., F.R.C.S.

Pp 6 Printed 1988

Retail £10.00 Agents £8.75 (US\$20.00 Agents \$17.50)

Acquired Subglottic Stenosis

by John M. Graham, F.R.C.S.

Pp 48 Printed 1988

Retail £12.00 Agents £10.50 (US\$24.00 Agents \$21.00)

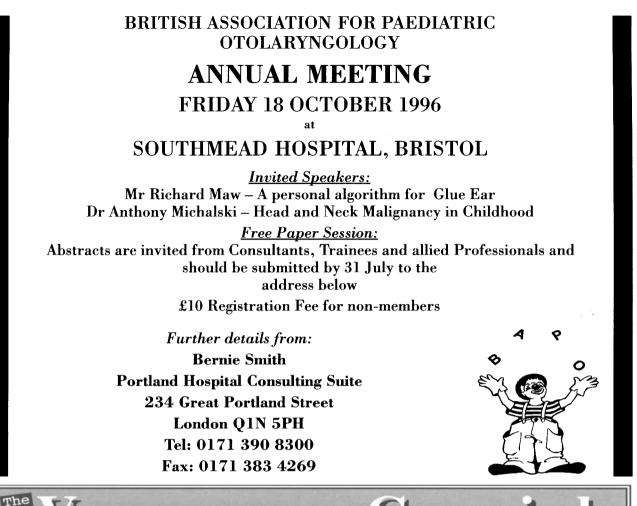
The University College Hospital/Royal National Institute for the Deaf Cochlear Implant Programme Pp 57 Printed 1989

Retail £15.00 (US\$30.00) Agents £13.12 (US\$26.25)

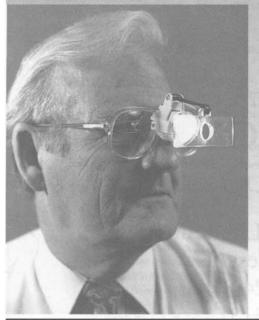
Place-pitch and vowel-pitch comparisons in cochlear implant patients using the Melbourne-Nucleus cochlear implant

by Charles K. Pauka

Pp 31 Printed 1989 Retail £12.00 (US\$24.00) Agents £10.50 (US\$21.00)



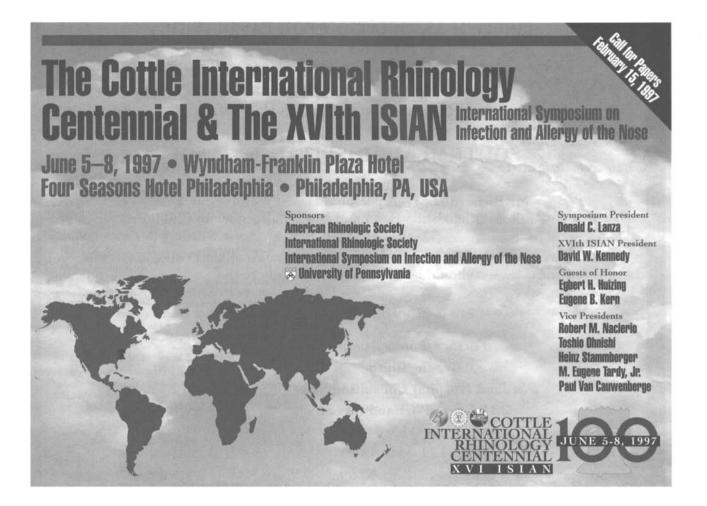




makes light of those LITTLE problem areas. by providing:

- EYE-ALIGNED ILLUMINATION OF 12,000 LUX AT ONLY 85g.
- BELT CLIP BATTERY AND COMPLETE MOBILITY.
- CONTINUOUS USAGE CAPABILITY.
- VARIABLE MAGNIFICATION OF X1.5, X1.75 AND X2.25
- EYE STRAIN AND FATIGUE RELIEF.
- LOW COST AND CONVENIENCE.
- PRESCRIPTION LENSES IF REQUIRED.
 - AVAILABILITY IN EITHER BLACK OR WHITE.
- IDEAL FOR USE IN THEATRE, CLINIC, WARD, CONSULTING ROOM, EMERGENCY AND DOMICILIARY CALLS.

G A R T HJ E S S A M I N EH E A L T HC A R EUnit 5. The Courtyard, Matthewsgreen Farm, Matthewsgreen Road, Wokingham, RG41 1JX Telephone: (01734) 786916. Facsimile: (01734) 774064



For Advertisement Rates and Space in this Journal apply to

The Advertisement Manager

THE JOURNAL OF LARYNGOLOGY AND OTOLOGY

Headley Brothers Limited The Invicta Press Ashford Kent TN24 8HH Tel: (01233) 623131 Fax: (01233) 612345, 641471, 622704



. . . a development of the Bone Anchored Hearing Aid.

BAHA Classic 300

The updated BAHA has three main improvements:

The first is the development of a continuous base tone control which has flexibility to cover the frequency response range of the four previous models.

The second improvement is the adoption of ABS plastic for the hearing aid casing which offers a more aesthetic moulded design, greater strength and colour stability.

THE BAHA CLASSIC 300 ALSO COMES WITH A FIVE YEAR WARRANTY

Indications for the BAHA

• Chronic Otitis Media - with conductive or mixed hearing loss where the use of air conduction devices is contraindicated.

• Congenital Malformation - of the external or middle ear where an air conduction hearing aid cannot be used or is contraindicated.

Otosclerosis - in some cases.

For further information contact Michael Mercer on tel. +44 (0) 1895 430650.

Nobel Biocare



XVI Congress of the European Rhinologic Society XV International Symposium on Infection and Allergy

1996

of the Nose VIII Congress of the International Rhinologic Society Ghent, Belgium September 8-12, 1996

preceded and followed by symposia and courses on rhinology

The official language of ERS/ISIAN/IRS will be English President: P. Van Cauwenberge (B)

Vice-Presidents: B. Bertrand (B) - P. Clement (B) E. Kem (USA) - M. Tos (DK) Secretary General: K. Ingels (B) Guest of Honour: M. Okuda (J)

For information. contact:

Secretariat ERS/ISIAN/IRS 1996 Semico N.V. Lange Kruisstraat 12 D 9000 Ghent, Belgium Telephone +32-9-233 86 60 Fax +32-9-233 85 97 E-mail: info@semico.be



Singapore General Hospital

At the Singapore General Hospital, we aim to provide cost-effective medical care of the highest standard and thereby maintain the trust and respect of each and every patient. It is a challenge which calls for a team of dedicated professionals with the desire to excel beyond.

We invite suitably qualified candidates for appointment in the DEPARTMENT OF **OTOLARYNGOLOGY** as:



The Department of Otolaryngology is responsible for the whole general spectrum of Otolaryngological Services as well as their subspecialties. There are also comprehensive Audiovestibular services available.

TERMS OF APPOINTMENT

Contract period for 3 years.

QUALIFICATIONS

Candidates must possess a basic Medical Degree that is registrable with the Singapore Medical Council and recognised post-graduate qualifications, FRCS or its equivalent with 5 years post-housemanship (internship) experience.

REMUNERATION

The successful candidate can expect a competitive remuneration package which will commensurate with qualifications and experience. In addition, we offer a very comprehensive benefits package which includes:

- · Relocation expenses inclusive of air-fare, housing allowance and a one-time settling-in allowance
- 24 working days annual vacation leave
- · Medical/Hospitalisation leave and benefits
- · Personal Accident and Group Term Life insurance
- Conference leave
- · Financial assistance to attend conferences and seminars

APPLICATIONS

Applications stating full personal particulars, educational and professional qualifications, career history, present and expected salary, contact number and at least two professional references together with a non-returnable photograph should be addressed to:

The Administrator, Human Resource Division Singapore General Hospital Block 7, Level 1, Outram Road Singapore 169608

Closing Date: 30 September 1996

A TRADITION OF CARING AND EXCELLENCE



Diagnostic Audiometer

The universally well received 'K' Series continues with the release of the Kamplex KD29 Advanced Diagnostic Audiometer specifically designed and manufactured for the UK. The attractive new front panel layout combined with improved display and extended features make

the KD29 a worthy successor to the hugely successful Kamplex AD27.

Features include:

- Pure and Warble Tones
- Stenger and ABLB testing
- Binaural speech facility
- Automatic selection of speech or NB masking
- Full speech testing via gooseneck microphone or CD/tape inputs
- Accurate push button control

- Air conduction, bone conduction and free field outputs
- Automatic threshold facility with results storage
- 1 or 5dB step attenuator

Kamplex

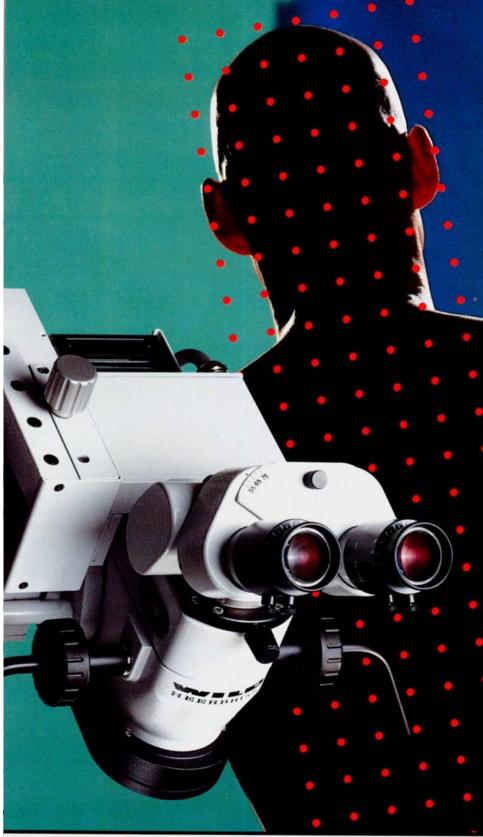
- Integral monitor loudspeaker
- Non-volatile memory calibration
- Optional carrying case

Contact our Instrument Division for Priority Demonstration by your P.C.Werth Regional Manager

Exclusively from P.C.WERTH LTD

Audiology House 45 Nightingale Lane London SW12 8SP Telephone: (0181) 675 5151 Fax: (0181) 675 7577

Top optics for top surgeons



Leica AG · CH-9435 Heerbrugg (Switzerland) · Telephone +41 71 727 31 31 · Fax +41 71 727 46 76 Leica Inc. · 24 Link Drive · Rockleigh, NJ 07647 · Telephone 800 526 0355 · Fax +1-201 767 4196



This is what specialist microsurgeons state about the new

LEICA M695 surgical microscope:

«The best image I have ever seen».

«The huge depth of field saves me a lot of refocusing».

«The tremendous 3D effect improves the sense of depth».

«With so much light I don't miss anything».

«Ideal; I can position it easily and exactly».

«With this surgical microscope I can do more for my patients».

Here's an invitation: Have a look for yourself; try out for yourself the things we can't show you here on paper.

LEICA M695 for neurosurgery.



