

General Notes

THE 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 1993

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
Courtlands, 61 Kingswood Firs
Grayshott, HINDHEAD
Surrey GU26 6ER

The closing date for formal applications will be
Saturday, 7th March 1992

OTOLARYNGOLOGICAL RESEARCH SOCIETY

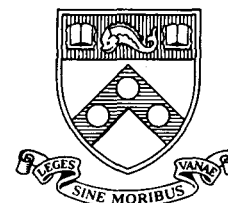
The Society was inaugurated in 1978 to further original research in the specialty. Ordinary membership is limited to those aged 55 years or under.

The Society meets biannually, usually on the first Friday in April and the first Friday in October. The autumn meeting is in London, while the venue of the April meeting rotates throughout the United Kingdom. Original research papers are selected after anonymous voting by the members of Council of the Society. About 18 short presentations of 10 mins, each followed by 5 mins discussion, are heard at each meeting.

Membership is open to those working or interested in all fields of otolaryngology and its allied sciences. The current subscription is £5.00 per annum and anyone interested in applying for membership should contact the honorary secretary:

Dr Janet A. Wilson, M.D., F.R.C.S.,
Otolaryngology Unit,
Lauriston Building,
The Royal Infirmary,
Edinburgh EH3 9EN.

UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER



Functional Endoscopic Sinus Surgery

**Dissection Course
July 9 - 11, 1992**

The course will be a full 3-day laboratory course including:

- Formal lectures
- Informal discussion
- Video presentations
- Hands-on laboratory experience

**Fees: Lecture and laboratory series \$1450
Lecture and video only \$500 (Residents \$250)**

The University of Pennsylvania reserves the right to cancel this course.

Course Directors:

David W. Kennedy, M.D.

Donald C. Lanza, M.D.

Heinz Stammberger, M.D.

S. James Zinreich, M.D.

For more information, contact:

Gwen Mallard-Winter, M.A.

University of Pennsylvania

CME, NEB-133R,

Phila., PA. USA 19104-6020

Office (215) 898-8005

Fax (215) 898-1888

THE UNIVERSITY OF NOTTINGHAM
UNIVERSITY HOSPITAL
NOTTINGHAM

ONE DAY INTENSIVE COURSE ON
ACOUSTIC NEUROMA
Friday 13 March 1992

Co-organizers: Mr Gerard M. O'Donoghue, Mr Jonathan A. G. Punt, University Hospital, Nottingham.

Guest Lecturers: Professor J. M. Sterkers (Paris), Professor L. Symon (London).

Designed to be of interest to all professionals involved in the diagnosis, treatment and after care of patients with acoustic neuromas.

Course fee £50.00.

Please send for brochure with programme and enrolment form from:
Office for Professional and Industrial Training
The University of Nottingham
University Park
Nottingham NG7 2RD

Direct lines—Tel: (0602) 792841

Fax: (0602) 501718

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 bi-monthly 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 bi-monthly 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 071-224 1645.
13. Manuscripts with tables only may be transmitted 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.

Instructions to Authors *Inside Front Cover*

Main Articles

ENT manifestations of Fraser syndrome: *G. R. Ford, R. M. Irving, N. S. Jones, C. M. Bailey* 1

Malignant external otitis: management policy: *O. El-Simily, M. Sharnuby* 5

Middle ear effusion: An orthodontic perspective: *J. R. C. Mew, G. W. Meredith* 7

Myringoplasty for the anterior perforation: experience with the Kerr flap: *J. F. Sharp, T. F. Terzis, J. Robinson* 14

The histology of 'stored' autologous ossicles: *M. Wake, J. M. Robinson, A. L. Sheehan, S. Bazerbach, B. W. Codling* 17

Bipolar diathermy or ligation for haemostasis in tonsillectomy? A prospective study on post-operative pain: *A. T. K. Choy, A. P. Su* 21

Studies on mucocoeles of the ethmoid and sphenoid sinuses: analysis of 47 cases: *H. Moriyama, T. Nakajima, Y. Honda* 23

The laryngeal mask airway in ENT surgery: *R. E. O. Daum, B. J. O'Reilly* 28

The role of endoscopic laterofixation of the vocal cord in the treatment of bilateral abductor paralysis: *H. Moustafa, A. El-Guindy, S. El-Sherief, A. Targam* 31

Immunohistochemical evaluation with Ki-67: An application to salivary gland tumours: *M. Murakami, I. Ohtani, H. Hojo, H. Wakasa* 35

Short Communications

Pre-operative nasal preparation—nasal packing and spraying compared: *R. K. Sharma, K. O. Paulose, S. Al-Khalifa, P. Shenoy* 39

Ventilatory monitoring during microlaryngeal surgery using jet insufflation anaesthesia: *A. J. Drysdale, W. J. Fawcett, T. E. Holloway, B. Moore-Gillon* 42

Clinical Records

Tinnitus related to eyelid blinking: *B. Rajah* 44

Primary gingival leiomyosarcoma: *B. Sözeri, M. Önerci, S. Hosal, S. Ruacan* 46

Rhinocerebral mucormycosis: An unusual case presentation: *A. K. Bhattacharyya, A. R. Deshpande, S. R. Nayak, M. V. Kirtane, M. V. Ingle, I. M. Vora* 48

Ossifying pleomorphic adenoma of the maxillary antrum: *K. C. Lee, J. K. C. Chan, Y. W. Chong* 50

Chondrosarcoma of the maxilla: *R. Anwar, J. Ruddy, S. Ghosh, K. M. Lavery, F. Wilson* 53

Metabolic stridor: bilateral vocal cord abductor paralysis secondary to hypokalaemia? *S. J. Moralee, P. G. Reilly* 56

True carcinosarcoma of the larynx: *J. Klijanienko, P. Vielh, P. Duvillard, B. Luboinski* 58

Sinus histiocytosis with massive lymphadenopathy (Rosai-Dorfman Disease): a rare case of subglottic narrowing: *R. G. Courtenay-Harris, M. J. Goddard* 61

Nebulized racemic ephedrine in the treatment of acute exacerbations of laryngeal relapsing polychondritis: *R. J. Gaffney, M. Harrison, A. W. Blayney* 63

Pitfalls in the follow-up of cervical and mediastinal goitres: role of CT imaging: *O. Cohen, P. Herskovitz, B. Shindell, S. Leiba, H. Hadar* 65

Aneurysmal bone cyst of the hyoid: *A. Shadaba, S. Zaidi* 71

B-Mode ultrasound demonstration of non-luminal carotid artery invasion by tumour: *R. J. Gaffney, L. Viani, D. P. McShane* 73

Abstract Selection 75

Book Reviews 85

Letters to the Editor 89

General Notes 91