

July  
1994

# 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 RHÏS 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

Vol 108  
No 7

# 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 RHÛS 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 important to the study.

(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.

(l) **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

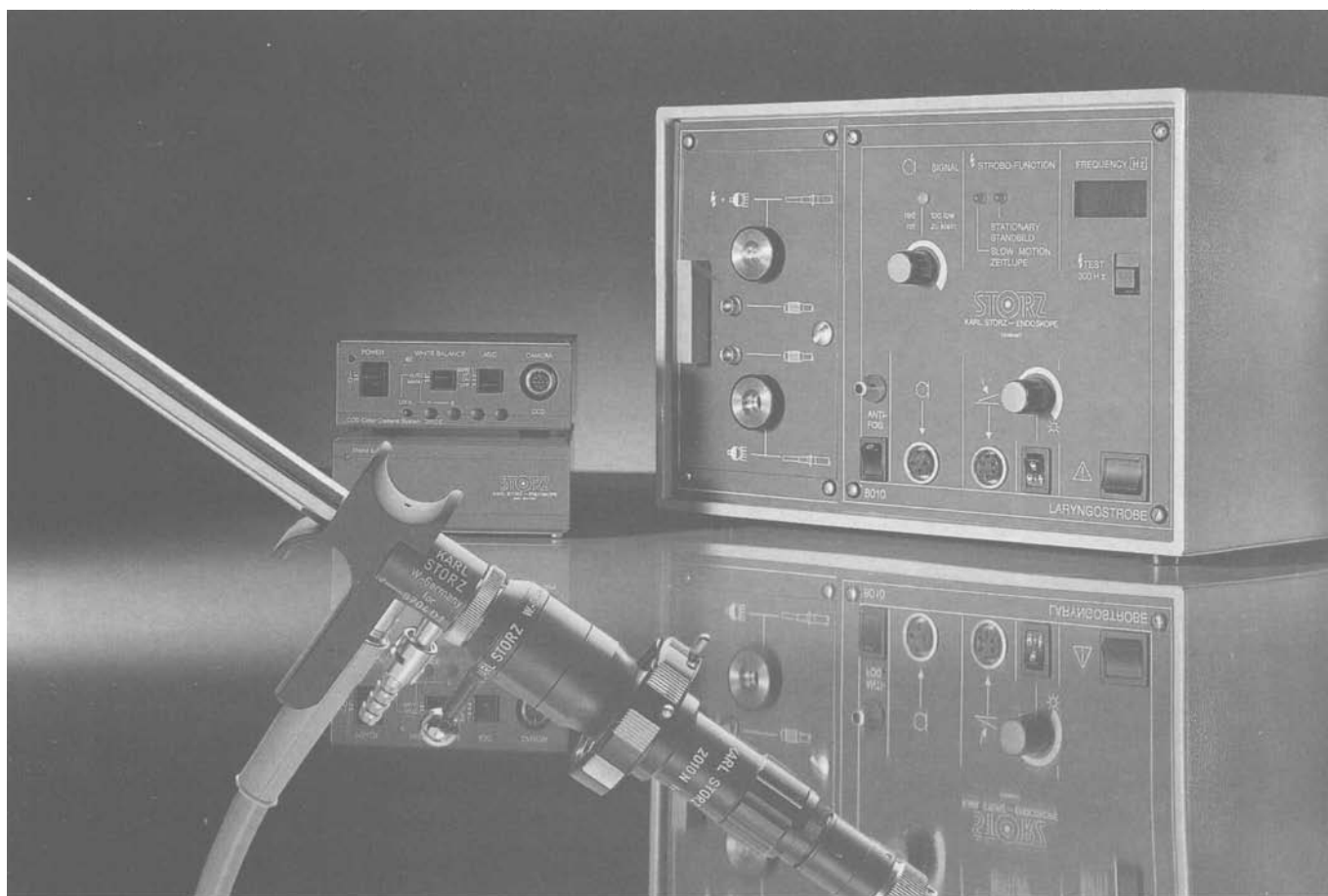
ISSN 0022-2151

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.

# Video stroboscopy



The diverse capabilities for monitoring and documentation offered by video stroboscopy make it a useful technique, both for hospital consultants and for ENT specialists in private practice. Patients can see the causes and extent of their illness, thus improving their acceptance of the therapy required. The course of an illness and the therapeutic progress can be documented without difficulty using a video-re-

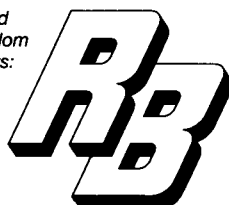
order or video-printer and then evaluated systematically. KARL STORZ can supply everything you need for video stroboscopy: perfectly matched laryngoscopes with the unrivalled quality of the HOPKINS rod-lens system; a strobe generator characterized by functionality, efficiency and easy operations; a video system specially developed to meet the requirements of video-stroboscopy.

KARL STORZ GMBH & CO.  
Mittelstr. 8, Postfach 230  
D-7200 Tuttlingen/Germany  
Cable: Endoskopie  
Phone: (074 61) 70 80, Telex: 762 656 storz d  
Teletex: 746 118, Telefax: (074 61) 70 81 05

KARL STORZ Endoscopy - America, Inc.  
10111 W. Jefferson Boulevard, Culver 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

United Kingdom agents:



**RIMMER BROTHERS**

Aylesbury House,  
Clerkenwell Green, London EC1R 0DD  
Tel: 071-251 6494

**STORZ**  
KARL STORZ - ENDOSKOPE

**For more informations please  
send me catalogue  
ENT**

---



---



---

HNO 15

## Göttingen\* Instrument Set



For laser and microsurgery of the larynx und pharynx

- Wolf has the right instrument set for the larynx specialist
- Designed for the rigours of daily routine
- Quality, ergonomic design and a common-sense approach to problems were the main considerations during development of this instrument set

\*Developed in conjunction with the Ear, Nose and Throat Department of the University Hospital Göttingen, Director Prof. Dr. W. Steiner

- Adjustable laryngo-pharyngoscope by Steiner
- Laser protectors
- Tumour grasping forceps
- Suction tube with controlled suction
- Coagulating larynx suction tube
- „Göttingen“ support bridge

For more detailed information or a demonstration, please contact us quoting Info / service no. 028.94

»worldwide« your partner for endoscopy and EPL

RICHARD WOLF U.K. Ltd. · P.O. Box 47 · Mitcham, Surrey CR4 ATT · Tel.: 081 - 640 - 3054 · Fax: 081 - 640 - 9709  
Subsidiaries in Austria · Belgium · France · Germany · USA

Month after Month,  
Cover to Cover  
*The BEST in Otolaryngology*

THE  
**Laryngoscope**  
FOUNDED IN 1896

J. Gershon Spector, M.D.  
Editor

10 So. Broadway • Suite 1401  
St. Louis, MO 63102



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**

OFFICIAL JOURNAL OF THE  
AMERICAN LARYNGOLOGICAL ASSOCIATION

1994 ANNUAL SUBSCRIPTION RATES

	RESIDENT*	INDIVIDUAL*	INSTITUTIONAL
US	<input type="checkbox"/> \$52.00	<input type="checkbox"/> \$ 99.00	<input type="checkbox"/> \$148.50
FOREIGN	<input type="checkbox"/> \$64.00	<input type="checkbox"/> \$119.00	<input type="checkbox"/> \$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



Mail to or call:  
ANNALS PUBLISHING CO  
4507 LACLEDE AVENUE  
ST LOUIS, MISSOURI 63108  
(314) 367-4987  
FAX (314) 367-4988



- MONTHLY ISSUES • SUPPLEMENTS
- PEER REVIEWED • CLINICAL AND RESEARCH
- IMAGING CASE STUDIES • PATHOLOGY CONSULTATIONS
- LETTERS TO THE EDITOR • BOOK REVIEWS

# VERTIGO

# CONTROL



## NON-SEDATIVE\* CONTROL

# Serc-16<sup>®</sup>

betahistine 16mg

## FOR VERTIGO due to Ménière's syndrome

\*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): Initially one tablet three times daily, taken preferably with meals.

**Maintenance dose:** 24-48mg daily. **Children:** No dosage recommendations are made for children. **Contra-indications, Warnings, etc.** **Contra-indications:** Pheochromocytoma. **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 to patients in pregnancy. **Side-effects:** Relatively few side-effects have been reported, they include gastro-intestinal 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, Southampton SO18 3JD. Tel: 0703 472281. A member of the Solvay Group. **Date of preparation:** May 1994

