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1998

The Journal of
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& Otology**

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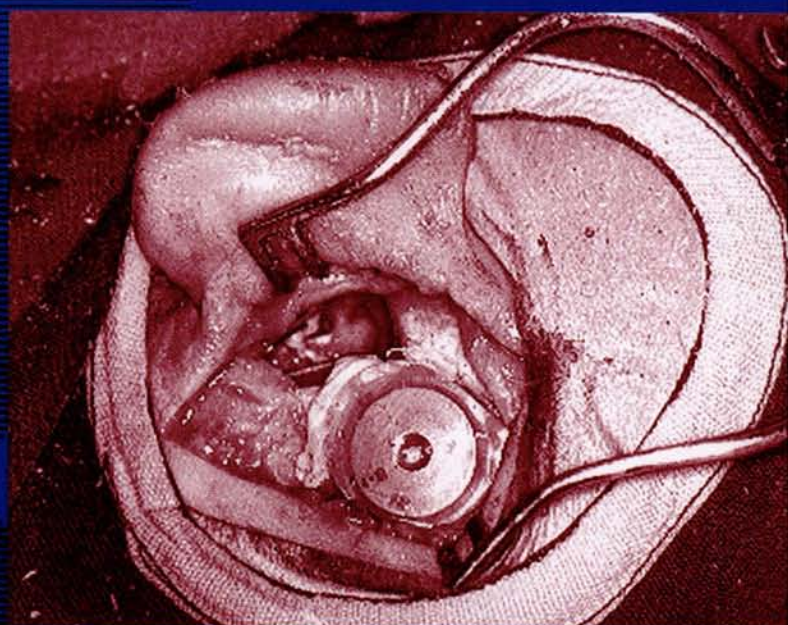
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V o l

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No 6



features:

The molecular genetics of inherited
deafness

Cochlear implantation under local
anaesthesia

Microsurgical technique in thyroid
surgery

Invasive laryngeal candidiasis

Tuberculosis of the parotid gland

SECTIONS OF LARYNGOLOGY & RHINOLOGY AND OTOTOLOGY

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The ROYAL
SOCIETY of
MEDICINE

Joint Summer Meeting of the Sections of Laryngology & Rhinology and Otology at the Belfry Hotel, Oxford



Friday 26 June 1998

Recent Advances in Imaging

All day meeting

Laryngology & Rhinology

Dr Paul Matthews, Oxford
Dr Stephen Golding, Oxford
Dr Andy Molyneux, Oxford
Dr Philip Anslow, Oxford

Otology

Professor Jan W Casselman, Brugge, Belgium
Professor Michael J Gleeson, London
Professor Alan Jackson, Manchester
Dr J E Gillespie, Manchester

Specialist Registrars are encouraged to submit poster presentations (3 slides maximum, deadline for submissions: Friday 15 May 1998). Presentations will be made during the Friday meeting, and a prize will be awarded for the best presentation. The inclusive package includes accommodation on the Friday night at the Belfry Hotel and an evening cruise on the River Thames for dinner and dancing. Depart after breakfast Saturday 27 June.

For information please contact:

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INSTRUCTIONS FOR AUTHORS

1. Original Articles which have not been published elsewhere are invited and should be sent to the Editors. Articles should not normally exceed 7,500 words. Audit articles must demonstrate that the 'audit cycle' has been completed. Articles concerning medico-legal matters are also welcome. Longer articles or theses will be considered for publication as *Supplements* but, in such instances, the costs of publication must be met by the authors or their employing authorities.

2. Review Articles, preferably not exceeding 3,000 words, will be considered but the authors are expected to be recognized authorities on the subject.

3. Historical articles of well known characters or events should provide some new information or interpretation: those from within a Hospital's own department highlighting a hitherto less well known contribution are also welcome.

4. Short reports where radiology, pathology or medical oncology have been critical in diagnosis or management will be published on a monthly or bimonthly basis under the headings Radiology, Pathology or Oncology in Focus. Such articles should not normally be longer than 4 pages of A4 text (excluding title page and references) and must emphasise a problem of particular clinical interest. The pathologist, radiologist or oncologist who has been involved will normally be expected to be a co-author and will be expected to sign the covering letter submitted with the paper.

5. Clinical Records (Case Reports) should be brief (as with short reports, no more than 4 pages of A4 text) and should be confined to single cases without precedent in the world literature or to cases which illustrate some entirely new facet in management or investigation. Reports of relative rarities are only welcome when they add to our understanding of a clinical issue.

6. All manuscripts are considered on the understanding that they have been submitted solely to this Journal and that, if accepted, subsequent reproduction in whole or in part will not be permitted without the explicit written consent of the principal Author and Editors. In all cases where such permission is granted the customary acknowledgements must be made.

7. All papers must be accompanied by a covering letter. This should contain a declaration, to be signed by each author, to confirm that they have read and approved the contribution bearing their name. Authors should also individually indicate the part they have played in data collection, analysis or authorship. The principal investigator (who should normally be the first author) should also indicate that he or she is prepared to take total responsibility for the integrity of the content of the manuscript.

In the same letter the authors must list any potential or actual conflicts of interest: where none have occurred this should be clearly stated. Conflicts of interest include affiliations with, or financial involvement in, organizations or entities described in the manuscript and include grant monies, honoraria, fees or gifts related to the work as well as indirect financial support where equipment or drugs have been supplied.

8. Manuscripts must be typewritten in duplicate on one side of the paper only (A4 297 × 210 mm). Double spacing with wide margins (5 cm for the header and 2.5 cm for the remainder) should be used throughout. The pages should be sequentially numbered.

Begin each section on a new page in the following sequence: title page, abstract, text, acknowledgements, references, tables and legends. The following details should apply to each of these sections:

(a) **Title Page**—This should contain a succinct title for the paper and the names of the authors together with their principal higher degree(s). Below this should be the details of the departments in which the authors work and the name of their affiliated institution(s). An address for correspondence and the name of the author who is to receive this should be typed at the foot of the title page: this will ultimately appear beneath the list of references.

If the paper was presented at a meeting, the details must be given and will be inserted at the foot of the first page of printed text.

(b) **Abstract and Key Words**—The abstract should be no longer than 150 words and should include a statement of the problem, the method of study, the results obtained and the conclusions drawn. A separate 'summary' section in the main manuscript is not permitted.

Following the abstract should be those key words which can be used to index the article. Only the words appearing as Medical Subject Headings (MeSH) in the supplement to *Index Medicus* may ordinarily be used: in exceptional circumstances, and where no appropriate word(s) are listed, those dictated by common usage should be supplied.

No paper will be accepted without an abstract and appropriate key words.

(c) **Text**—The text should normally follow the common outlines, i.e., introduction, materials and methods, results and analysis, discussion, conclusion(s). The latter sections should clearly indicate how this work fits with the current body of world literature.

(d) **Illustrations**—Tables and charts should be adjuncts to the text and must not repeat material already presented. They should be numbered consecutively, with Roman numerals, and must be marked with a clear legend.

Photographic illustrations should be unmounted, should not exceed 80 mm in width and should be high quality black and white prints: reproduction of coloured prints will normally be charged to the authors. Two sets of photographic illustrations, one with each copy of the manuscript, should be supplied and each should be clearly identified on the back with the figure number and the first authors name. Where any ambiguity might result the top edge should be identified with an arrow to aid orientation. Colour illustrations from papers are occasionally selected by the editor for use on the front cover of the journal at no cost to the authors. If appropriate a colour version of one of the black and white photographs submitted can be included for this purpose.

Photomicrographs of histopathological specimens must be accompanied by details of the staining method and the magnification used.

Photographs which could result in the person illustrated being identified must be accompanied by a signed release giving specific consent to publication. For minors signed parental permission is required.

Written permission from the publisher to reproduce any illustration with copyright elsewhere must be obtained and, where necessary, the consent of the senior author must also be acquired.

(e) **Measurements**—These must be in metric units with Systeme Internationale (SI) equivalents given in parentheses.

(f) **References**—The Harvard system should be used. Other systems are not permissible.

In the list of references all authors should be included and references should be in alphabetical order (by name of first author). The following format should be used:

For papers the names of the authors, the year of publication, the title and the journal name in full should be given followed by the volume and page numbers, e.g., Green, C., Brown, D. (1951) The tonsil problem. *Journal of Laryngology and Otolaryngology* 65: 33-38.

For single author books the style used should be 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 in: 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.

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The authors should personally verify the accuracy of every reference before submitting a paper for publication.

(g) **Drugs**—The proper names of drugs should be used. One reference to a proprietary name may be given if this is felt to be important to the study.

9. **Submission of manuscripts**—Manuscripts should be sent to the Editors, The Journal of Laryngology and Otolaryngology, 2 West Road, Guildford, Surrey GU1 2AU (Fax: +44(0)1483-451874). All authors should send a facsimile number where possible to speed communication. Material submitted on floppy disk or sent by e-mail is not acceptable.

Page proofs sent to authors should be corrected and returned within 5 working days. No extra material should be added to the manuscript at this stage. Orders for reprints must be made on the form provided at the time of returning the proofs.

10. **Rejection of manuscripts**—All manuscripts that are rejected will no longer be returned to the authors and those submitting papers should, therefore, ensure that they retain at least one copy. The exception will be manuscripts containing coloured illustrations where the illustrations only will normally be returned automatically by Surface Mail.

11. **Subscriptions, advertising and business communications**—Information concerning these matters can be obtained from The Editors, c/o The Journal of Laryngology and Otolaryngology, Headley Brothers, The Invicta Press, Ashford, Kent TN24 8HH.

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The Sixth British Head & Neck Surgery Course

Incorporating the XXXIV Head and Neck Course

To be held at

The University Hospital

Nottingham, UK

TUESDAY 19th – FRIDAY 22nd JANUARY 1999

This annual head and neck oncology course is aimed primarily at trainees requiring a knowledge of head and neck oncology. The course will also be of great use in both revision and updating the knowledge of more senior head and neck oncologists. It is suitable for otolaryngologists, oral and maxillofacial surgeons and plastic surgeons. It not only aims to give adequate knowledge for preparing for the Fellowship and Intercollegiate examinations but also to provide an up-to-date account of how to deal with the patient with head and neck cancer. It also aims to give a spectrum of current opinion but at the end of each session, there will be a summing up so that the general consensus of opinion can be given.

Unlike previous years, the course will include a guest speaker, Professor William Wei from Hong Kong, who will give the Second Stell and Maran Head and Neck Foundation Lecture. It is envisaged that the speaker will take part in the course generally, and will thus add a new dimension to the course.

The emphasis of the course will be on short, succinct, up-to-date lectures and brisk panel discussions followed by a summing up. Audience participation will be encouraged.

**THE MAIN FACULTY: Mr P J Bradley, Mr D J Howard, Professor A S Jones
Dr D A Morgan, Professor F Hilgers**

The faculty will also include various invited speakers from around the British Isles.

The course fee is £500

Further details from

Ms. Jackie Ellis

Department of Otolaryngology/Head & Neck Surgery,

University Hospital, Queen's Medical Centre,

NOTTINGHAM NG7 2UH

Telephone: 0115 924 9924. EXT. 44847. Fax: 0115 970 9748

Temporal Bone Surgical Dissection Course

INTERNATIONAL CENTER FOR OTOLOGIC TRAINING (ICOT)

- Designed for practicing otolaryngologists and senior residents
- Temporal bone dissection morning and afternoon
- Lectures and surgical videotape

<u>1998</u>	<u>1999</u>
May 16 - 20, 1998	January 23 - 27, 1999
September 19 - 23, 1998	April 17 - 21, 1999
December 5 - 9, 1998	September 18 - 22, 1999
	November 13 - 17, 1999

Fees: Physicians - \$925 • Residents \$450
50 hours CME credit

COURSE DIRECTORS:

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The British, Netherlands and Scandinavian Associations of Head and Neck Oncologists



Joint Meeting to be held at
The Royal Society of Medicine, London
October 5th, 6th and 7th 1998

Registration £50 for each day

Monday, October 5th:

Carcinoma of the larynx with a focus on primary conservation surgery, as well as radiotherapy and chemotherapy. There will be speakers from France, amongst the contributors from northern Europe.

Tumour Biology - Latest developments will be covered in the afternoon programme.

Tuesday, October 6th:

Imaging - A wide ranging programme with invited speakers from the three associations.

Wednesday, October 7th:

Salivary gland malignancy also less common malignancies of the head and neck

Oral cavity and Oropharyngeal Malignancy surgical and radiotherapeutic aspects

The programme is to include a discussion on the development of training programmes for head and neck surgeons.

Members of the associations will be contacted with full details of the program.

Further details are available from:
Hon. Secretary Mr M. Hardingham F.R.C.S.
Dept. of Head and Neck Surgery, Gloucester Royal Hospital
Great Western Road, Gloucester GL1 3NN UK
Tel: 01452 394574 Fax: 01452 394432
Charity No 257199

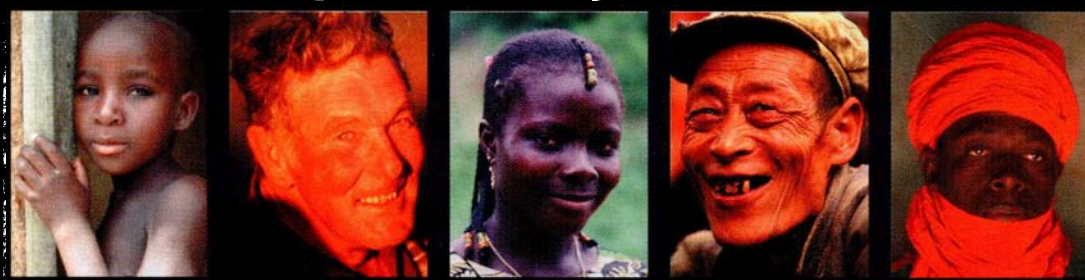
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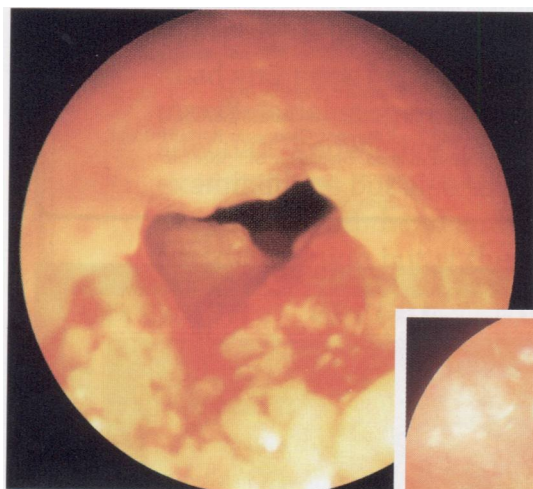
New Techniques in ENT: Made-to-order Instruments for APC and Electrosurgery



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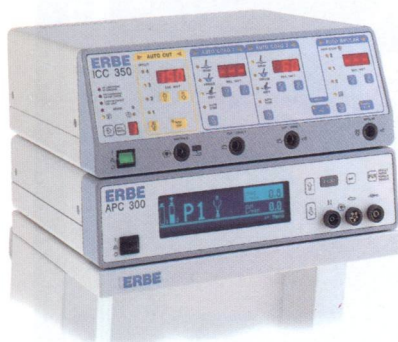
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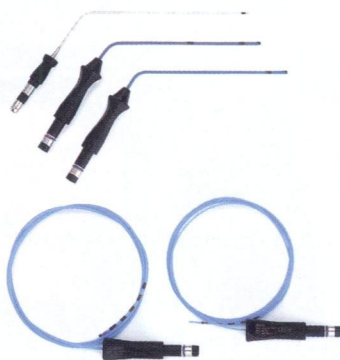
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APC 300 with the ERBOTOM ICC 350



Selected instruments for ENT

APC (Argon Plasma Coagulation) permits safe hemostasis and effective devitalization of pathologic tissues.

Specially developed instruments now make the advantages of APC – along with ERBE electrosurgical technology – available for ENT as well:

- Limited penetration depth with reduced risk of perforation
- Non-contact technology
- No vaporization, no carbonization
- Easy to use
- Improved postoperative wound healing

The **nasal turbinates** are reduced effectively and lastingly in **hyperplasia** (see Fig. 1).

APC permits non-contact, homogeneous and highly effective treatment of superficial lesions of the oral mucosa such as **granuloma** and **leucoplakia** (Fig. 2).

APC's limited penetration depth offers maximum protection against perforation in treatment of **papillomatosis** (Fig. 3).

The tympanic membrane can be opened by the Microneedle 100 (Fig. 4) with pinpoint accuracy and precision in **otitis media**. And this with minimum necrosis of the incision margins.

We will be glad to provide you with more information about other possibilities of application.

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