

September
1996

The Journal of

Laryngology & Otology

Founded in 1847
by Marshall Hall & Francis Wallbridge

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



features:

Historical article:
Adam Politzer

Pierre Robin syndrome

Bacteriology of the adult
middle meatus

Congenital laryngeal cysts:
current management

Otoplasty:
the problem of
the deep conchal bowl

Vol

110

No 9

Private Practice Software

Debtor Management a Problem..?
Accountancy Changes Excessive..?
Secretary Deluged with Paperwork..?
Accountancy Software Too Complex or Inflexible..?

Not if you are using Practice Manager..!
The UK's Leading Private Practice Software Package.



- Written specifically and exclusively for private practice, genuinely easy-to-use.
- Fast and accurate billing using the licensed BUPA coding system.
- Fully integrated with commercial word processors, Practice Manager will significantly reduce secretarial workload. No more repeat typing of information!
- Automated, personalised debtor management in minutes as opposed to hours or even days - increases cash-flow and reduces bad debts.
- Individually tailored and configured to closely reflect the professional image you wish to portray on your printed output.
- Professional on-site training, backed by the highest possible level of ongoing support and continued development.

DGL have taken the "Pain" out of computerisation for over 700 Practice Manager users ranging from individual consultants through to major health care groups including BUPA, Nuffield and BMI.

Your private practice can benefit from Practice Manager together with the support, security and backing of DGL - the UK's leading supplier of private practice software.

Take the first step to increasing the efficiency and profitability of your private practice.

Ring today for a FREE no-obligation demonstration
or to receive a detailed brochure.

Practice Manager

The UK's Market Leader in Private Practice Software

42 Celtic Court, Ball Moor
Buckingham Industrial Park
Buckingham Bucks MK18 1RQ

Tel: 01280 824600

Fax: 01280 824700

Information

D.G.L.

Technologies (UK) Ltd





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 x 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 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. 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.

(i) **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.

(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 (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 request.

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 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 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 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.

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.



The Royal Marsden NHS Trust

Rehabilitation in Laryngeal Cancer

The Head and Neck Unit of the Royal Marsden Hospital in conjunction with Professor Eric Blom present a two day course on aspects of rehabilitation following treatment of laryngopharyngeal carcinoma.

The workshop includes lectures, interactive video demonstration of surgical techniques and seminars on aspects of swallowing and voice restoration. The course is directed at Head and Neck and reconstruction surgeons, speech therapists and nurses involved in the management and rehabilitation of laryngectomy patients.

Course

Organisers:

Mr Peter H Rhys Evans and Professor Eric Blom

Date:

14–15 November 1996

Venue:

The Education and Conference Centre
The Royal Marsden Hospital
London SW3 6JJ

Registration:

Consultant	£250
Consultant/Speech Therapist Team	£265
Speech Therapist/Nurse	£100
Trainee Registrar	£150

Further details of programme and (registration) application forms from:

Mr P H Rhys Evans
The Head and Neck Unit
The Royal Marsden Hospital
Fulham Road, London SW3 6JJ
Tel: 0171-352 8171 ext 2731 Fax: 0171-351 2191

9th PHONOSURGERY COURSE

LYON - FRANCE

Indications, techniques and results of microsurgery on vocal folds
(Laser surgery not included)

31 January - 1 February 1997

M. Bouchayer MD
ENT Surgeon

G. Cornut MD
Phoniatrician

Guest lecturers:

Professor Charles N Ford, Madison, Wisconsin

Professor Bernard Guerrier, Montpellier

- Live surgery will be performed, each operation followed by discussion between participants and faculty
- Simultaneous translation English-French-English

Exhibition of equipment for phonosurgery

For information, please contact

Dr. Guy Cornut
90, rue BOILEAU
69006 Lyon France
Fax +33 78 24 48 24

PRELIMINARY PROGRAMME

8.30 AM - 1.00 PM

Friday 31st January & Saturday 1st February
Live surgery - Nodules, Polyps, Reinke's
Oedema, Cysts, Sulcus

1.30 PM Working Lunch

3PM - 6 PM Friday

- Anaesthesia Technique
- Demonstration of Equipment
- Phoniatric Assessment - Pre & Post Operative
- Anatomopathology of the lesions treated

3PM-6PM Saturday 1 February

Demonstrations with illustrations and
discussion of each lesion where phonosurgery is
applicable

- Indications for surgery
- Surgical technique
- Post-operative speech therapy
- Functional outcome

8 PM Friday 31 January

Course Dinner and Concert

Abbaye de Collonges (Paul Bocuse)

Concert by the Choir

"L'Ensemble Vocal de Lyon"

Conductor G Cornut

REGISTRATION

Maximum of participants:

- 120 ENT Surgeons or Phoniatricians
- 20 Speech Therapist

FEES

- Surgeons & Phoniatricians: 2,500FF
- Speech Therapists: 1,100 FF

The fee Covers the Course, two working
lunches and the Dinner and Concert on
Saturday evening.

Accomp. Persons-Dinner and Concert: 500FF

A Certificate of Attendance will be issued at the
end of the Course.



Bymed Ltd are the sole UK agents for

MICRO-FRANCE®

which includes

- Bouchayer Laryngeal Instruments
- Zini Micro Instruments
- Thomassin Endoscopic Ear Instruments
- Endo-nasal Micro Surgery Instruments

ECCOVISION

AN ACOUSTIC REFLECTION IMAGING SYSTEM



Affordable Office-based
Imaging System for quantifying
Nasal Patency



Please contact: BYMED LTD, 8 College Road, Ringwood, Hampshire BH24 1NX Tel: 01425 474972 Fax: 01425 472142

Neuromonitoring in Otolaryngology and Skull Base Surgery

Guests of Honour
Professor Aage Møller,
University of Pittsburg, U.S.A.

Professor Sir Donald Harrison,
London.



Royal Society of Medicine,
London

Friday, 21 February 1997

International Guest Faculty

A. Bell (London), G. Brookes (London), A. Cheeseman, (London),
H. Coakham (Bristol), B. Fraysse (Toulouse), M. Gleeson (London),
T. Lenarz (Hannover), T. Lesser (Liverpool), D. Moffat (Cambridge),
A. Moore (London), R. Ramsden (Manchester), I. Sabin (London),
A. Strong (London), E. Stennert (Cologne), A. Uziel (Montpellier);
D. Wilkins (Plymouth), J. Birchall, R. Downes, M. Ferguson,
C. Garnham, N. Jones, S. Mason, J. McGlashan, G. O'Donoghue,
I. Robertson, K. Robinson, P. Smith (Nottingham).

Main Topics

Neurophysiological principles, acoustic tumours,
facial nerve monitoring, neuroanaesthesia, auditory
potentials, lower cranial nerves, recurrent laryngeal
nerve, nasal and orbital surgery tympanomastoid
surgery, parotidectomy, cost-effectiveness, medico-legal
aspects, practical demonstration.

Further Details:

Dianne Rooksby
Centre for Continuing Professional Development,
University of Nottingham, University Park,
Nottingham, NG7 2RD, U.K.
Tel: +44 115 9513763 Fax: +44 115 9513722
e mail: dianne.rooksby@nottingham.ac.uk



Course Organiser

G.M. O'Donoghue,
Skull Base Group, Department of Surgery,
University Hospital, Nottingham.

Course Fee : £95.00

CME Approval : 6 credits

The Voroscope Coaxial

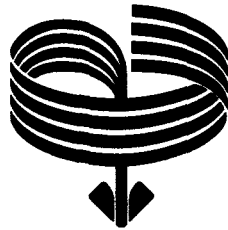


makes light of those LITTLE
problem areas.by providing:

- ❖ 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 H J E S S A M I N E H E A L T H C A R E

Unit 5, The Courtyard, Matthewsgreen Farm, Matthewsgreen Road, Wokingham, Berkshire,
RG41 1JX Telephone: (01734) 786916. Facsimile: (01734) 774064



Brånemark System®

*“It’s simply a question
of quality of life”*

Bone Anchored Hearing Aid



BAHA Classic 300

The updated BAHA has **three main improvements**:

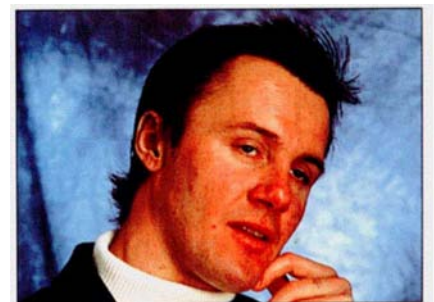
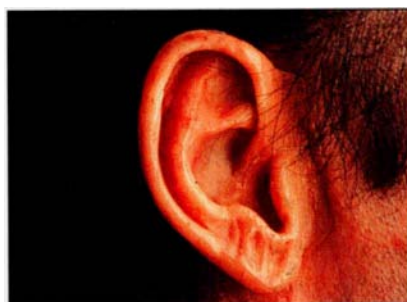
The first is the development of a **continuous base tone control** which has flexibility to cover the frequency response range of the four previous models. The second improvement is the adoption of ABS plastic for the hearing aid casing which offers a more **aesthetic moulded design**, greater strength and colour stability.

THE BAHA CLASSIC 300 ALSO COMES WITH A **FIVE YEAR WARRANTY** (UK Only).

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.

Craniofacial Rehabilitation



...a reliably retained prosthesis

For further information contact:

Nobel Biocare U.K. Limited
Nobel House, Grand Union Office Park
Packet Boat Lane, Uxbridge UB8 2GH, England
Tel: +44 (0)1895 430650 Fax: +44 (0)1895 430636

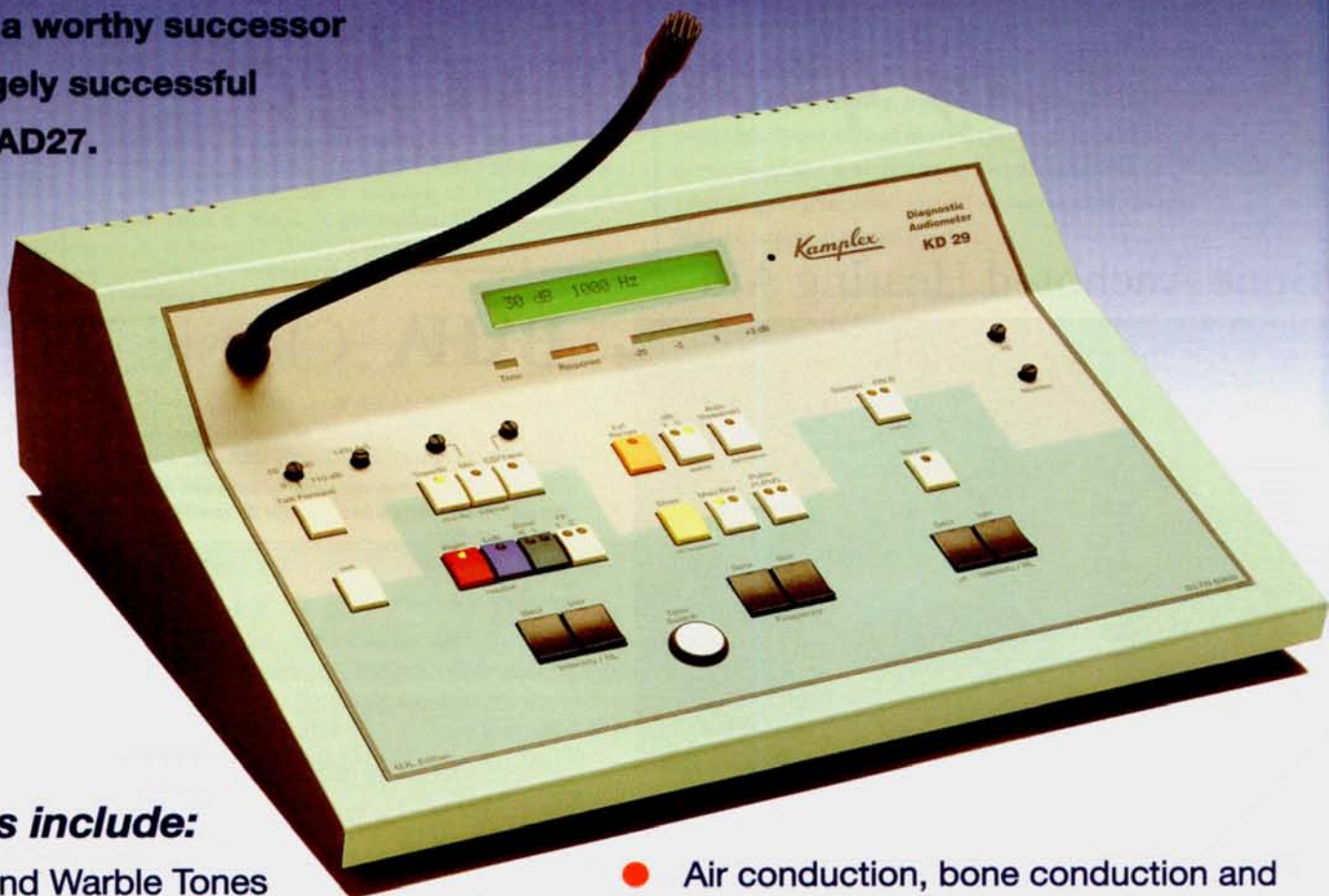
Nobel Biocare Norden AB
Box 5211, S-402 24
Gothenburg, Sweden
Tel: +46 (0) 31 35 49 00 Fax: +46 (0) 31 40 69 15

The difference is years of experience

 **Nobel Biocare**

Kamplex **KD29** **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
- 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

Instrument Division Direct Line: (0181) 675 5157

Telephone: (0181) 675 5151 Fax: (0181) 675 7577