

November  
1992

# The Journal of Laryngology and Otology



Founded in 1887 by Morell Mackenzie & Norris Wolfenden

Edited by NEIL WEIR

Assistant Editors PATRICK BEASLEY, CAROL WENGRAF, RICHARD RAMSDEN, IOLO GRIFFITH  
PETER RHÏS EVANS, DAVID PROOPS & VALERIE LUND

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 & GILLIAN RAAB

Vol 106  
No 11

# The Journal of Laryngology and Otology

(Founded in 1887 by MORELL MACKENZIE and NORRIS WOLFENDEN)

Edited by NEIL WEIR

Assistant Editors PATRICK BEASLEY, CAROL WENGRAF, RICHARD RAMSDEN,  
IOLO GRIFFITH, PETER RHÏS EVANS, DAVID PROOPS & VALERIE LUND

Book Reviews and Abstracts Editor JOHN B. BOOTH

## 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 297x210 mm) and double spaced, with wide margins. Computer print-outs are not favoured.

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 edn., vol. 1, Headley Brothers Ltd., Ashford, Kent, p 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, p 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) **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.

(i) **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.

(j) **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.

(k) **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.

(l) **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 306380).**

6. **The annual subscription is £95.00 Institutions & Libraries US\$237.50; £85.00 Individuals US\$212.50; £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.

**HEADLEY BROTHERS LTD,**

THE INVICTA PRESS, ASHFORD, KENT.

© *Journal of Laryngology and Otology Ltd.*, 1992

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.

# The AD 25 DIAGNOSTIC AUDIOMETER

from *Kamplex*<sup>®</sup>



The latest addition to the Kamplex range incorporates many of the more popular features found on the best selling AD27 in a lightweight low cost package.

The attractive low profile design and easy-to-read back-lit display makes this a perfect desktop audiometer. Air Conduction, Bone Conduction and Narrow-band masking in 5dB steps are available together with an extremely useful talk-through facility.

Superbly engineered for reliability and portability (with the optional case), the AD25 also offers an automatic test facility.\* A patient's audiometric results whether recorded manually or automatically may be stored and later recalled.

\*Auto Threshold complies with ISO 8253, Audiometric Test Methods

- **Robust and Portable (with optional carrying case)**
- **AC/BC/Narrow-Band Masking**
- **Pure, Warble and Pulsed Tones**
- **Clear, easy to read Back-lit Display**
- **Automatic Test Facility (Conforms to ISO 8253)**
- **Results Storage and Recall Capability**
- **Insert Masking**

**P.C.WERTH LTD**

Audiology House, 45 Nightingale Lane, London SW12 8SP

Telephone: 081-675 5151, Fax: 081-675 7577

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. \$100.00 per year      Outside U.S. \$120.00 per year  
Institutional Rate: U.S. \$125.00 per year • Outside U.S. \$150.00 per year

**PRESCRIBING INFORMATION.**

**Presentation** Rhinolast® is a buffered isotonic slightly viscous aqueous solution for nasal delivery of 0.14mg azelastine hydrochloride per actuation. **Uses** Rhinolast is both a mediator inhibitor and blocker for use in the treatment of perennial and seasonal allergic rhinitis, including hay fever. It is administered at doses which are not systemically active. **Dosage and Administration** Adults: One 0.14mg (0.14ml) application into each nostril twice daily. There is no evidence that dosage need be modified for the elderly. Children: There are insufficient clinical data to recommend use. **Contra-indications, warnings etc.** Contra-indications: Rhinolast is contra-indicated in patients with proven allergy to any of its components. Side-effects: Irritation of the nasal mucosa. Taste disturbance. **Use in pregnancy and lactation** Until further information is available Rhinolast is not recommended for use during pregnancy or lactation. **Overdosage** Animal studies have shown that high oral doses can produce CNS symptoms. Should this occur in man symptomatic and supportive treatment should be instigated. There is no specific antidote. **Pharmaceutical precautions** Do not store below 8°C. Do not refrigerate. **Legal category** POM. **Package quantities** Each pack of Rhinolast contains one 10ml bottle and a metered pump device. **Product Licence Holder** ASTA Medica Limited, 168 Cowley Road, Cambridge CB4 4DL. **Product Licence Number** 8336/0039. **Basic NHS Cost** 10ml - £6.40. Rhinolast® is a registered Trade Mark. ©ASTA Medica Ltd. 1992.

**REFERENCES**

1. Davies RD, Lund VJ and Harten-Ash VJ. The effect of intranasal azelastine and beclomethasone on the symptoms and signs of nasal allergy in patients with perennial allergic rhinitis. (Data on file).
2. Kunkel G et al., Protection of a single dose of azelastine HCl nasal spray against nasal alterations induced by allergen challenge. Study no. 2752, ASTA Pharma AG, 1990.

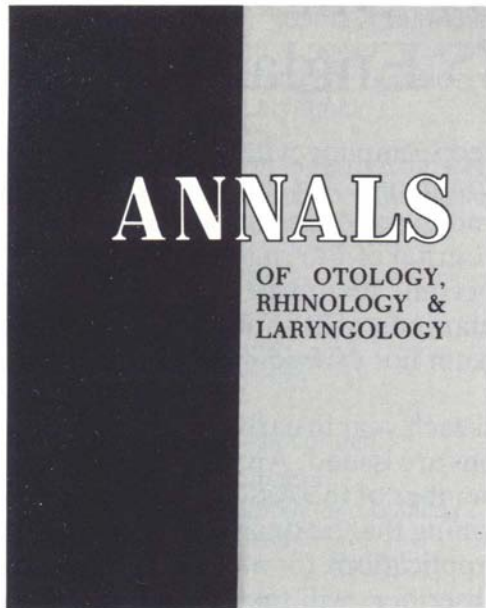
**ASTA  
MEDICA**

**ANT**



**An H<sub>1</sub> blocker**

# Celebrating Our 100-Year Anniversary 1892 - 1992



- Monthly issues • Supplements
- Peer reviewed • Clinical and research
- Imaging case studies • Pathology consultations
- Letters to the editor • Book reviews

## 1992 ANNUAL SUBSCRIPTION RATES

	Resident*	Individual*	Institutional
US	<input type="checkbox"/> \$48	<input type="checkbox"/> \$ 92	<input type="checkbox"/> \$138
Foreign	<input type="checkbox"/> \$60	<input type="checkbox"/> \$112	<input type="checkbox"/> \$158

\*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



# ISSSTAMINE



Rhinolast is an antihissstamine nasal sssspray with proven effectiveness in non perennial and seasonal rhinitis.

Its topical action is effective in combating the symptom complex of perennial rhinitis, notably sssneezing, blocked, running and itching nose.<sup>1</sup>

And Rhinolast is fassst acting, providing a significant reduction in sneezing attacks within minutes.<sup>2</sup>

Rhinolast. For both perennial and seasonal rhinitis sssufferers.

**nasal spray.**

**Rhinolast<sup>®</sup>**  
Azelastine

**IN ALLERGIC RHINITIS**

**J.L.O. (1984) LIMITED**  
**Company limited by Guarantee**  
**Reg No: 1865175 England**

In 1984, The Journal ceased to become a Limited Company with shareholders and instead became a registered charity under the Companies Act, limited by guarantee and without having a share capital. A Memorandum of Association was drawn up and the Association acquired the assets of the Journal of Laryngology and Otology Limited. Former shareholders were invited to become members of the Association and all those who undertook to do so, gave a Guarantee that should the association need to be wound up, they would contribute a sum not exceeding £20.

**Annual General Meeting.** This is normally held each year in early November, and it is to the Members of the Association that invitations are issued. Any individual paying a full subscription who would like to become a member of the Association is asked to write to the Editor, c/o Headley Brothers, confirming that he or she will make such a guarantee of £20 if the occasion were to arise. Applications for membership may be made at any time. It is hoped that more full subscribers will take up this offer and attend the Annual General Meeting so that there can be a more lively exchange of views between them, and the Editorial staff and publishers.

*For Advertisement Rates and Space in this Journal*

*apply to*

**The Advertisement Manager**  
**THE JOURNAL OF LARYNGOLOGY**  
**AND OTOTOLOGY**

**Headley Brothers Limited**

**The Invicta Press**

**Ashford**

**Kent TN24 8HH**

**Tel: (0233) 623131**

## **The Journal of Laryngology and Otology**

An International journal founded in 1887

A leading international journal, published monthly, and containing original scientific articles and clinical records in all fields of Otolaryngology, Rhinology and Laryngology.

Distributed by subscription to Surgeons, Consultants and Students throughout the United Kingdom and to many overseas countries

### **Note to Advertisers:**

Trimmed size: 297x210 mm  
Type area: 250x170 mm  
Half-tone screen: 133

For further details please contact:

The Advertisement Manager  
The Journal of Laryngology and Otology  
Headley Brothers Limited  
The Invicta Press  
Ashford Kent TN24 8HH  
Telephone: 0233 623131  
Fax: 0233 612345, 641471 and 622704

THE WHIPPS CROSS HOSPITAL

## **PART II F.R.C.S. (E.N.T.) COURSE**

**15th–19th February 1993**

**FEE: £295.00  
(non-residential)**

**Closing date:  
13th JANUARY 1993**

Intensive programme to include tutorials by distinguished invited Otolaryngologists, controversial issues, mock clinical examinations and vivas, with emphasis on clinical examination techniques.

Candidates must possess the Primary Fellowship and numbers will be restricted to 20.

### **Course Supervisors:**

Nicholas Frootko MSc, FRCS,  
Whipps Cross Hospital,  
London

Patrick Bradley FRCS,  
Queens Medical Centre,  
Nottingham

Approved for Study Leave under Section HM(67)27.

Application forms and accommodation information from:

The Administrator  
Medical Education Centre  
Whipps Cross Hospital  
LONDON E11 1NR

## **ARE YOU A SUBSCRIBER TO THE J.L.O?**

*TEN good reasons why you should:*

Each issue contains 40 per cent more material.

Main Articles, Case Reports and Short Communications from all over the world.

Quarterly Book Review Service.

Selected Abstract Service each month.

Period between acceptance and publication cut to six months or less.

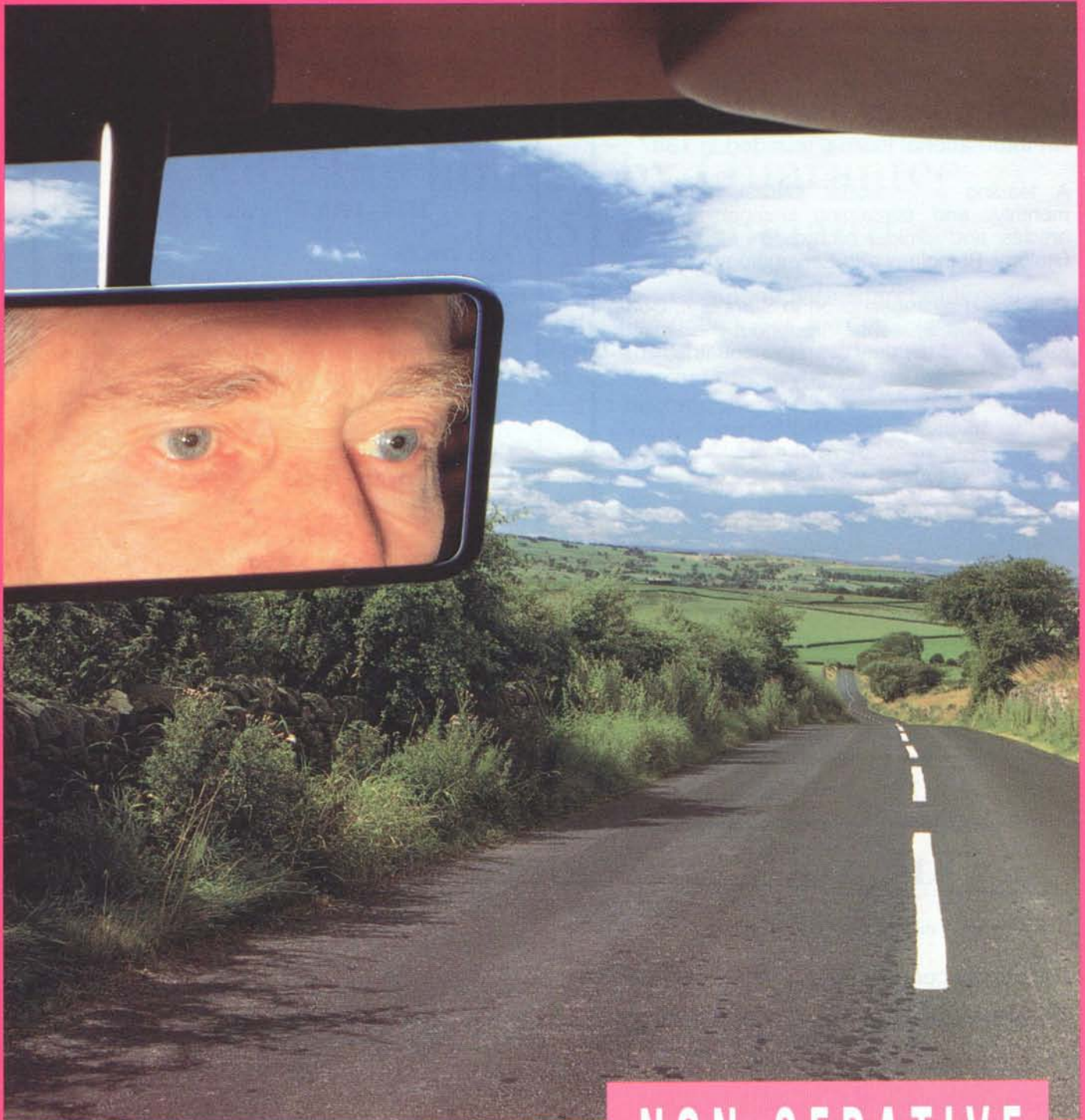
Subscribers receive all supplements produced in that year.

Every 10 years, complete index issue published—included in the subscription (next issue will appear at the end of 1992).

Reduced subscription rates for those in training (Registrars/Residents/Interns).

Subscription normally tax deductible. (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.)

The J.L.O. has now been published for more than a century and remains excellent value for money—so why not have your own individual copy and give yourself everyday access!



Recurrent vertigo under control means that patients can continue with their normal daily activities.

With non-sedative Serc-16, driving can be a part of that way of life — because new evidence has shown that even high doses of Serc (72mg tds) did not impair driver performance.<sup>1</sup>

Prochlorperazine (5mg tds), however, caused a significant deterioration in driving skills, of which the drivers themselves were unaware.<sup>1</sup>

The way ahead is now clear for your patients with recurrent vertigo —  
 Rx Serc-16 1 tds.

NON-SEDATIVE  
**Serc-16**<sup>®</sup>  
 betahistine 16mg

**THE WAY AHEAD IN RECURRENT VERTIGO**  
 due to Ménière's syndrome

Reference 1: Betts TA *et al.* *Br J Clin Pharmacol* 1991; 32: 455-458

**Prescribing information**

**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. **Indications** Vertigo, tinnitus and hearing loss associated with Ménière's syndrome. **Dosage and administration** 16mg 3 times daily 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 apply 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. **Product Licence Number** 0512/0088. Further information is available from: Duphar Laboratories Limited, Gaters Hill, West End, Southampton SO3 3JD. Tel: 0703 472281. Duphar, a member of the Solvay Group.

**duphar**

Rx 1 tds