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 RHYS EVANS, DAVID PROOPS, VALERIE LUND & HENRY GRANT

Book Reviews and Abstracts Editor JOHN B. BOOTH

Production Editor 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 297x210 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—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.

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 8 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, 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.

(f) Measurements must be in metric units, with Systeme Internationale (SI) equivalents given in parentheses.

4. 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.

Books:—The proper names of books 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 added 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 by 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.

5. 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 8 days.

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 in '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., 1993
ISSN 0022-2151
AESCULAP®

in association with

THE INSTITUTE OF
LARYNGOLOGY AND OTOLOGY

are pleased to announce

THE 12th TEMPORAL
BONE DISSECTION PRIZE

• The First Prize enables the winner to attend the Portmann Course in Microsurgery in Otology and Otoneurology at Bordeaux in July 1994.

• The Second Candidate will receive Medical Books to the value of £225 and the Third Candidate to the value of £150.

• Candidates eligible for this prize will be full-time SHO’s, Registrars and Senior Registrars in clinical posts in Otolaryngology within the United Kingdom, and Consultants appointed after 1st January 1994.

• Submissions should consist of two dried temporal bones:

  1) Dissected to demonstrate surgical approaches in the treatment of Menière’s disease.

  2) Dissected according to the candidates’ own choice.

• The Winner will be announced at the meeting of the Otology Section of the Royal Society of Medicine in May 1994.

• The Judges are: Mr. David Wright, Professor Tony Wright and Mr. Martin Bailey.

• Further information is available from Mr. C. M. Bailey at the address below.

• Entries must be sent to Mr. C.M. Bailey (c/o the Department of Pathology), at the address below. All temporal bones must be transported according to existing regulations, and must be received before 28th February 1994. No entries can be accepted after this date.

Contact:
The Institute of Laryngology and Otology
330/332 Gray’s Inn Road
LONDON WC1X 8EE
Tel: 071-837 8855 Ext. 4010
For Advertisement Rates and Space in this Journal
apply to

The Advertisement Manager
THE JOURNAL OF LARYNGOLOGY
AND OTOLOGY

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 Otology, 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: 297×210 mm
Type area: 250×170 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
Endoscopes in a class of their own
Suction-irrigation handle for sinus surgery
- simple operation: no awkward, tiring movements
- adequate irrigation and suction

Flexible Bronchoscope
for universal application

Stroboscopy of the larynx
Stroboscopy of the larynx is useful in the diagnosis of functional disorders of the voice and provides information about the tension, amplitude and phase of the vocal chords and about irregularities of the oscillatory movement. Secondary organic changes or conditions following microsurgical operations can also be checked.

"worldwide" your Partner for Endoscopy
Send for more detailed information to:
RICHARD WOLF U.K. Ltd.
P.O. Box 47 · Mitcham, Surrey CR44TT · Tel. (081) 640 3054
Telex 886329 · Tfax (081) 640 9709
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.

---

**THE JOURNAL OF LARYNGOLOGY AND OTOTOLOGY**

**1993 SUBSCRIPTION RATES**

<table>
<thead>
<tr>
<th>Rate</th>
<th>Conversion Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>£85.00</td>
<td>US$212.50</td>
</tr>
</tbody>
</table>

*REGISTRARS, RESIDENTS AND INTERNS*  
£45.00  
*With confirmation of status from head of department*

NAME ____________________________________________
ADDRESS ____________________________________________
__________________________________________
__________________________________________
__________ POSTCODE (ZIP CODE) ________

☐ NEW  ☐ PAYMENT ENCLOSED†
☐ RENEWAL  ☐ BILL ME

† Cheques must be in pounds sterling or US dollars drawn on a US bank payable to Headley Brothers Ltd.

The Journal of Laryngology and Otology is published monthly by

HEADLEY BROTHERS LTD
The Invicta Press, Queens Road, Ashford,  
Kent TN24 8HH, England
Month after Month,
Cover to Cover
The BEST in Otolaryngology

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
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.1

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

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

THE WAY AHEAD IN RECURRENT VERTIGO due to Ménière’s syndrome