

General Notes

TEMPORAL BONE SURGICAL DISSECTION COURSE

OFFERED BY

THE DEPARTMENT OF OTOLARYNGOLOGY

THE UNIVERSITY OF MICHIGAN MEDICAL SCHOOL, ANN ARBOR, MICHIGAN

COURSE DIRECTOR: STEVEN TELIAN, M.D.

1993: 18-22 October, 8-12 November

Intensive one-week courses emphasize the surgical and anatomical approaches to the temporal bone, and are presented in a manner relevant for the otologic surgeon, utilizing lectures, videotapes, and dissection.

Mornings and afternoons are spent in the dissection laboratory, giving extensive drilling experience in temporal bone anatomy and surgical techniques. All instruments and high-speed handpieces will be provided.

Course fee: Physicians US\$1,000; Residents US\$850.

For further information write:

Steven Telian, M.D.,
Taubman Medical Center,
1500 E. Medical Center Drive,
Ann Arbor,
Michigan 48109-0312, U.S.A.
Tel: (313) 936-7633.

SECOND WORLD CONGRESS ON LARYNGEAL CANCER

SYDNEY, AUSTRALIA

21-25 February 1994

On behalf of the Departments of Otolaryngology and Radiation Oncology, The Prince of Wales Hospital, Sydney, I extend to you a warm invitation to attend an International Meeting on Laryngeal Cancer.

The programme will cover all aspects of laryngeal cancer. Our theme will be to suggest future directions in research, diagnosis and management.

Congress Secretariat:

Please address all correspondence and enquiries to:

The Secretary,
Conference Action Pty Ltd.,
PO Box 1231,
North Sydney, NSW 2059,
Australia
Telephone: 02-956 8333/INT + 61 2 956 8333
Facsimile: 02-956 5154/INT + 61 2 956 5154

GRAY'S INN ROAD ENT FELLOWSHIP COURSE

20TH-29TH SEPTEMBER 1993

(For students taking the Part II F.R.C.S. with Otolaryngology)

This eight day, full-time course is *limited to twenty senior students who are about to take the Part II F.R.C.S.* In addition to a series of lectures/demonstrations at the appropriate level, the course will include a number of clinical and viva voce sessions.

In view of the changed emphasis of the examination, *applicants will be expected to also attend a course in surgery-in-general.*

Course tutors: Mr C. M. Bailey and Mr C. B. Croft

Course fee: £445

(Meals and refreshments not included apart from the Course Reception)

All applications must be accompanied by the course fee or £50 deposit. Cheques should be made payable to University College London and sent together with the completed application form to:

Administration,
Institute of Laryngology and Otology,
330/332 Gray's Inn Road,
London WC1X 8EE
Telephone: 071-837 8855 extension 4214
Fax: 071-837 9279

RHINOPLASTY UPDATE 1993

11 and 12 November 1993

at THE INSTITUTE OF LARYNGOLOGY AND OTOLOGY

in association with

THE ROYAL NATIONAL
THROAT, NOSE AND EAR HOSPITAL,
Gray's Inn Road, London WC1X 8EE

A two day course in practical nasal plastic surgery for those with experience and particular interest in rhinoplasty and septoplasty. There will be lectures, colour television operating sessions and panel discussions.

Course organizer: Mr T. R. Bull

Registration: £345 (inc. £200 booking fee)

Applications with booking fee to:

Administration,
Institute of Laryngology and Otology,
330/332 Gray's Inn Road,
London WC1X 8EE
Tel: 071 837 8855 ext. 4214. Fax: 071 837 9279
(Cheryl Overington or Sharon Bailey)

Instructions to Authors

Review Articles. Articles of this type, preferably not exceeding 3,000 words will be considered but the author(s) are expected to be a recognised 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.

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.

Pathology. 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.

Radiology. 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 emphasise a problem of unusual clinical interest.

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.

'**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.

Check List for Authors/Secretaries

1. Title page—Titles should be short with names of the authors, higher degrees only and the city/country. 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. 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 the printed script.
2. Abstract—No paper will be accepted without this and it adds considerably to the Editor's time to have to write and request this if the paper is accepted.
3. Key Words—only those appearing as Medical Subject Headings (MeSH) in the supplement to the Index Medicus may be used; where appropriate word(s) are not listed those dictated by common sense/usage should be supplied.
4. To follow the instructions to Authors with the way in which the paper is set out. It is preferred that each section should start on a fresh page with double spacing and wide margins.
5. References must be in the Harvard system; to submit a paper using the Vancouver system is automatically to have it returned or rejected.
6. Two sets of illustrations must be included, one of half-plate size and the other with the width of 80 mm. Illustrations must be clearly labelled with the author's name on the reverse side and where appropriate with an arrow to give orientation.
7. Authors to check manuscript and references to see that these match up particularly for dates and spelling.
8. Title of Journals must be given in full with the date, volume number and first and last pages.
9. Consent to be obtained from a patient if a photograph of their face is to be reproduced.
10. If the author to whom correspondence is to be directed changes his address, he should let the Editorial Office know as soon as possible.
11. Page proofs will normally be sent out one month in advance and must be returned as soon as possible.
12. Authors should provide a Facsimile number (FAX) whenever possible to speed communication. The FAX number of the Editorial office is 0483 451874.
13. Manuscripts with tables only may be transmitted by FAX; those with graphic or visual illustrations, e.g. graphs, X-rays, pathology, electrical records (ENG, BSER etc) must continue to be sent by post as the quality of reproduction does not give sufficient accuracy of detail.

Main Articles

Carboplatin ototoxicity: an animal model: *M. Wake, S. Takeno, D. Ibrahim, R. Harrison, R. Mount* 585

Audit of the incidence of persistent perforation of the tympanic membrane following T-tube removal or extrusion: *G. B. Todd* 590

Audit of the incidence of persistent perforation of the tympanic membrane following grommet removal or extrusion: *G. B. Todd* 593

Hypersensitivity to topical corticosteroids in otitis externa: *S. M. Wilkinson, M. H. Beck* 597

Analysis of lectin receptors in normal nasal mucosa, nasal polyp, inverted papilloma and papillary adenocarcinoma: *H. Huang, D. Jing, Z. Li, S. Zhou, S. Xiao, D. Ma, R. Zhang* 600

Alteration of airflow and mucociliary transport in normal subjects: *G. S. Barr, A. K. Tewary* 603

Steroids and control of post-tonsillectomy pain: *A. K. Tewary, H. R. Cable, G. S. Barr* 605

CO-N reaction—a new serological activity index—on Wegener’s granulomatosis: *M. Ikeda, S. Tsuru, T. Ohmori, S. Kitahara, T. Inouye, G. B. Healy* 607

The treatment of primary recurrence following laryngectomy for laryngeal carcinoma: *A. S. Jones, M. Ravi, P. M. Stell* 611

Cervical lymphadenopathy due to mycobacterial infection: a diagnostic protocol: *J. P. Davis, P. R. Prinsley, P. J. Robinson* 614

Short Communication

Eye protection in ear, nose and throat surgery: *A. J. Prior, P. Q. Montgomery, V. Srinivasan* 618

Clinical Records

Hearing loss fluctuating with blood sugar levels in Ménière’s disease: *M. J. Rudd, M. Li. Harries, C. A. Lynch, D. A. Moffat* 620

Acquired aphasia without deafness in childhood—the Landau-Kleffner syndrome: *A. P. Hughes, R. E. Appleton, J. Hodgson* 623

A variation of first branchial cleft anomalies: *N. S. Violaris, A. L. Pahor* 625

Acute osteomyelitis of the maxilla in the newborn: *F. C. Loh, S. Y. Ling* 627

Prostatic metastases in the nose and paranasal sinuses: *H. A. Saleh, P. O’Flynn* 629

Bony remodelling in an osteoma of the paranasal sinuses: *C. P. Aldren, J. V. Soames, J. P. Birchall* 633

Recurrent laryngeal papillomatosis: a case of florid papillomatosis following a remission of 30 years: *H. Daya, A. Gallimore* 636

Cough and stridor: who should investigate the patient?: *W. U. Hassan, A. F. Henderson* 639

Parapharyngeal space tumour presenting as recurrent uvular oedema: *M. J. Wareing, R. M. Irving, D. A. Moffat* 640

Chondrosarcoma of the hyoid bone: *K. Itoh, T. Nobori, K. Fukuda, S. Furuta, M. Ohyama* 642

Emergency tracheostomy in a patient with Melnick-Needles Syndrome and sleep apnoea: *A. J. Curran, T. P. O’Dwyer, A. Blayney* 647

Spontaneous retropharyngeal haematoma: two cases and a review of the literature: *H. K. Al-Fallouji, D. G. Snow, M. J. Kuo, P. J. E. Johnson* 649

Pathology in Focus

Pathology of the eustachian tube in otitis media: an electron microscopic study: *S. Elwany* 651

Post-surgical necrotizing palisading granuloma of the nose: *D. M. Parham, N. D. Padgham* 656

British Skull Base Society

Abstracts from meeting 16 April 1993 658

Abstract Selection

. 661

Letters to the Editor

. 664

General Notes

. 668