About 36 years ago Bill Scott-Brown suffered a major coronary infarct and being strictly ordered to 'rest' for six months set himself to create, as Editor (not author, because that would have been too strenuous, he thought) this work of his own inspiration. In 1952 I was among the first generation of FRCS candidates for whom it was the Bible. We all revered 'Negus' for the nose and throat (some of us still do) but Scott-Brown, in two volumes as it then was, provided the first post-war text for otolaryngology across the board. SB (as he was known) was probably the only person to be at all surprised by the success of his achievement, and to find himself in due course under notice from Butterworths to prepare a second edition. It was at this stage that he recruited John Ballantyne and myself and the second, third and fourth editions were produced by the two of us under his friendly eye. For the third edition we succumbed to the inevitable by expanding two fat volumes into four (slightly) thinner ones, only to find that the fourth edition in its turn required four fat ones.

Throughout this 20 year period John Ballantyne and I derived constant satisfaction and pleasure from the ongoing association with so many willing friends and contributors past and present. We than them warmly.

We know that the ENT fraternity world-wide has pleasure in the knowledge that SB continued in his retirement still to take satisfaction from the perpetuation of his work. The sad news of his death came just as this new edition went to press. Those who knew him will perhaps see in this Fifth Edition, and the 35th year of his book, a memorial to his achievement.

John Groves
Advisory Editor
Introduction

When I was first invited to edit the Fifth edition of Scott-Brown's Otolaryngology, I thought I was aware of the enormity of the task and my own limitations. As time progressed, I realized that I had misjudged both.

This work has represented the mainstream of British otolaryngological thinking for over thirty years. However, the increase in the breadth and depth of our specialty is such that only a gifted few can be conversant with all aspects of it. Hence, I realized that I could not undertake the task without help. I have been most fortunate in having such a distinguished group of volume editors, all of whom are already well-known in British otolaryngology, and all of whom have been delightful and stimulating colleagues in this work. It has been a joy to work with them.

Modern otolaryngology has widened in recent decades, and procedures are now being performed that are no longer covered by the term 'ear, nose and throat surgery'. This work attempts to embrace all the areas that so-called ear, nose and throat surgeons are covering at the present time, and hence the change of the title to Scott-Brown's Otolaryngology.

For the new edition Scott-Brown has grown from four to six volumes. An entirely new volume has been introduced in recognition of the subspecialty of paediatric otolaryngology and the amount of material in audiological medicine is now great enough to justify its separation from the Ear volume. Although these are now specialties in their own rights, they are also, and will continue to be beyond the lifetime of this edition, part of the routine practice of most British otolaryngologist. To enable these new volumes to stand alone, a certain amount of overlap with other volumes has been necessary.

In any multi-author and multi-volume production, overlap is always necessary if each chapter is to be developed freely, and if there is to be easy reference to subjects dealt with in more than one volume. Consequently, I ask for the reader's indulgence in those sections where overlap has been planned and deliberate. Where it has occurred as a result of my ineptitude, I apologize.

The editorial team have been very pleased at the response of those invited to contribute, although, unfortunately, a few leading members of our specialty were unable to accept the invitation. However, by and large, those asked were both cooperative and energetic in their responses, and have given freely of themselves in their contributions. I have been most impressed by the spirit of goodwill among the otolaryngologists in this country, and I am grateful to them.

In the production of this edition, I have seen myself as custodian of a great British institution. I have always been aware of the privilege and responsibility of my position, and am grateful for the advice I have received from many senior and not so senior members of our specialty. I am particularly indebted to the Advisory Editor, John Groves, and to his formed editorial colleague, John Ballantyne. My respect and admiration for these colleagues has risen, not simply because of the invaluable help they have given so freely in this edition, but because I now realise the enormity of their accomplishment and their contribution to British otolaryngology in editing the last three editions.
I also wish to express my thanks to those in Belfast who have helped with, or suffered because of, the Fifth Edition. Some have done both, and without their backing and encouragement this work would not have been possible. It would be invidious to try to name everyone. Various secretaries have been of enormous help, and without this I could not have produced this edition. My consultant colleagues have advised and encouraged me, and my junior colleagues have given very practical advice in their down-to-earth comments and invaluable help with proof-reading. My family have been both encouraging and remarkably tolerant of the long hours required to edit such a work as this.

The staff at Butterworths were helpful and encouraging throughout. Initially, Peter Richardson set the wheels in motion. He was followed as publisher by Charles Fry, who was assisted by Anne Smith and Jane Bryant. The sub-editors have been Anne Powell and Jane Sugarman. The general spirit of pleasant cooperation and tolerance has been delightful.

I am sufficiently optimistic to believe that there will be a Sixth Edition. I do not know who will be editing it. However, if the reader has any constructive comments or criticisms, I should be pleased to have them ... in writing! I can not guarantee to acknowledge these, but I promise that, if I am the editor, I shall give them due consideration, and, if not, I shall make them available to my successor.

Alan G. Kerr
Preface

Otolaryngology is a surgical specialty although it arose in the 19th century from a fusion of what was then a medical specialty, Laryngology, with a surgical specialty, Otology. Changing patterns of disease in the past half century coupled with increased longevity, particularly in the industrialized countries, has led to a change in the balance of ear diseases from infection towards metabolic and degenerative conditions. Consequent on this has been the emergence, particularly in many parts of Europe, of the non-surgical specialty of Audiological Medicine.

Audiological medicine covers the diagnostic, medical therapeutic and rehabilitative aspects of hearing and balance disorders in children and in adults. Most audiological physicians work in close cooperation with their surgical counterparts and many have dual specialty qualifications in otolaryngology and audiological medicine. All have had some formal training in otolaryngology. At the present time, however, there are few audiological physicians compared with the number of otolaryngologists. It is therefore appropriate to include a volume of audiological medicine in Scott-Brown's Otolaryngology for the benefit both of otolaryngologists dealing with audiological problems and of audiological physicians themselves. For organizational convenience, however, the paediatric audiology section has been included in the Paediatric Otolaryngology Volume (Volume 6) and Volume 2 is restricted to adult audiology.

This volume is divided into five groups of chapters: relevant basic science; causes of hearing and balance disorders; tests of hearing and balance disorders; management and rehabilitation; related topics.

The basic science sections covers relevant aspects not dealt with in the general Basic Sciences Volume (Volume 1). This while Volume 1 includes anatomy, physiology and psychophysics of the ear, this volume includes chapters on acoustics and electroacoustics, computers in audiology and audiological epidemiology. These are more specifically related to the problems encountered in audiological medicine, but have some broader relevance in otolaryngology.

The section on causes of hearing and balance disorders, together with parts of the chapter on tinnitus overlap to some extent with certain of the pathology chapters in volume 3 (Otology). However, here they are presented more within a medical framework and the section on balance disorders deals particularly with the differential diagnosis between labyrinthine causes of dysequilibrium and those caused by neurological and systemic disorders.

The diagnostic tests section is applicable to all hearing and balance disorders and includes a chapter on clinical tests which clearly demonstrates how much valuable information may be obtained without sophisticated test equipment. The chapters on diagnostic tests of hearing disorders and objective audiometry concentrate on the important basic problems faced by the diagnostician, surgeon or physician; and the chapter on tests of equilibrium complements that on causes of balance disorders in emphasizing the techniques used in differentiation between labyrinthine and other causes of dysequilibrium.
The chapter on tinnitus bridges the sections of causation, evaluation and management and was considered to merit treatment in its own right given the ongoing interest and development in this field. Psychological factors play an important role, not only in the management of tinnitus but also of vertigo and hearing disorders, and these are considered in a separate chapter. This leads on to chapters dealing with auditory rehabilitation in general and two important specific aspects of it, hearing aids and cochlear implants. The latter is considered within a rehabilitatory framework and hence complements the chapter in Volume 3 which is written from a surgical standpoint. The final chapter in this section is concerned with vestibular rehabilitation, a hitherto much neglected field, but one currently attaining greater importance.

Three related topics are considered: forensic audiology, preventive audiology and noise and the ear. These complete the volume, dealing as they do with matters which the practising audiologist and otologist comes up against increasingly in clinical work.

Overall an attempt has been made to provide an all-round view of adult audiology, and the various chapters contain many references to further detailed discussion of the various topics which they cover, but which would be beyond the scope of a general text of this nature. It is hoped that in this way they may provide a comprehensive basic picture and make more detailed texts accessible to the interested reader.

Dafydd Stephens