

February
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& Otology**

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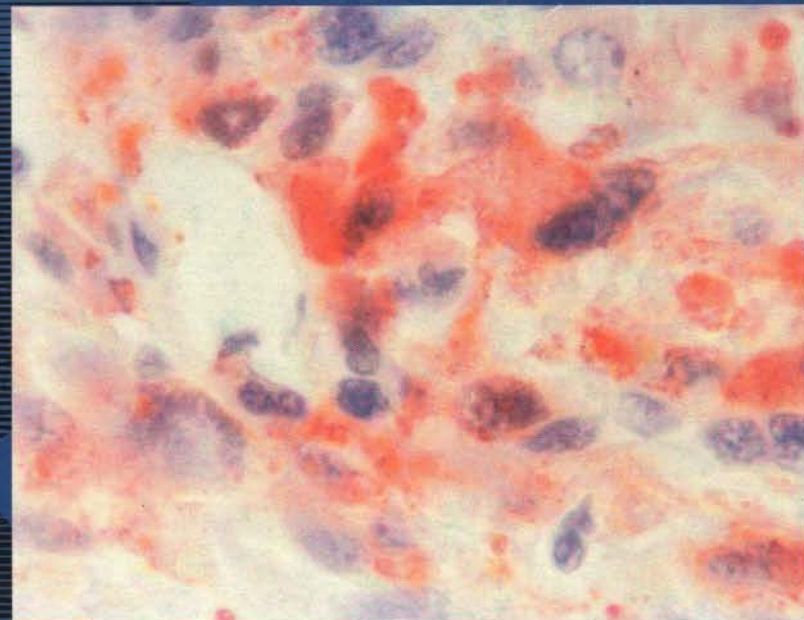
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features:

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INSTRUCTIONS FOR AUTHORS

1. Original Articles which have not been published elsewhere are invited and should be sent to the Editors. Articles should not normally exceed 7,500 words. Audit articles must demonstrate that the 'audit cycle' has been completed. Articles concerning medico-legal matters are also welcome. Longer articles or theses will be considered for publication as *Supplements* but, in such instances, the costs of publication must be met by the authors or their employing authorities.

2. Review Articles, preferably not exceeding 3,000 words, will be considered but the authors are expected to be recognized authorities on the subject.

3. Historical articles of well known characters or events should provide some new information or interpretation: those from within a Hospital's own department highlighting a hitherto less well known contribution are also welcome.

4. Short reports where radiology, pathology or medical oncology have been critical in diagnosis or management will be published on a monthly or bimonthly basis under the headings Radiology, Pathology or Oncology in Focus. Such articles should not normally be longer than 4 pages of A4 text (excluding title page and references) and must emphasise a problem of particular clinical interest. The pathologist, radiologist or oncologist who has been involved will normally be expected to be a co-author and will be expected to sign the covering letter submitted with the paper.

5. Clinical Records (Case Reports) should be brief (as with short reports, no more than 4 pages of A4 text) and should be confined to single cases without precedent in the world literature or to cases which illustrate some entirely new facet in management or investigation. Reports of relative rarities are only welcome when they add to our understanding of a clinical issue.

6. All manuscripts are considered on the understanding that they have been submitted solely to this Journal and that, if accepted, subsequent reproduction in whole or in part will not be permitted without the explicit written consent of the principal Author and Editors. In all cases where such permission is granted the customary acknowledgements must be made.

7. All papers must be accompanied by a covering letter. This should contain a declaration, to be signed by each author, to confirm that they have read and approved the contribution bearing their name. Authors should also individually indicate the part they have played in data collection, analysis or authorship. The principal investigator (who should normally be the first author) should also indicate that he or she is prepared to take total responsibility for the integrity of the content of the manuscript.

In the same letter the authors must list any potential or actual conflicts of interest: where none have occurred this should be clearly stated. Conflicts of interest include affiliations with, or financial involvement in, organizations or entities described in the manuscript and include grant monies, honoraria, fees or gifts related to the work as well as indirect financial support where equipment or drugs have been supplied.

8. Manuscripts must be typewritten in duplicate on one side of the paper only (A4 297 × 210 mm). Double spacing with wide margins (5 cm for the header and 2.5 cm for the remainder) should be used throughout. The pages should be sequentially numbered.

Begin each section on a new page in the following sequence: title page, abstract, text, acknowledgements, references, tables and legends. The following details should apply to each of these sections:

(a) **Title Page**—This should contain a succinct title for the paper and the names of the authors together with their principal higher degree(s). Below this should be the details of the departments in which the authors work and the name of their affiliated institution(s). An address for correspondence and the name of the author who is to receive this should be typed at the foot of the title page: this will ultimately appear beneath the list of references.

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(b) **Abstract and Key Words**—The abstract should be no longer than 150 words and should include a statement of the problem, the method of study, the results obtained and the conclusions drawn. A separate 'summary' section in the main manuscript is not permitted.

Following the abstract should be those key words which can be used to index the article. Only the words appearing as Medical Subject Headings (MeSH) in the supplement to *Index Medicus* may ordinarily be used: in exceptional circumstances, and where no appropriate word(s) are listed, those dictated by common usage should be supplied.

No paper will be accepted without an abstract and appropriate key words.

(c) **Text**—The text should normally follow the common outlines, i.e., introduction, materials and methods, results and analysis, discussion, conclusion(s). The latter sections should clearly indicate how this work fits with the current body of world literature.

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Photomicrographs of histopathological specimens must be accompanied by details of the staining method and the magnification used.

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For papers the names of the authors, the year of publication, the title and the journal name in full should be given followed by the volume and page numbers, e.g., Green, C., Brown, D. (1951) The tonsil problem. *Journal of Laryngology and Otology* 65: 33–38.

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The authors should personally verify the accuracy of every reference before submitting a paper for publication.

(g) **Drugs**—The proper names of drugs should be used. One reference to a proprietary name may be given if this is felt to be important to the study.

9. **Submission of manuscripts**—Manuscripts should be sent to the Editors, The Journal of Laryngology and Otology, 2 West Road, Guildford, Surrey GU1 2AU (Fax: +44(0)1483-451874). All authors should send a facsimile number where possible to speed communication. Material submitted on floppy disk or sent by e-mail is not acceptable.

Page proofs sent to authors should be corrected and returned within 5 working days. No extra material should be added to the manuscript at this stage. Orders for reprints must be made on the form provided at the time of returning the proofs.

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COURSES 1998

Percutaneous Tracheostomy under Endoscopic Control

May 1998

One-day practical course aimed at Intensive and Otolaryngologists who wish an introduction to the skills necessary to practice this procedure using a safe technique. The course offers small group tuition and laboratory tissue models.

Endonasal and Endoscopic Sinus Surgery for Registrars and SHOs

12-13 May 1998. FEE: £395

A two-day practical course designed for Junior Registrars and SHOs in ORL, who wish to extend their skills in the nasendoscope and sinuscope. This is a laboratory based practical course which concentrates on the skills required for procedures such as nasendoscopy, sinuscopy, endoscopic turbinate surgery, septal surgery, endoscopic middle meatal anastomosis. Faculty will include Mr P White (Dundee), Mr G McGarry (Glasgow), Mr B Bingham (Glasgow). MATTUS approved.

4th Dundee Course in Middle Ear Surgery

21st-22nd September 1998

A two-day course aimed Specialist Registrar year 1-4. The course will cover the principles and practices of stapedectomy and ossiculoplasty supported by tutorials, discussions, videos and practical sessions. The participants will be given "hands on" training on specially designed and temporal bone models during the practical sessions. Faculty will include Mr R Mills (Dundee), Mr B O'Reilly (Glasgow) and Mr W McKerrow (Inverness), Mr J Crowther (Glasgow). MATTUS approved.

Anatomical workshop for Laryngeal Framework Surgery

29th September 1998.

A one-day practical course for Senior Otolaryngology trainees and Consultants who wish to develop and extend their surgical skills in Laryngeal Framework Surgery.

Practical Bronchoscopy and Oesophagoscopy with foreign body removal

11th November 1998.

One-day practical course for specialist registrars and SHOs who wish to advance their skills in rigid endoscopy. This is a laboratory based course which concentrates on skills required for rigid and flexible bronchoscopy, oesophagoscopy and foreign body removal.

Tutors: Robin L Blair, Paul S White, Rodney E Mountain

This course can be attended solely or in conjunction with:

Percutaneous Tracheostomy under Endoscopic Control

12th November 1998

One-day practical course aimed at Intensivists and Otolaryngologists

Practical Basic Laryngectomy Course

13th November 1998.

One-day practical course for Junior Otolaryngology trainees to develop practical skills in laryngectomy surgery. All courses offer small group tuition and laboratory tissue models.

Further details and registration form are available from Julie Struthers, Unit Co-ordinator, Surgical Skills Unit, Ninewells Hospital and Medical School, Dundee DD9 1SY.

Tel: 01382 645857, Fax: 01382 646042.

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The course has limited number of places and these will be allocated on a first come first served basis.

Course Director: S. K. Kaluskar, M.S., F.R.C.S., D.L.O.(Eng.)

Further information from: Mrs. Martina Corrigan, Tyrone County Hospital, Omagh, Co. Tyrone, N. Ireland.

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- 5) Lipomas of CPA
- 6) Petroclival Meningiomas
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Pp 42 Printed 1980

Retail £4.00 (US\$8.00)

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by Christian Betow

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Rhinology of the Royal
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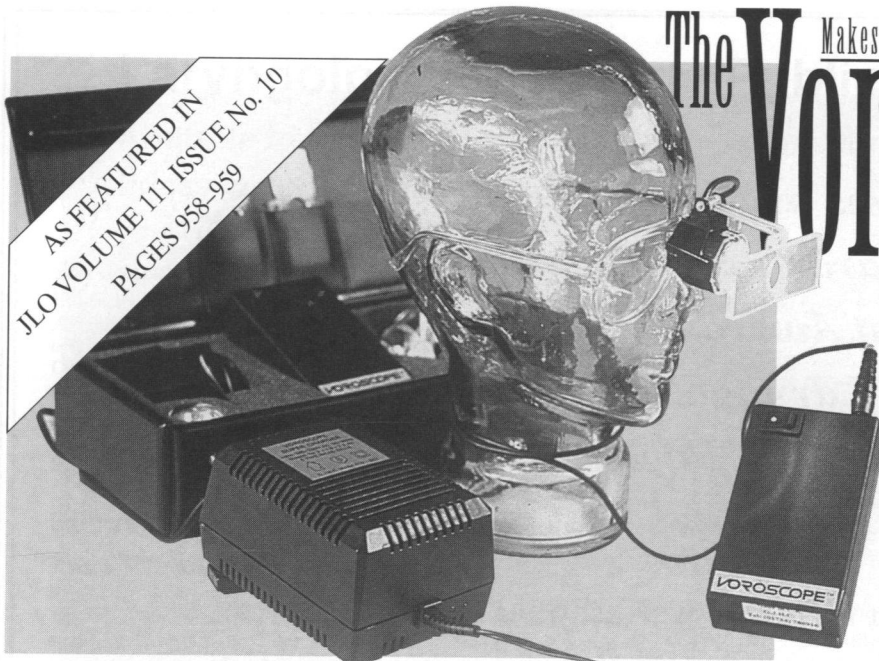
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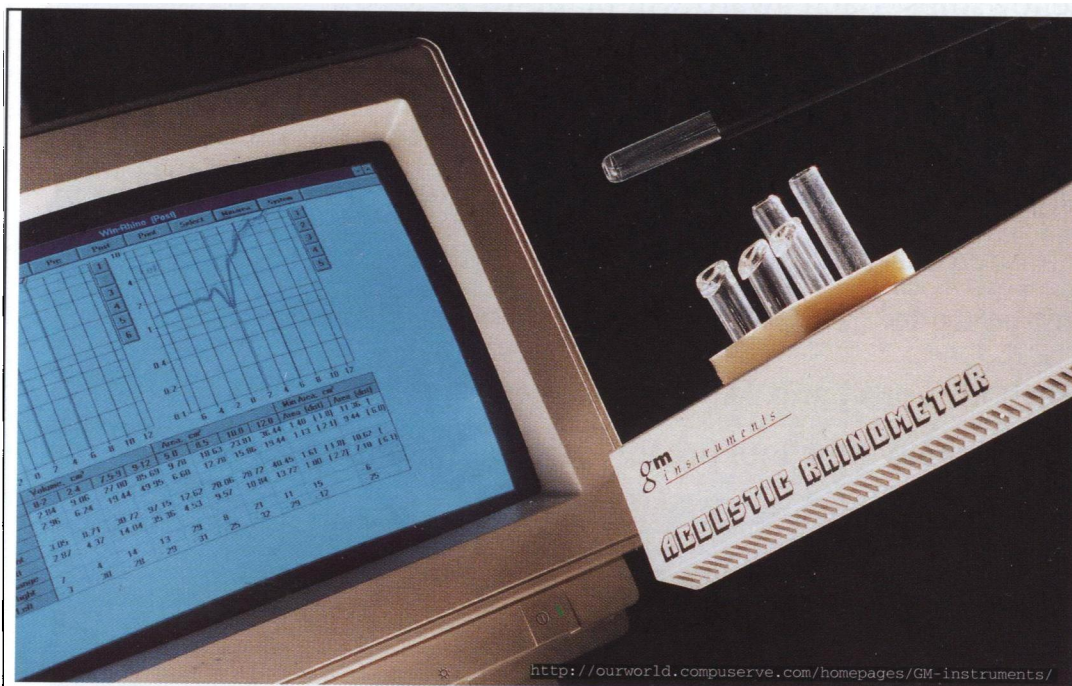
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