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No 3



features:

Transtympanic dexamethasone
application in Menière's disease

Temporal bone tumours in patients
irradiated for nasopharyngeal
neoplasm

Pharyngeal pouch endoscopic
stapling

Facial palsy after glomus jugulare
tumour embolization



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. Competing interests 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.

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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.

If the paper was presented at a meeting, the details must be given and will be inserted at the foot of the first page of printed text.

(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.

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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.

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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.

10. **Rejection of manuscripts**—All manuscripts that are rejected will no longer be returned to the authors and those submitting papers should, therefore, ensure that they retain at least one copy. The exception will be manuscripts containing coloured illustrations where the illustrations only will normally be returned automatically by Surface Mail.

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The cultural and scholarly city of Cambridge provides the location for this meeting which is considered the academic highlight of ENT in the UK. Held every four years, it contains key-note lectures, plenary sessions, mini-symposia, free papers, instructional sessions and dissection demonstrations.

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COURSES 1999

5th Foundation Course in Middle Ear Surgery

20th-21st September 1999.

A two-day course aimed Specialist Registrar year 1-4. The course will cover the principles and practices of stapedectomy and tympanoplasty 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 (Edinburgh), Mr B O'Reilly (Glasgow) and Mr W McKerrow (Inverness), Mr J Crowther (Glasgow), Mr A Kerr (Edinburgh).

Practical Bronchoscopy and Oesophagoscopy with foreign body removal

8th November 1999.

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

27th May and 9th November 1999.

One-day practical course aimed at Intensivists and Otolaryngologists

Practical Total Laryngectomy Course

10th November 1999.

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.

Temporal Bone Surgical Dissection Course

INTERNATIONAL CENTER FOR OTOLOGIC TRAINING (ICOT)

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- Temporal bone dissection morning and afternoon
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1999

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TWELFTH FUNCTIONAL ENDOSCOPIC SINUS SURGERY COURSE

AND

KTP/532 WORKSHOP

CME Accredited by BAO-NHS (23 Points)
Approved by European Laser Association (ELA)

Tyrone County Hospital, Omagh, N. Ireland

13th-16th April 1999

A two day course in Functional Endoscopic Sinus Surgery with hands on nose-sinus endoscopy will instruct the participant with an in-depth account of both morbid and endoscopic anatomy, pathophysiology, diagnosis including imaging techniques and surgical approach with post operative care. Complications and how to prevent them will be discussed in detail.

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

Course Director: Mr 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 BT79 0AP.
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