General Notes

THE CLEVELAND REVISION COURSE

IN

OTOLARYNGOLOGY, HEAD AND NECK SURGERY

21st-25th AUGUST 1995

COURSE ORGANISER: MR. L. M. FLOOD

This five-day course is presented as a revision aid to candidates for higher surgical examination, especially Fellowship, in the speciality. The intensive programme will include:

- ★ Twice daily
- ★ Case presentations by delegates
- ★ A daily slide quiz
- ★ Training in viva voce skills
- ★ Simulated clinical examination
- ★ Survival skills when all else fails

This introductory week will t hen be supplement ed by provisions of a syllabus and an essay correspondence course as a continuing aid to revision.

There is no charge for tuition. A small deposit on booking will be refunded at registration. Discounted hospital or local hotel accommodation is available.

To ensure individual tuition the number of participants is limited and early application is vital.

Further details from: Mr. L. M. Flood, F.R.C.S. The Forge, Kirby Lane, Kirby in Cleveland TS9 7AL. Tel: 0642 710107

12-14 October 1995

AN ENDOSCOPIC APPROACH TO RHINOSINUSITIS

The Institute of Laryngology and Otology

With the participation of: Professor Heinz Stammberger, University ENT Hospital Graz, Austria

Course Organisers: V J Lund and I S Mackay

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> Those wishing to attend please contact: Mrs Lesley Mathieson Speech and Language Department Northwick Park Hospital Tel: 0181 869 2410

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FIFTH INTERNATIONAL CONFERENCE ON CHOLESTEATOMA AND MASTOID SURGERY

September 1-6, 1996 Alghero - Hotel Baia Di Conte - Sardinia, Italy

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MAIN TOPICS

- Epidemiology
- Immunology
- Bone Resorption
- X-Ray Evaluation
- Congenital cholesteatoma
- Cholesteatoma in children
- Open vs closed technique
- Complications
- Petrous bone cholesteatoma

For further information please contact:

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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

 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.
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- 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.
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- 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.

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