V o l 1 1 1
No 3

features:

HIV in otolaryngology
Audiological findings in glomus tumours
Revision stapes surgery
Cochlear implantation in otosclerosis
High Rate
COMBI 40+
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1. Original articles which have not been published elsewhere are invited and should be sent to the Editor. They are considered for publication on the understanding that they are contributed to this Journal solely. Reproduction elsewhere in whole or in part, is not permitted without the previous written consent of the Author and Editor and the customary acknowledgement must be made. Normally an original main article should not exceed 7500 words. Longer articles or those with supplements, at the expense of the authors or as Supplementation authorities.

2. Manuscripts should be typed in duplicate on one side of the paper only (A4 297 x 210 mm) and double spaced, with wide margins. Begin each component on a new page in the following sequence: title page, abstract, text, acknowledgements, references, tables and legends.

3. Title page—Titles should be short with maximum 22 letters. Authors, higher degrees only. Dots between 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. Any change of address should be notified. 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 printed script.

4. Abstract—This should contain not more than 150 words and include a statement of the problem, the method of study, results and conclusions; a ‘summary’ section should not be included in the main manuscript. No paper will be accepted without an abstract.

5. Key Words—Only those appearing as Medical Subject Headings (MeSH) in the supplement to the Index Medicus may be used; where no appropriate word(s) are suggested, those dictated by common sense/usage should be supplied.

6. Text—Suggested outline—(1) introduction, (2) materials and methods, (3) results, (4) discussion, (5) conclusion.

7. Tables are to be submitted on a separate sheet. Each table should have a caption indicating its contents and title.

8. Figures—Two sets of illustrations, one with each copy of the manuscript, must be submitted and all authors should remember that the single column width is 80mm. One set of illustrations should, therefore, not exceed this width and they should ensure that the essential features are illustrated within this dimension.

9. Colour illustrations will be charged to authors, if a special grant is authorized by the Editor. Where permission from the publisher to publish is given, the author will be required to supply three copies of the illustration in black and white, together with any further information necessary. Consent to be obtained from a patient if a photograph of their face is to be reproduced.

10. Measurements—must be in metric units, with Systeme International (SI) equivalents given in parentheses.

11. The Harvard system of recording references should be used, e.g. Green, C. and Brown, D. (1951) The tonsil problem. Journal of Laryngology and Otology 65: 33–38. A paper written by more than two authors should be acknowledged in the text, e.g. Green et al. (1951), but all the authors should be given in the list of references. The titles of all Journal articles should be given without abbreviation. References should be listed in alphabetical order; use of the Vancouver system will not be accepted.

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14. It is most important that authors should verify personally the accuracy of every reference before submitting a paper for publication. The names of authors cited in the References should be given in alphabetical order.

15. Omissions—In the submission letter to the Editor, the authors must list all affiliations with or financial involvement in, organizations or entities with a direct financial interest in the subject matter or material of the research discussed in the manuscript.

16. Declaration—Each manuscript must be accompanied by a letter of declaration to be signed by each author to confirm that they have seen, read and approve the contribution bearing their name.

17. Rejections—All manuscripts which are rejected will no longer be returned to the authors. Those submitting papers should, therefore, ensure that they retain at least one copy and the reference numbers, if any, of the illustrations. The only exception to this will be those manuscripts with colour illustrations which will be returned automatically by Surface Mail.

18. Facsimile—(FAX) All authors should send a Facsimile number whenever possible to speed communication; this particularly applies to those outside the United Kingdom. Manuscripts with no visual illustrations (X-rays/pathology) may be sent by facsimile.

19. Page proofs are sent to authors for corrections, which should be kept to a minimum; they must be clearly marked, and no extra matter added. Proofs should be returned within 5 days.

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25. All subscriptions, advertising and business communications should be sent to the publishers, or subscription agents.

Instructions for Occasional Articles

Review Articles. Articles of this type, preferably not exceeding 3,000 words will be considered but the author(s) are expected to be recognized authorities on the topic and have carried out work in their 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.

Audit Articles. Articles should be of general audit interest—not specifically departmental. It should always be demonstrated that the 'audit cycle' has been completed.

'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.

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 affected field, not warranting a full independent description of its earlier application and methodology.

Radiology in Focus. 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 applies on a monographically 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 emphasize a problem of unusual clinical interest.

Pathology in Focus. Articles which are of pathological interest with particular emphasis on the way the diagnosis was achieved now appears on a monthly basis. It is hoped that clinicians will involve their pathologists in these reports, and all illustrations must be of first-class quality. When 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 a satisfactory illustration. Only contributions of particular pathological interest will be accepted.

Oncology in Focus. This new feature is for papers concerned with oncological treatment and investigation.

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. However possible, the original author is asked to add his further comments. 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.
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PROFESSOR OF OTOLARYNGOLOGY HEAD AND NECK SURGERY
(Ref: 4852JL)

Department of Surgery

The roles of the Professor include providing leadership within the specialty in South Australia, leading of research activities in the Department, providing high level specialist services to the teaching hospitals of The University of Adelaide and Flinders University of South Australia, supervising the teaching programs and participating in the postgraduate training programs of the two Universities.

The current interests of the Department include sinus surgery, otology, head and neck surgery, voice disorders, laryngology and phonosurgery. Applications would be welcomed from surgeons with a distinguished record of research and clinical activity in any major branch of OLHN surgery.

The successful applicant will have the status of a Head of Unit at either The Queen Elizabeth Hospital or Royal Adelaide Hospital depending on the applicant’s clinical and research interests.

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Further information concerning the duties of the position, including selection criteria, may be obtained from Professor DB Frewin, Dean of the Faculty of Medicine, telephone (61-8) 8303 5193, or Professor GJ Maddern, Director, Division of Surgery, telephone (61-8) 8222 6756.

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DEPARTMENT OF OTOLARYNGOLOGY

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Further particulars and application forms from:

Mrs A J Pryde, Unit Secretary
Department of Otolaryngology, City Hospital
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Tel: 0131 536 6345  Fax: 0131 536 6167

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Venue: Cotswold Lodge Hotel, Central Oxford.
Cost: £375 Residential
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Special rates are available if a joint application is made for a surgeon and radiologist from the same hospital.

Information and registration forms available from Christine Westwood, Academic Secretary, telephone/fax 01865 224544
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Mr J Robinson (Gloucester) Mr J Toner (Belfast)

C.M.E. Accreditation applied for – Anticipated number of credits 28

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