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The Journal of

# Laryngology & Otology

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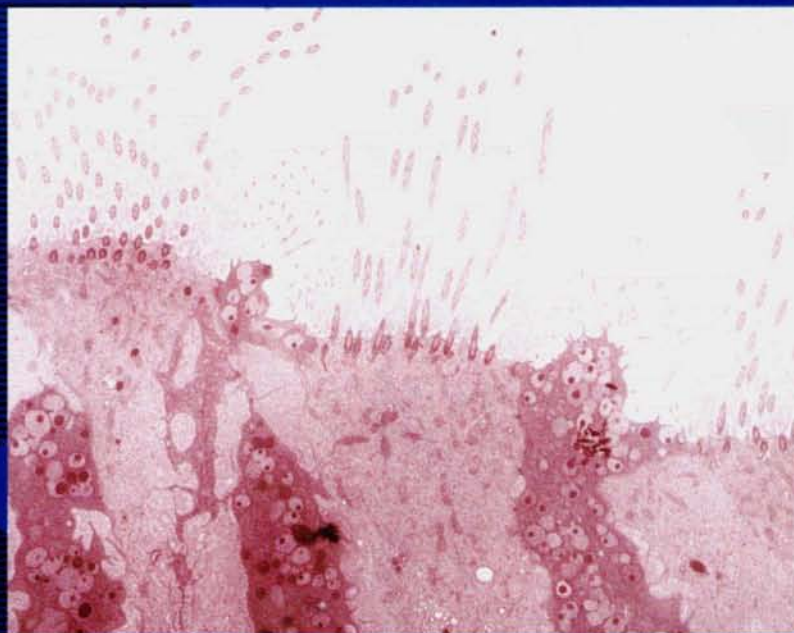
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No 1



features:

Molecular biology and the ENT  
surgeon in the millennium

Olfaction: a review

Hoarseness and gastroesophageal  
reflux in children

Laryngeal paralysis in  
organophosphorus poisoning

## Otologic Workshop & Temporal Bone Course

### “APPROACH TO OTOLOGIC PROBLEMS”

20–24 FEBRUARY 1998, SINGAPORE

#### Course Directors

Malcolm D Graham, MD, FACS  
Yeo Seng Beng, MBBS, FRCSE

#### Jointly Organised by

International Center for Otologic Training (ICOT)  
Georgia Ear Institute, Savannah, Georgia, USA

&

Department of Otolaryngology,  
Tan Tock Seng Hospital, Singapore

#### For further information contact

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Dept of Otolaryngology, Tan Tock Seng Hospital,  
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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 antrostomy. 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.



NOTTINGHAM PAEDIATRIC COCHLEAR IMPLANT PROGRAMME

## ADVANCED WORKSHOP

26TH–28TH MARCH 1998

& 24TH–26TH SEPTEMBER 1998 (details to be confirmed)

Our advanced workshop gives an opportunity for those involved in cochlear implantation to bring themselves up-to-date with the latest trends and techniques, to develop new skills and have an opportunity to discuss complex cases and issues with colleagues. It is open to the whole range of professionals working in the field and will cover:

- assessment of the very young, borderline and complex cases.
- trouble-shooting the system.
- educational issues and the role of the teacher of the deaf in rehabilitation.
- language and speech assessment of preschool children with additional needs.
- video analysis techniques.
- quality of life assessment.

There will be plenary and workshop sessions and numbers will be restricted to allow full participation.

#### Early booking is advised

**Guest speakers:** Dr Pat Chute, Director, Cochlear Implant Centre, Manhattan Eye, Ear and Throat Hospital, New York.  
Prof. Quentin Summerfield, Deputy Director, MRC Inst. of Hearing Research, Nottingham University.

**Cost:** £250.00 (Residential) includes full board at university hall of residence (Student Rooms).  
£200.00 (Non Residential), inc all meals throughout the course.

CONFERENCE DINNER on Friday evening is included for all delegates.  
CME accreditation applied for.

#### Registration form/further details contact:

**Maureen Ross, Nottingham Paediatric Cochlear Implant Programme.**  
Ropewalk House, 113 The Ropewalk, Nottingham, NG1 6HA.  
Tel: 0115 9485549/Fax: 0115 9485560/Email: [mro@npcip.org.uk](mailto:mro@npcip.org.uk)

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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.

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.

(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.

(d) **Illustrations**—Tables and charts should be adjuncts to the text and must not repeat material already presented. They should be numbered consecutively, with Roman numerals, and must be marked with a clear legend.

Photographic illustrations should be unmounted, should not exceed 80 mm in width and should be high quality black and white prints: reproduction of coloured prints will normally be charged to the authors. Two sets of photographic illustrations, one with each copy of the manuscript, should be supplied and each should be clearly identified on the back with the figure number and the first authors name. Where any ambiguity might result the top edge should be identified with an arrow to aid orientation. Colour illustrations from papers are occasionally selected by the editor for use on the front cover of the journal at no cost to the authors. If appropriate a colour version of one of the black and white photographs submitted can be included for this purpose.

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

Photographs which could result in the person illustrated being identified must be accompanied by a signed release giving specific consent to publication. For minors signed parental permission is required.

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In the list of references all authors should be included and references should be in alphabetical order (by name of first author). The following format should be used:

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.

For single author books the style used should be Green, C. (1951) The tonsil problem. 2nd Edition. vol. 1, Headley Brothers Ltd., Ashford, Kent, pp 33–38.

For papers in multi author books with one or more editors the reference should include the title of the chapter and the names of the editors together with the number of the edition as in: Brown, D. (1951) Examination of the Ear. In *Diseases of the Ear Nose and Throat*. 2nd Edition. (White, A., Black B., eds.) Headley Brothers Ltd., Ashford, Kent, pp 33–38.

Within the body of the text references should be in parentheses and should cite the author(s) and the year of publication. A paper written by three or more authors should be abbreviated e.g., Green *et al.*, 1951.

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.

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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### PROGRAMME 1997/98 SESSION

President, Section of Otolaryngology: Mr A R Maw FRCS  
President, Section of Laryngology & Rhinology:  
Mr A P Freeland FRCS

#### Friday 6 March 1998

10.30 am-12.30 pm Co-operation not confrontation  
Laryngology  
2.30 pm-4.30 pm Research in otology (in honour of Mr J  
Angell James FRCS, Emeritus Surgeon to  
Bristol Royal Infirmary) Otolaryngology

#### Friday 8 May 1998

10.30 am AGM and Short Papers Laryngology  
11.30 am Garnett Passe Memorial Lecture  
12.30 pm Reception  
2.30 pm AGM and Short Papers Otolaryngology

#### Friday 26 June 1998

Latest advances and the future of radiological investigation in  
otorhinolaryngology  
Joint Summer Meeting of the Sections of Laryngology &  
Rhinology and Otolaryngology at the Belfrey Hotel, Oxford.

For information please contact:

### SECTIONS OF LARYNGOLOGY & RHINOLOGY AND OTOLOGY (Academic Department)

Direct Line: 0171 290 2984 Direct Fax: 0171 290 2989  
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1998

January 17 - 21, 1998  
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September 26 - 30, 1998  
November 5 - 9, 1998

1999

January 23 - 27, 1999  
April 17 - 21, 1999  
September 18 - 22, 1999  
November 13 - 17, 1999

Fees: Physicians - \$800 • Residents \$350  
50 hours CME credit

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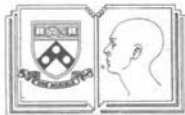
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### The Penn Rhinology Course:



Department of Otorhinolaryngology:  
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## Technical Advances in Management of Sino-Nasal Disease

March 19-21, 1998, Ritz Carlton Hotel &  
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Hands-On Laboratory Dissections  
The Frontal and Sphenoid Sinus  
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#### Other CME Activities:

- Visiting Mini-Fellowship in Endoscopic Sinus Surgery
- Advances in Diagnosis and Treatment of Sleep Apnea and Snoring
- Contemporary Concepts in Laryngeal Surgery for Benign and Malignant Disease
- Current Concepts in Otolaryngology: A Primary Care Approach
- The Penn Rhinoplasty Course: Seminar on Aesthetic and Functional Rhinoplasty

Registration Fees: Lecture/Lab Sessions \$1850 Residents Lecture/Lab \$1100  
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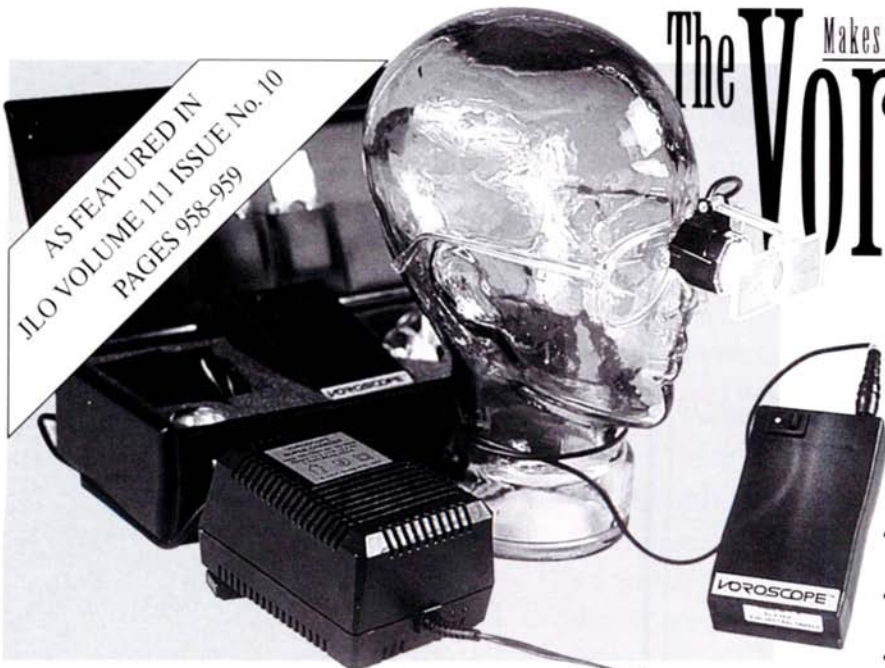
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Course Directors:  
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AS FEATURED IN  
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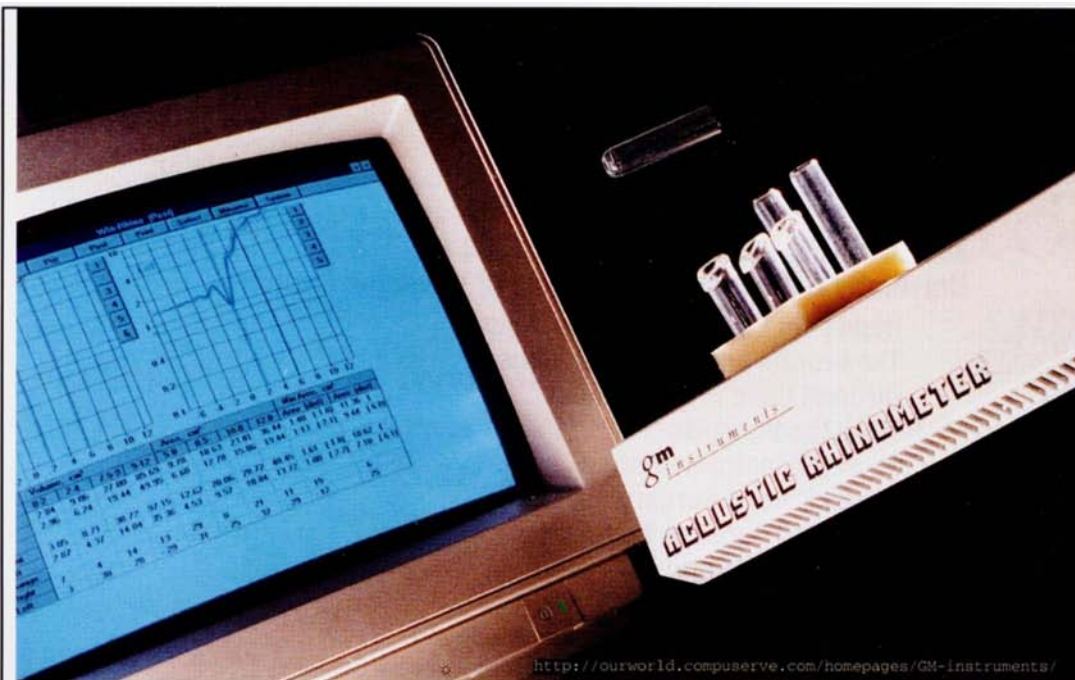
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