

March
1997

The Journal of
**Laryngology
& Otology**

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by Marshall Mackenzie & George Williams

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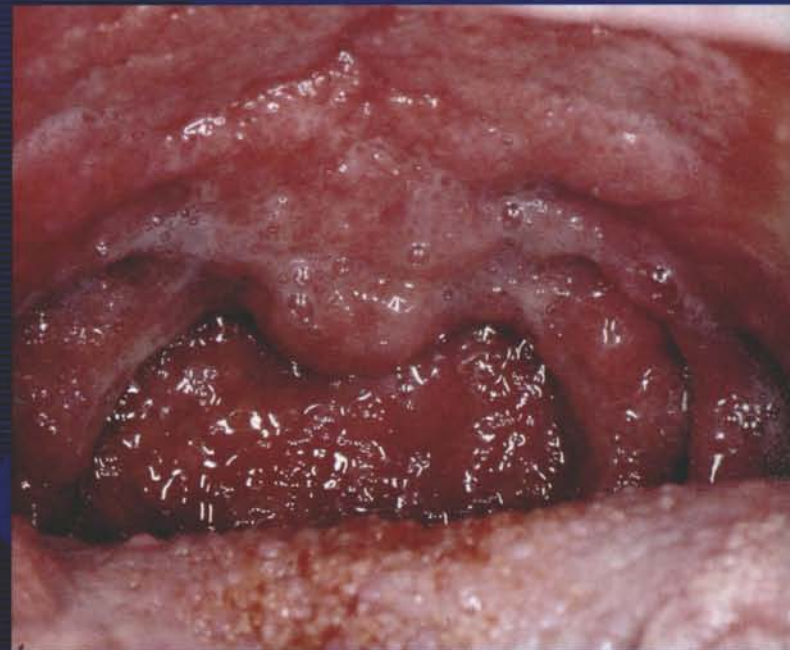
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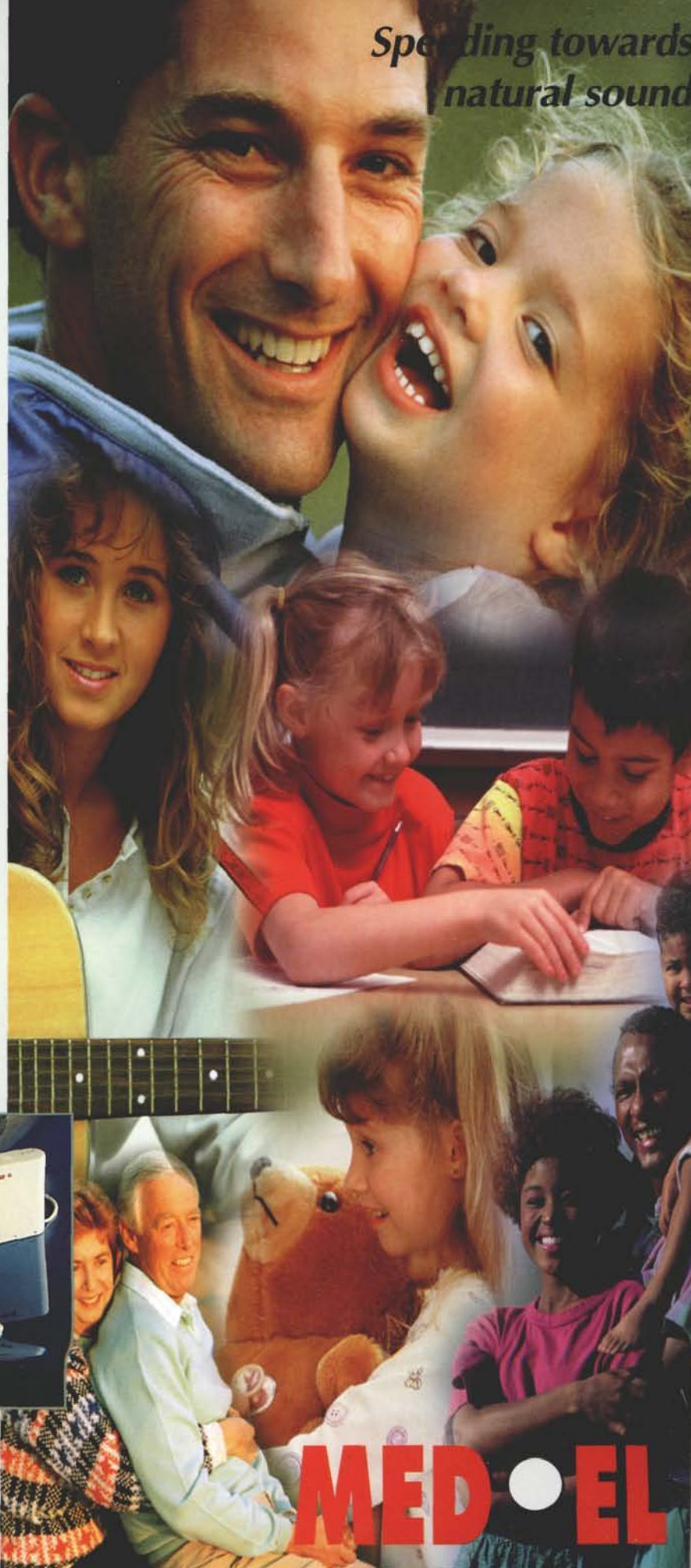
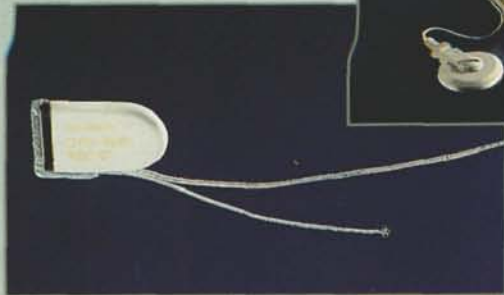
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(Founded in 1887 by MORELL MACKENZIE and NORRIS WOLFENDEN)

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2. Manuscripts should be **typewritten 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.

(a) **Title page**—Titles should be short with names of the authors, higher degrees only. 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. 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.

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Review Articles. Articles of this type, preferably not exceeding 3,000 words will be considered but the author(s) are expected to be a recognized authority on the topic and have carried out work of their own in the 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 allied field, not warranting a further in-depth 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 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 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 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.

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. 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.

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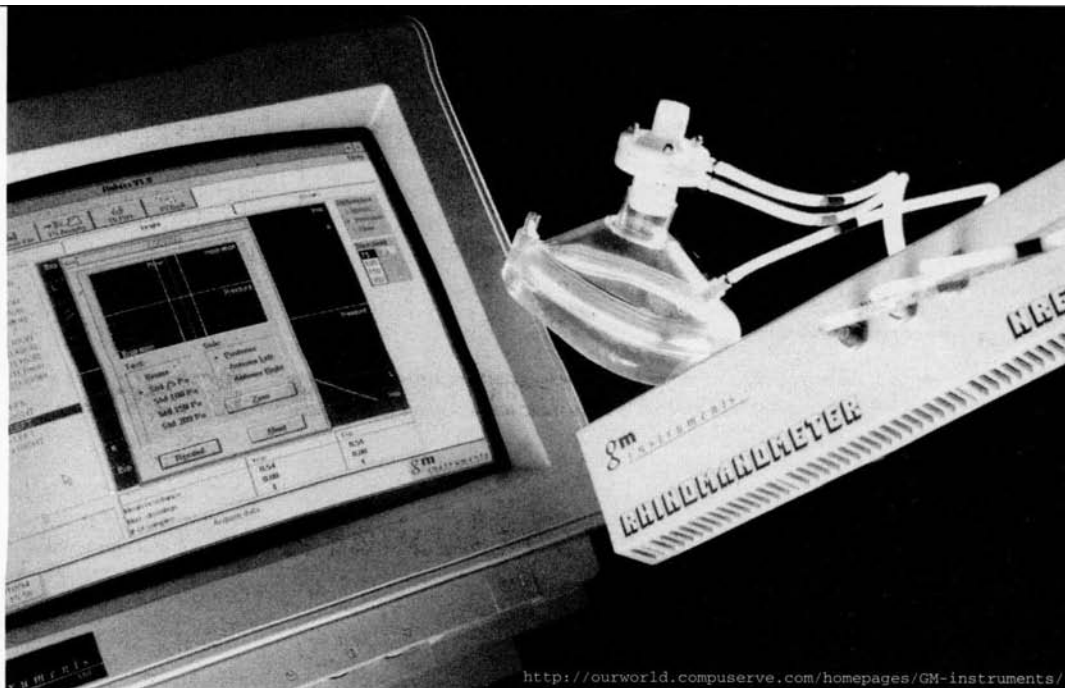
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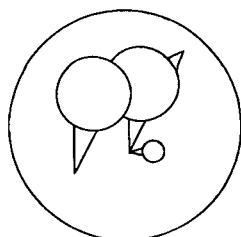
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MEETINGS

**7 MAY
and
23–26 JULY 1997**



Friday 7th May 1997

Otology

10.30 am Neuro-Otology at Queen Square

(In memory of the late Dr M Dix MD, FRCS, 1911–1991)

Introduction	<i>Dr D Hood</i>
Benign Positional Vertigo	<i>Professor L Luxon</i>
Optokinetic Nystagmus	<i>Dr A M Bronstein</i>
Clinical Presentation of Central Vestibular Disorders	<i>Dr R Davies</i>
Huff, Puff and All Fall Down	<i>Mr H Ludman</i>
Effects of Vestibular Nerve Section on Cochleo-Vestibular Physiology	<i>Mr G Brookes</i>
Newer Tests and Their Clinical Application	<i>Dr M Gresty</i>

Laryngology & Rhinology

2.30 pm Short Papers

Wednesday–Saturday 23–26 July 1997

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Second US/UK Joint Otolaryngology Meeting
(Second AAO–HNSF/PSEF Joint Meeting)

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1 Wimpole Street, London W1M 8AE
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Department of Surgery

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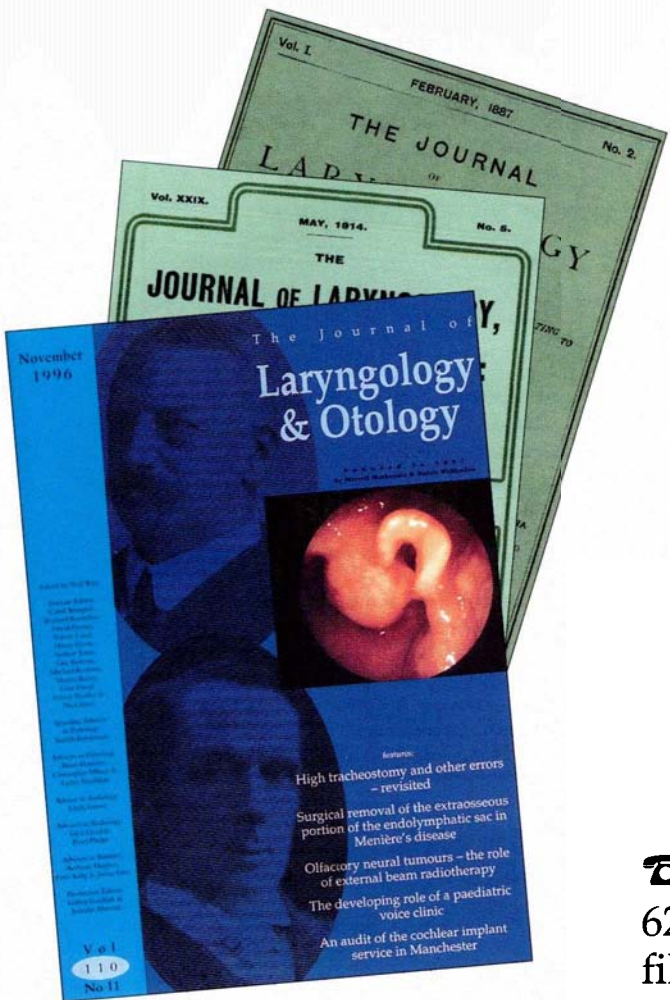
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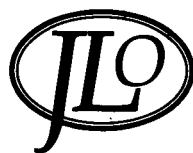
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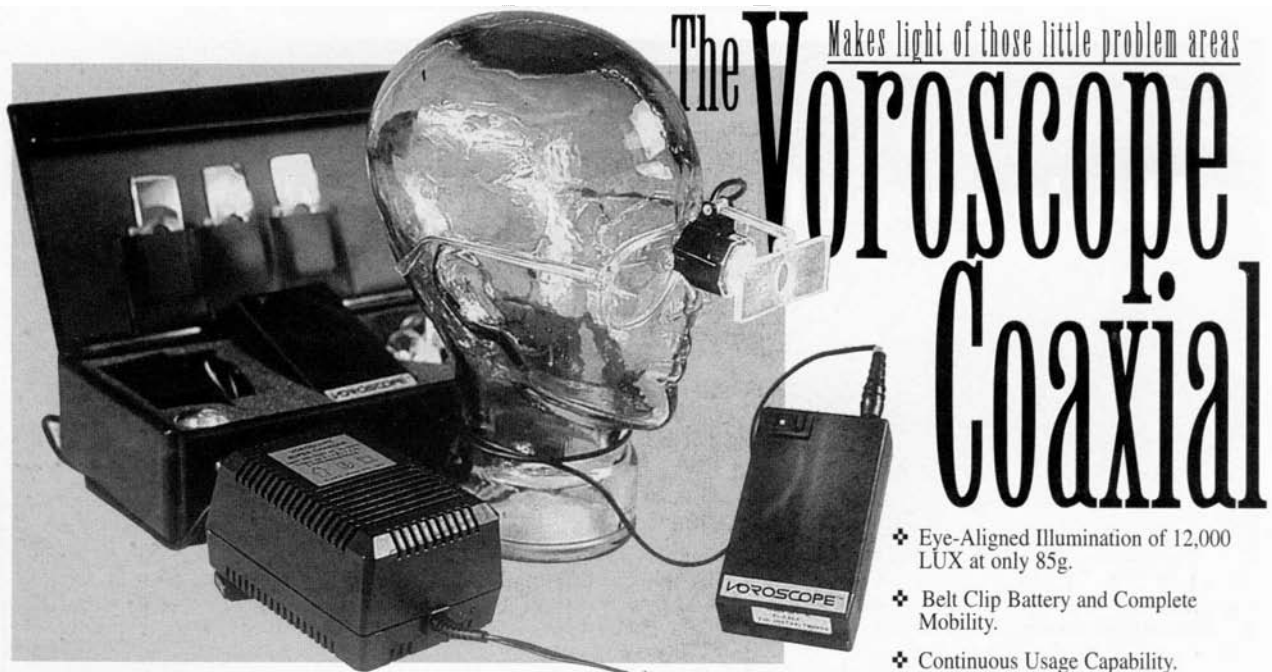
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