

Journal of Accident & Emergency Medicine

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SUBSCRIPTION INFORMATION. *Journal of Accident and Emergency Medicine* is published quarterly (one volume per annum) and the subscription prices for 1995 are £46.00 (Europe), £51.00 (rest of world) and \$76.00 (USA and Canada), in all cases post free. The institutional subscription rates are £149.00 (Europe), £164.00 (rest of world) and \$254.00 (USA and Canada). Subscribers in Canada must add 7% to the subscription price, to allow for GST. Subscribers in Europe must quote their VAT registration number or state that they are not registered. Subscribers in The Netherlands who are not VAT registered must add 6% to the subscription price, to allow for VAT. Orders for current subscriptions and back issues should be sent to Blackwell Science Ltd, Journal Subscriptions Department, PO Box 87, Oxford OX2 0DT, UK, all other business correspon-

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*Post Master, send address changes to: *Journal of Accident and Emergency Medicine* c/o Mercury Airfreight International Ltd., 2323 EF Randolph Avenue, Avenel NJ07001 (US Mailing Agent) Second Class postage paid at Rahway NJ.

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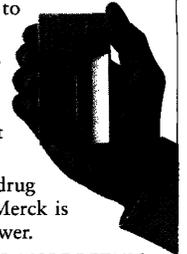
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FELLOWSHIP EXAMINATION IN ACCIDENT AND EMERGENCY MEDICINE AND SURGERY

A diet of the Fellowship Examination in Accident and Emergency Medicine and Surgery organised jointly by the Royal College of Surgeons of Edinburgh and the Royal College of Physicians of Edinburgh will commence on 13 November 1995.

This is an additional option in the present Fellowship Examination and is designed to test all aspects of the work of an Accident and Emergency Department.

Candidates must have been engaged in the study of their profession for period of not less than four years and must have passed a Section A/Part 1 MRCP(UK) or recognised equivalent.

The application form, examinations calendar and Regulations are available on request from the Examinations Officer, The Royal College of Surgeons of Edinburgh, Nicolson Street, Edinburgh EH8 9DW.

Applications for entry must be received by 15 September 1995.

Fee: £360.00

along standard guidelines. Triage and pre-warning is carried out by the ambulance service allowing the team to prepare. Recognition and treatment of life threatening injury is carried out rapidly, with early involvement of other appropriate personnel (registrars/senior registrars in General Surgery and Orthopaedics) for definitive care. Audit and review of trauma videos allows the medical and nursing teams to develop their organisational skills, as well as graphically highlighting inappropriate delays to definitive care.

So, although we do not seem to meet Dr Highley's 'standards', the necessary components for dealing with such emergencies are certainly in place and work well for the Leicester Royal Infirmary. However, whereas at our institution over 1000 patients are admitted annually following trauma (80–90 of whom will have injury severity scores >15) and such organizational structures are required, other smaller units may not have the same needs or resources to develop along such lines.

Rather than concentrate solely on the number or type of speciality present in a trauma team, we would suggest that much more attention should be given to developing a response appropriate to the needs of the institution based on the available expertise in acute trauma resuscitation. The methods of auditing the work of the team and actual accessibility of experienced personnel to provide early definitive care is also vitally important.

REFERENCES

1. Highley D.A. (1994) Review of the composition and use of trauma teams within the Trent Region. *Journal of Accident and Emergency Medicine* **11**, 183–185.
2. Driscoll P.A., Vincent C.A. (1992) Organizing an efficient trauma team. *Injury* **23** (2), 107–110.

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Announcement

The IV Congress on Burns and Fire Disasters and Symposium on Plastic Surgery will be held on 18–20 September 1995 in Košice, Slovakia.

An internationally recognized group of burn injury and disaster medicine experts will be present to deliver lectures on a variety of current topics including burn shock – sepsis, fire disasters, skin banking and reconstructions in plastic surgery.

Chairman: J. Babík. Guests include: S. Gunn (USA), M. Masselis (Italy), R. Hermans (Holland) and A. Munster (USA).

GUIDELINES FOR AUTHORS

Submission of manuscripts

The journal will consider for publication original papers, review articles, case reports, short reports, equipment reviews and book reviews in the field of international emergency medicine. Letters to the Editor will be considered. Authors are requested to supply full references to any articles that are cited. Letters may be edited. The original and two copies should be submitted together with a covering letter signed by the first author. All papers and correspondence should be sent to: Editorial Office, *Journal of Accident and Emergency Medicine*, Blackwell Science Ltd, 23 Ainslie Place, Edinburgh EH3 6AJ, UK. Tel: 0131-226 7232 and Fax: 0131-226 3803.

Please inform the editorial office immediately of any change of address.

Preparation of manuscripts

Manuscripts must be written in English. It is recommended that non-English speaking authors have their manuscripts revised by an English speaking person. Manuscripts must be typewritten on one side of A4 paper with wide margins and double spacing. All pages should be numbered consecutively.

The title page should contain: a full title; a running title of not more than 50 characters including spaces; the names of each author; the name and full postal address of the hospital/institution; and the name, telephone and fax numbers (if available) and full postal address of the person to whom correspondence, proofs and offprint requests should be addressed.

The second page should contain an abstract of not more than 150 words. Followed by up to six keywords in alphabetical order. Subsequent pages should contain the following: introduction, subjects and methods, results, discussion, acknowledgements, references, tables, figures, figure legends and clearly marked photostat copies of the figures. There should be minimal duplication of results between text, tables and figures.

Authors are requested to restrict the length of articles as far as possible according to the following guidelines: original papers (1500–2500 words); review articles (3000–5000 words); short reports (500–1000 words); case reports (500–1000 words); equipment reviews (500–1000 words); and book reviews (500 words).

Submission on disk

Manuscripts will be accepted on disk. Further details can be obtained from the Editorial Office.

References

Only closely related and essential references should be quoted. In the text, references should appear as superscript numbers and, correspondingly, in the reference list they must be numbered consecutively, i.e. in the order in which they appear in the text. The reference list should be in numerical order in the following style:

(1) Journal article

1. Dallos V. & Mouzas G.L. (1981) An evaluation of the function of the short stay observation ward. *British Medical Journal* **282**, 37–40.

(2) Chapter in book

2. Maslanka A.M. (1993) Hypertension/hypertensive emergencies. In: Markovchick V.J., Pons P.T. & Wolfe

R.E. (eds) *Emergency Medicine Secrets*, pp. 104–107. Hanley & Belfus, Philadelphia.

It is the first author's responsibility to check the accuracy of all references in the manuscript and the proofs. Manuscripts not yet in press, papers reported at meetings and personal communications, may be cited in the text with the author's initials and surname and not as a formal reference.

Tables

Written consent to republication must be obtained by the first author from the copyright holder (usually the publishers) and the authors if any table or illustration has been published elsewhere. Tables should be numbered consecutively in Arabic numerals (e.g. Table 1) within the text and typed on separate sheets. They must be accompanied by an appropriate short caption. Only horizontal lines should be used; one above and one below the column heading and one at the table foot. All abbreviations should be explained in a footnote.

Figures

Figures should also be numbered consecutively in Arabic numerals (e.g. Fig. 1) within the text and drawn on separate sheets. Each figure should be marked on the back with its number, orientation, author(s) and title of the manuscript. Line drawing should be either drawn by hand in black ink or produced on a good quality printer. Lettering should be no less than 4mm high. Figures should be capable of being reduced to fit either a single (72mm) or a double (150mm) column. Photographs (and prints of radiographs) should be unmounted, good quality, black and white, glossy prints. Arrows should be used where interpretation may present problems.

Units/spelling

All measurements should be in SI units in both text and figures. Negative indices should be used (e.g. mg h⁻¹). Numbers are written in full up to nine, numerals are used from 10 upwards. Abbreviations should be kept to a minimum and must be written in full at the beginning of the sentence.

Statistics

The methods of statistical analysis must be defined in the methods section of the manuscript. Those not in common use must be described in detail or supported by references. Authors are responsible for the validity of statistics.

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1351-0622(199506)12:2:1-F