
JOURNAL OF CLINICAL PATHOLOGY

The Journal of the Association of Clinical Pathologists

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Instructions to Authors

The *Journal of Clinical Pathology* accepts papers written in the Vancouver style. The requirements of this style are detailed in *Br Med J* 1990;300:38-40.

All material submitted will normally be refereed, and the critical assessment will include ethical considerations. The Editors retain the customary right to change style if necessary, and a manuscript may be referred back to the authors for shortening. **Manuscripts will be acknowledged only if accompanied by a stamped addressed postcard**; overseas authors should enclose international reply paid coupons.

The direct lines to the Journal are 071 383 6209/6214; Fax number is 071 383 6668.

Manuscripts

Manuscripts should be sent in duplicate to the Editor, typed double spaced on one side of the paper only, with 5 cm margins on both sides. Word processed material should be on separate sheets, and if a dot-matrix printer is used this must be of high quality. Pages must be numbered in sequential order throughout.

Articles other than Short Reports should usually be no more than 2000 words long and should report original research of relevance to the understanding and practice of clinical pathology. They should be written in the standard form: a structured abstract; an introductory passage; details of the material and methods used and of the patients studied, if applicable; the results of the investigation; and a discussion of what the results mean in the context of previous findings, clinical practice, and future research.

The Journal, along with other medical journals, has introduced a structured form of abstract in the interests of clarity. These should be short (no more than 300 words) and include four headings: **Aims**—the reasons for the study; **Methods**—what was done, and with what material; **Results**—what was found; and **Conclusions**—what the findings mean and the message that the authors wish to convey.

Occasional articles are published by editorial invitation; unsolicited reviews or commentaries are unlikely to be accepted, though the editors are always pleased to receive suggestions.

Single case reports of outstanding interest or clinical relevance, short technical notes, and brief investigative studies are welcomed and usually published in the form of a Short Report. The format for Short Reports is that they should not exceed 1000 words, there should be up to two figures or tables, and no more than 10 references.

Letters to the Editor should be no more than 500 words with a maximum of five references and one figure or table. Letters are not indexed, and usually are on matters arising from previously published articles.

The names of the authors, with initials or one forename, should be followed by the name of the institution where the work was carried out. An indication of the position held by each author should be given in an accompanying letter to the Editor, and manuscripts should bear the name of one author to whom correspondence should be addressed. If available, a Fax number should be supplied. A copyright form, which must be signed by all the authors, will be sent if the manuscript is accepted for publication. Guidelines on authorship are given in *J Clin Pathol* 1986;39:110.

Results should not be shown as both tables and graphs and should not duplicate information in the text of the article. Histograms should not be used instead of tables to document numerical data, but may be acceptable if used simply to illustrate differences between data sets or distribution of a parameter.

Abbreviations must be spelt out on first use or be accompanied by explanation in the text. The use of non-standard abbreviations and acronyms should be avoided. Symbols and abbreviations should be in the Vancouver style, and all measurements should be given in SI units.

Illustrations

Diagrams should be reproduced photographically. Letters and other marks which are to appear on the face of a photomicrograph should be made on a photocopy; they will be added in the Journal style in the editorial office when the manuscript is accepted. Legends for illustrations should be typed with double spacing on a separate sheet. The staining technique used should be stated. Magnifications should be given for electron micrographs but not for light micrographs except in cases where this is important.

Photographs and photomicrographs should be on glossy paper for half tone reproduction. The printing process requires that prints are unmounted and unbacked, and of high quality, with full tonal scale. Illustrations that will not reproduce well will be returned and this may delay publication. Areas in which tissue does not appear ("background") should be as near white as possible.

The top of the figure should be marked and the name of the first author and the figure number should be written on the back of the illustration using an adhesive label or very soft crayon; ball point and felt tip pens must **not** be used. Prints must be sized to fit the page format of the Journal. They should be 6.4, 10, or 13.3 cm wide or, in exceptional circumstances, 16.8 cm wide to span the entire page width. **Two** sets of prints must be supplied with each manuscript. Only salient features should be included to preserve detail. The Journal reserves the right to crop illustrations where necessary.

Colour reproduction of figures is encour-

aged and is subsidised by the Journal. Advice on costs to authors and type of material to be submitted for colour work should be sought from the Editorial Office.

Description of laboratory methods

When a manufacturer's method is used in a study with a particular item of equipment or kit of reagents, the source of this method and reference to the scientific literature on which it was based should be given. Authors might consider it courteous to inform manufacturers that an article assessing their product has been submitted for publication.

Sponsors of research must be declared.

For quantitative methods, information on the sensitivity, precision, and accuracy in the hands of the authors should always be provided. When a well recognised method is used, these requirements could be met simply by providing the references to the methodology and discussing the performance in a recognised current quality assurance scheme. Modifications to a method that have not been previously published should be detailed in the text and supported by evidence of their efficacy.

It is useful to indicate, either from personal observations or by reference, the working range of an assay and the normal reference range when it is used on samples from human beings. When information is expressed as Mean \pm 2SD, the distribution of the range (normal, skew, or logarithmic) should be stated.

References

References should be double spaced and numbered in the order in which they are first mentioned in the text. Identify references in the text by arabic numerals in parentheses or superscript. The sequence for numbering references cited only in tables or legends to figures is determined by the first identification in the text of the particular table or illustration. At the end of the article the numbered list of references should include the names and initials of all authors (unless there are more than six when only the first three should be given, followed by *et al*); the title of the article, which

should be abbreviated in the style of *Index Medicus*: the year of publication; the volume number; and the first and last pages of the reference. Titles of books should be followed by the edition, the place of publication, the publisher, and the year of publication, and the page numbers of the chapter cited.

Manuscripts accepted but not yet published may be cited, followed by (in press), but "unpublished observations" and "personal communications" should not be used in the list of references. Similarly, abstracts presented at symposia should not be referenced unless they have been published. It is the responsibility of the authors to check the accuracy of the references; they should be verified against the original documents or photocopies of them before submitting the article.

Journal reference:

- 1 Fletcher CDM, McKee Pl. Sarcomas—a clinicopathological guide with particular reference to cutaneous manifestations. I. Dermatofibrosarcoma protuberans, malignant fibrous histiocytoma and the epithelial sarcoma of Enzinger. *Clin Exp Dermatol* 1984;9:451-65.

Book reference:

- 2 Washington JA. Conventional approaches to blood culture. In: Washington JA, ed. *The detection of septicemia*. West Palm Beach, Florida: CRP Press, 1978:41-87.

Proofs

After acceptance for publication the article will be subedited into house style and prepared for press. Page proofs will be sent to the correspondence author and should be carefully checked. Proof corrections should be kept to a minimum, should conform to the conventions given in *Whitaker's Almanack*, and should be typed on a separate sheet of paper for clarity; changes made to the text at proof stage are expensive, and if extensive, the authors may have to bear the cost of correction.

Reprints

Authors do not receive free reprints.

Reprints may be ordered when the proof is returned. The charge quoted is on the understanding that reprints will be for the authors' use: prices for large numbers of reprints will be given on request. There are no reprints of book reviews and correspondence.

That is covered by a separate book also published by Arnold, Russell, and Rubinstein, which reached its fifth edition in 1989; that was written by the late Rubinstein.

When I bought the reissue of the first edition early in my career, it was a *sine qua non*. There were then a few volumes on neuropathology in Germany and, in the late sixties and seventies, there appeared only once three volumes of Minckler—very good books. Nowadays, there are many books that include neuropathological topics and a few others that are devoted solely to neuropathology. *Greenfield's Neuropathology* remains the standard to turn to first for neuropathologists and for all others concerned with the brain, spinal cord, nerves and muscles. Those interested in a particular topic must not neglect other up to date sources that may deal with it in greater detail: papers, chapters and books, not always referred to or found here. I wonder what a young reader could make of neuropathology without a grounding in the so-called neurosciences and in neuroanatomy.

There is the small matter of considerable cost. I hope that this book will be available to those interested in departmental and other libraries, but I do not think that all individuals, for example, all young general pathologists will need to buy it—in many cases because they would not be able to afford to—good as it is.

I JANOTA

**Quantitative Cyto- and Histoprogno-
sis in Breast Cancer.** PJ Van Diest, JPA Baak. (Pp 212; \$131.50.) Elsevier. 1992. ISBN 0-444-89374-1

This book is an updated version of Dr Paul van Diest's PhD thesis *Quantitative Cyto- and Histoprogno-
sis in breast cancer* which describes the use of morphometry, stereology, flow cytometry, digital image processing, syntactic analysis and artificial intelligence.

The introduction gives a brief but comprehensive overview of the currently available prognostic factors in breast cancer. Many methods of quantifying these factors are described and include basic morphometry, DNA flow cytometry, and the measurement of immunohistochemical techniques for tumour markers and oncoproteins. This chapter also introduces the concept of mitotic activity index and the multivariate prognostic index which form the basis of the book.

A chapter on methodology includes a description of some of the basic techniques that are often overlooked. The remainder of the book centres largely on applications. These are well described and well illustrated with numerous tables of data and survival curves. The nature of the work means that there is some repetition in the text and in the references and as a result the book is not particularly easy to read.

It is not a priority first buy for a departmental library. However, for anyone having a specific interest in the quantitation of breast cancer, the effort of reading it will provide much information and is worth purchasing if you can afford more than £70.

The book will be most useful for scientists starting research into quantitative microscopy of breast cancer for it is a comprehensive review and very well referenced.

C SOWTER

**Pathological Basis of the Connective
Tissue Diseases.** DL Gardner. (Pp 1050; £145.) Edward Arnold. 1992. ISBN 0-713-14548-X

This well produced book is a sequel to Professor Gardner's original, smaller, very useful book. After using it for about a month it is clear that Professor Gardner and his associate are to be congratulated on producing the new Bible of connective tissue disease (excluding neoplasms). It is useful at consultant level for references which are up-to-date and extensive and for junior staff working for their membership exams. I also think it will be valuable to those needing a pathological basis for MRCP.

In the first part are the principles of the biology of cells, tissues, and organs concerned with connective tissue diseases. The second part concerns the mechanism of connective tissue disease, and the third part, which is probably the most useful to practising pathologists, refers to the pathology of biopsies and specimens. It is nearly unfaultable. Although the pictures are all black and white, for most pathologists this will not be a draw-back. X-rays, tables, histopathology, microscopy and macroscopy pictures are excellent. The text is written by those who understand clearly the problems presented daily in reporting. I would compare this book to the similar excellent book on soft tissue tumours by Enzinger and Weiss. I find I use Gardner's book in parallel with this latter book. I have only two negative comments: cartilaginous according to three dictionaries is spelt cartilaginous (ie, not containing an e) and the book is no light-weight to carry.

There are few books these days which are as useful as often as this one, and I would strongly recommend it.

CM STARKIE

**Problem Solving in Immuno-
haematology.** 4th edn. Ed IA Shulman. (Pp 191; \$34.00.) Raven Press. 1992. ISBN 0-89189-321-0

This excellent short book, now in its fourth edition, presents a wide range of immunohaematological problems in an entertaining self-assessment format. It has nine chapters covering the processing of donor blood, compatibility testing, antibody identification, blood component inventories, investigation of transfusion reactions, selection of blood for neonatal transfusion, Rh immune globulin, antenatal testing and diagnosis of haemolytic disease of the newborn, and plasma transfusions. I would have liked the problems associated with autoantibodies and autoimmune haemolytic anaemia to have been considered in greater detail in a tenth chapter. However, each section provides a surprising amount of information; a sort introduction is followed by a series of exercises aimed at covering the most recent advances and important problems in that area. After attempting an exercise, the reader can turn to the author's detailed answer and discussion. The book is intended to give clinical and laboratory haematologists a better understanding of the kinds of problems encountered in transfusion medicine and how they may be solved. It succeeds admirably at a very reasonable price and is fun to use; I strongly recommend it.

RJ SOKOL

Notices

Diagnostic Medical Mycology

A one week lecture and practical course on the laboratory diagnosis of fungal infections is to be held in Leeds, commencing 19 April 1993. This established course is intended for MLSOs and medical graduates working in diagnostic laboratories and is organised by the British Society for Mycopathology.

Course fee (excluding accommodation) £275 + VAT.

Further details may be obtained from Dr E G V Evans, PHLS Mycology Reference Laboratory, Department of Microbiology, University of Leeds, Leeds LS2 9JT.

Nottingham National Breast Screening Training Centre

Fine needle aspiration cytology of the breast

University Hospital, Nottingham, 29
and 30 March 1993

This is a course in diagnostic cytology suitable for consultants, senior registrars, and registrars in pathology and MLSOs. The programme is designed as (i) a comprehensive course for those new to breast cytopathology; and (ii) an update course dealing with new advances and problems in cytology.

This latter section is part of the comprehensive course, but is also available as a one day option for those with experience in breast cytology who require an update style course.

Course fees on application. Residential or non-residential options available.

For registration forms and further information, please contact: Mrs B Price, Training Co-ordinator, Nottingham National Breast Screening Training Centre, City Hospital, Hucknall Road, Nottingham NG5 1PB. Telephone (0602) 691689. Fax (0602) 627707.

Association of Clinical Pathologists Junior Membership

Junior membership of the Association is available to medical practitioners who have been engaged in the practice of pathology for a period of less than four years. Junior members are able to remain in this category for a maximum of six years or on the attainment of consultant status. The annual subscription is £34 for those resident in the United Kingdom and £65 for those overseas. The annual subscription may be claimed against tax.

Junior members receive the *Journal of Clinical Pathology* each month. Other benefits are reduced registration fees to attend ACP scientific meetings, all the documents regularly sent to full members of the Association including *ACP News*, which has a regular column for juniors, and the twice yearly summary of pathology courses included in the ACP programme of postgraduate education. Junior members have their own representative body, the Junior Members' Group, which has a direct input to Council.

For Junior Membership apply to: The Honorary Secretary, Association of Clinical Pathologists, 221 Preston Road, Brighton BN1 6SA. (0273) 561188.