Technical methods

Making poster demonstrations with word processors

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There is growing interest in poster demonstrations as alternatives to oral presentations at congresses of pathology. This was reflected at the 151st Meeting of the Pathological Society of Great Britain and Ireland in Cardiff in July 1985. Of the 177 presentations, no less than 55 were poster demonstrations (35%). Most of the posters delivered their professional message in a distinct and clear manner, and some also disclosed considerable artistic ability. With such a large amount of activity devoted to posters it is desirable to facilitate their preparation and give them an immediacy comparable with that of oral presentations.

I describe a method of poster preparation using word processing, which is available in almost every pathology laboratory. This simplifies the arrangement of the written material and allows insertion of new data or rearrangement of the poster to be carried out up to a short time before the conference.

SHAPE AND SIZE

A poster can either be "portrait" or "landscape"—that is, the depth and the width have to be defined. Work is carried out on a "miniposter" of convenient size (usually a quarter of the final version) that can be placed on a desk or bench. The material to be presented has to be fitted within this "miniposter" with the size half the depth and width of the final version. For each photographic print to be used a space corresponding to a quarter of the actual size of the picture is left on the "miniposter". Any degree of enlargement may be chosen but $\times 4$ is strongly recommended as this makes all calculations easier.

WORD PROCESSING

For a "portrait" poster it is most convenient to have two columns of text, each with a width of 65–70 characters. Most programmes will normally justify the text—that is, there will be a straight right hand edge as well as a straight left hand edge. After print out the actual width of the text can be measured. This width, and the number of columns, can easily be changed by

resetting the word processor. Fourfold enlargement of ordinary typing will provide letters which are easily legible from a distance of two metres. Printing should be carried out with 10 rather than 12 characters per inch, as this will give a clearer appearance after enlargement. Dot matrix printers may be used to form different founts and point sizes of characters, especially useful for headings and emphasis. On the other hand, the print quality of dot matrix printers is seldom as crisp as with a daisy wheel printer, and this is therefore recommended. After the text has been typed and printed out, sections of it are cut out and freely arranged on the "miniposter" in the desired pattern (Fig. 1).

If characters on the Tables and legends are to be of the same size as the text they are typed with the word processor. If not Letraset can be used and stuck on to the "miniposter". The headline of the poster (title, names, and department) should be made with larger characters than the text. For this purpose Letraset may be used. If there is a photographic department

Fig. 1 The "miniposter" on to which cut out text is glued. Text is arranged in two columns and spaces are left for insertion of photographic prints. Text for **Aim** and **Conclusions** has been inverted to white on black.

Fig. 2 Final poster (after enlargement) with photographs inserted with removable adhesive tape.

available a print out from the word processor can be enlarged or reduced and an area of text from black on white to white on black can be inverted (Figs. 1 and 2).

ARRANGEMENTS BEFORE ENLARGEMENT

When all the text is ready, and the selection of pictures has been made, all pieces of paper with text are glued on to a clean white sheet of paper or card which has half the length and half the width of the final poster. This "miniposter" can now be enlarged. This usually has to be carried out by specialist firms, but companies that carry out such enlargement are located in most towns. I have excellent experience of Photobition, Byam Street, London SW6, who will deliver the poster in two days from reception of the "miniposter" at a cost of about £30. They also provide a tube of hard paper for transportation.

FINAL PRODUCT

The poster is black and white and printed on a paper, which is semigloss and also soft enough to be rolled. On this final version selected areas can be underlined with fluorescent textliners or overpainted to make the poster more colourful. The photographs are inserted

into the spaces with removable double sided adhesive tape (Fig. 2). When returning back from the conference the photographs may of course be fitted more permanently with dry stick adhesive.

Due to the ease with which this poster can be produced, there may be a temptation to insert too much text, which also can be seen in the example given (Figs. 1 and 2). This poster is on one piece of paper on which all text, Tables, and legends are present. This is better than five to 10 separate pieces that may be lost or damaged during transportation to the meeting, and carrying the poster in a paper tube allows it to be carried easily on flights. On arrival at the meeting the poster is ready to hang without the need to arrange individual pieces. This method therefore provides a neat easily transportable poster, which can be rearranged and improved until shortly before the meeting.

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Plastic processing of cemented hip joint replacement specimens

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In 1960 Sir John Charnley presented the preliminary results of a new method to anchor the femoral head prosthesis.¹ This entailed the use of bone cement (methylmethacrylate). Since then the cemented hip prosthesis has been widely used and some 100 000 hip arthroplasties are performed annually throughout the world. Some implantations, however, fail after many years and with the introduction of cement free prostheses the concept of cement has come under debate.² Sixty one cemented hip joint replacement specimens, which had originally been inserted by Charnley 15-21 years before their removal, were available for examination. All the cases had had a good clinical result, and the aim of the study was to examine the bone and cement interface to assess the cellular and bone reaction and the biological stability.

It was imperative, therefore, to examine the bone and cement interface intact. This required histological

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