Letter

Rights of possession in human corpses

I refer to my previous report in 1997.¹ In the recent judgments *Regina v Kelly* and another,² Lord Justice Rose accepted the common law rule that there is no right of property in a corpse or part thereof unless it has undergone a process of preservation requiring human skill. His Lordship stated that this no-property principle was so long established that it could only be changed by Parliament. However, there may be possessory as opposed to property rights. Theft, trespass, and conversion can all apply to possession, allowing for both civil and criminal remedies and protection. Since the Court approved *Dobson v North Tyneside Health Authority*,³ where it was held that fixing a brain in paraffin was not sufficient to found property or possessory rights, there remains doubt as to the degree of skill required. In *Regina v Kelly* and another, the court again failed to indicate the degree of skill required to establish property. However, a point raised by the Court of Appeal in its ruling which is of particular relevance for the medical profession is that in future the courts may hold that body parts by their mere existence and without the acquisition of different attributes may be capable of being property if intended for use in transplantation, for DNA extraction, or as an exhibit in a trial. The recent auction of teeth from well known mouths⁴ and the frequent references to half skeletons for sale in the BMJ shows how relevant such definitions of possessory/property rights are becoming. It has been argued that the distance in regard to time, anonymity, and relationship to the community determines the susceptibility to full property rights.⁵

M M HUDSON

Department of Genitourinary Medicine,
Royal Hallamshire Hospital, Glossop Road,
Sheffield S10 2JF, UK

- 1 Hudson M. Rights of possession in human corpses. *J Clin Pathol* 1997;50:90-1.
- 2 *R v Kelly and another* [1998] 3 All ER 741 at 749-50.
- 3 *Dobson v North Tyneside Health Authority* [1996] 4 All ER 474, [1997] 1 WLR 596, CA.
- 4 Famous teeth that bit dust. *The Times* 1998 November 14;4(col 5).
- 5 Ducor P. The legal status of human materials. *Drake Law Review* 1996;44:195. Cited in Magnusson RS. Proprietary rights in human tissue. In: Palmer N, McKendrick E, eds. *Interest in goods*, 2nd ed. London: LLP Reference Publishing, 1998.

Book reviews

Cardiac Markers. Edited by A H B Wu. (Pathology and Laboratory Medicine series, \$99.50.) Humana Press, 1998. ISBN: 0 896 03434 8.

The introductory chapters on coronary artery disease and biochemical markers pull together a large number of concepts including coronary artery disease definitions (TIMI flows, NYHA classifications for congestive

heart failure), requirements for an ideal cardiac marker (should taste of chocolate), and the pathophysiology of the acute coronary syndromes. The only problem (as with any book on this subject) is that some of the most recent finding, in particular on the glycoprotein IIb/IIIa antagonists, are not covered. The failure to refer to modern lipid lowering and the omission of the Brunwald classification of unstable angina are somewhat surprising.

There is a very good discussion on markers of myocardial injury in the emergency department which provides a fine overview of current and accelerated options for diagnosis (winter pressures!). Cytoplasmic markers are well covered, with an exceptionally well written chapter on CK. Unfortunately, some of this is of purely academic interest since measurement of CKMB by immunoinhibition and lactate dehydrogenase isoenzymes is now superseded by more modern markers (at least in 20th century laboratories). The section on the structural proteins is very well written, with an excellent and comprehensive coverage of the biochemistry and molecular biology of troponin by Kenneth Dean. The final section on future assay and format provides an excellent overview of point of care testing for cardiac markers and the current available technology.

This book is an excellent state of the art review and should be part of the library of all clinical chemistry departments. The usual problem of text repetition in multiauthor books has largely been avoided. In those areas where it does occur, the points made are ones which merit repeating. As a basic text, supplemented by reviews and individual papers covering recent developments, it provides comprehensive coverage of the subject. The only drawback is a lack of the clinical dimensions in application of cardiac marker measurement—but then how many clinicians know what tests mean anyway?

P COLLINSON

Diseases of the Liver and Bile Duct: Diagnosis and Treatment. Edited by G Y Wu and J Israel. (\$125.00.) Humana Press, 1998. ISBN 0 896 03431 3.

This is a very clearly written and schematic account of current practice in managing patients with liver diseases. It is divided into well defined parts, each considering different topics. It starts with a description of the general clinical features of liver disease; then, after considering the approaches of screening the patients and imaging techniques, it describes the various hepatobiliary diseases, some parts being specially dedicated to diseases in particular patient groups, such as women and children.

In each chapter clear diagnostic algorithms are depicted, outlining the approach and evaluation of the patient with signs of liver or biliary disorders. At the end of each chapter there is a concise and clear summary.

One of the issues which receives very little attention is the histopathology of liver diseases. In some algorithms, the value of taking a liver biopsy is considered, but diagnostic features in the tissue biopsy are underexposed. Only an occasional photograph of mediocre quality is used for illustrative purposes. From this it is clear that no major contribution from a hepatopathologist is incorporated in the book.

This is a useful book for the hepatologically interested histopathologist, since the data are

very well and schematically presented and an understanding of the clinical features and biochemistry of liver diseases is essential for an accurate tissue diagnosis. For the histopathology, however, an additional book is indispensable.

E BLOEMENA

Diagnostic Ultrastructural Pathology, 2nd ed. By F N Ghadially. (£25.00.) Butterworth Heinemann, 1998. ISBN 0 7506 9894 2.

Following soon after the publication of the latest edition of his two volume epic *Ultrastructural Pathology of the Cell and Matrix* (Boston: Butterworth-Heinemann, 1997), the author has produced this self evaluating study aid for pathologists in training, students, electron microscopists, and those working within the field of diagnostic pathology. This short paperback is essentially a series of 76 tests, each with its own illustrations emphasising an ultrastructural feature regarded as specific to diagnosis. Each page of illustrations is accompanied by direct and multiple choice questions with the answers, together with a concise explanatory text on the reverse. A short appendix contains a nomogram to help determine the size of objects in the electron micrographs and several line drawings that explain some ultrastructural phenomena occurring mostly as a result of plane of section that can be misinterpreted by the inexperienced observer.

This is the second edition of a book that was first published almost a decade ago. It has been greatly expanded and is beautifully illustrated, but the reader will find that a rather odd mixture of topics is covered, not all of which can be regarded as diagnostically significant. Those seeking additional information must make do with reference to specific pages in the author's previous book referred to above, and therefore this is largely a companion to that treatise.

It is difficult to see where the appeal of this book chiefly lies. What was originally designed as a self evaluating atlas is largely prefaced as a training manual. This raises the question, to whom can it be recommended? The series of tests presents a formidable challenge to even the most experienced microscopist. Those committed to the subject are likely to have purchased, or have access to, its larger antecedent and will not need to buy this text, which reduplicates many of the illustrations. Conversely, the novice will struggle to recognise or understand the significance of many of the features illustrated and would therefore be well advised to seek guidance from any of the other recently published training manuals such as those by Dardick (Dardick I, *et al.* *Handbook of diagnostic electron microscopy for pathologists-in-training*. New York: Igaku-Shoin, 1996) and Eyden (Eyden BP. *Organelles in tumour diagnosis: an ultrastructural atlas*. New York: Igaku-Shoin, 1996).

C H S CAMERON

Cost-Effective Laboratory Management. By P Bozzo. (\$75.00.) Lippincott-Raven, 1998. ISBN 0 397 58773 2.

In recent years, few privately or publicly funded laboratories on either side of the Atlantic have escaped the relentless downward pressure on income. Working from local

experience, this book attempts to identify the main areas over which the pathology laboratory can influence organisation-wide costs, ranging from re-examining the internal running of the laboratory itself to demand management. It consists of 10 papers, seven of which were written by staff of two co-owned laboratories in Tucson, Arizona—an on-site hospital laboratory facing a recurring 18% reduction in income and a commercial enterprise located one mile away. The first few chapters describe the strategies employed to avert bankruptcy. Their use of a clean sheet approach is described, and the solution which emerged included a merger of the two operations with all non-urgent procedures being undertaken at the off-site facility. They describe the extensive consultations involved, the option appraisal process, and practical implementation details. A full two chapters are devoted to personnel issues, as it was appreciated early in the process that motivation of staff in a time of change and employment uncertainty was a key to the success of the whole venture: the emphasis in team building is described in one chapter, and the staff appraisal process in another. The final few chapters go beyond the re-engineering experience and describe a variety of relevant management topics. These include the benefits that might be achieved by appropriate use of information technology and automation in testing (they suggest that heavy investment is required to make the necessary returns), and the place of point of care testing. A chapter on demand management is included: unfortunately, I found this chapter rather tedious, as it included a detailed literature review in support of some arguments, but sketchy local audits (which would probably fail peer review for publication) to justify other recommendations. While many aspects of the re-engineering process described cannot be readily transferred from an American private system to a UK public service, their focus on clinical outcomes throughout the whole process is a lesson that could be learnt by many.

This book reminds me of the proverbial curate's egg: it is good, in parts. Unfortunately, it is marred by poor grammar and a generally colloquial writing style which I found irritating; the writing of individual chapters did not appear to be coordinated, as there was much repetition; and, for a softback, it is expensive at \$75. However, few good books on laboratory management are available and the identification of even a single useable idea on demand management would make the purchase worthwhile.

A J MIFSUD

The Lymphoproliferative Disorders: Handbook of Diagnosis, Investigation and Management. By J A Child, A S Jack, and G J Morgan. (£49.95.) Edward Arnold, 1998. ISBN 0 412 58030 6.

This soft back book is the first edition of a new book which is written by a clinical haematologist, a histopathologist, and a leukaemia research fund senior lecturer in haematology. The expertise and experience of the authors has provided the appropriate blend to achieve the stated aims for this broad based book on lymphoproliferative disorders. They aim to provide an overview of a normal lymphoid system, followed by chapters on techniques of laboratory diagnosis, imaging, and treatment. This is followed by chapters

on individual lymphoproliferative disorders. The papers cited with each chapter are modest in number and practically relevant. The text appears to be aimed at trainees within the specialties of haematology, oncology, and pathology but may also find favour with the older members within such specialties requiring simple explanations or more recent technologies. It achieves its aim in providing what would be a valuable start up text for specialist registrars in the pathological specialties, but the major flaw which devalues the book somewhat is the rather odd decision to have printed so many key histopathological and cytological illustrations in black and white. By contrast, the clinical photographs are in colour. One imagines this decision is a cost related issue imposed by the publisher rather than the authors, but this is an unfortunate decision in what otherwise is a readable and informative text.

S J PROCTOR

Autoimmune Reactions. Edited by S Paul. (£125.00.) Humana Press, 1999. ISBN 0-89603-550-6.

I must admit to having been very sceptical when I received the review copy of this book to judge whether it merited a review. However, the more I looked at, the more I wanted to read and the more interesting it became. Like all multiauthor books the chapters were variable in quality, but the spectrum of immunological disease covered is huge, so there is plenty for all clinical immunologists here, no matter what their primary interest.

The chapter on autoimmune thyroid disease was a splendid review and well worth a read. There are two chapters on catalytic autoantibodies, which, as well as being of potential commercial importance, have fascinating implications for the pathogenesis of disease. New to me was the information on VIP cleaving antibodies in asthma, although at present the knowledge of how this interacts with other pathological processes has yet to be determined. Equally fascinating was the chapter on the catalytic activity of Bence-Jones proteins, which covers a whole range of properties of these proteins. Further novel work is presented in the chapter on DNA as an immunogen, which includes a hypothesis about why some patients with SLE and high levels of dsDNA antibodies develop renal disease while others do not: apparently dsDNA antibodies differ in their ability to bind to the glomerular basement membrane, a function that is related to their specificity for dsDNA, as antibodies to ssDNA do not have the same binding capacity.

Another very important area in our understanding of the generation of autoimmune disease is the pathogenic role of autoantibodies. Old dogma was that intact antibody does not cross the intact cell membrane and therefore antibodies with a specificity for intracellular antigens would have no effect in vivo unless the antigen is expressed on the cell surface. This is now known not to be true, and two chapters of the book are devoted to exploring the known scenarios in which antibodies penetrate viable cells and interfere with enzyme function.

The contributions are all of a uniform length, about right for those of us whose attention span is beginning to slip! They are all well referenced, although some of the chapters do not seem to reference beyond 1996, while others get as far as 1997. The

dateline for the book is 1999, although the review copy appeared early in the final quarter of 1998. This is of course one of the problems of producing printed books, although disk submission of text and computerised typesetting should shorten the lag. Nothing of course compensates for laggardly authors, although the paradox is that those who submit early (on time!) are penalised by having chapters that look less up to date.

All in all a useful book and one that I am more than happy to give shelf space to in my personal library.

G P SPICKETT

Principles and Practice of Surgical Pathology and Cytopathology, 3rd ed, vols 2 and 3. Edited by S S Silverberg, R A DeLellis, and W J Frable. (£335.00 for three volumes.) Churchill Livingstone, 1997. ISBN 0 443 07541 7.

I have finally had a chance to complete my review of this three volume work and I am delighted to say that I have at last found the section on peripheral nerve sheath tumours; and very good it is too! As I have already described, the general layout of the book follows the principle of adjacent cytological and histopathological descriptions which continues to work extremely well, particularly for organs such as the uterine cervix and the thyroid gland. Most of the comments I made previously apply equally to these two volumes, but I must state that I am even more impressed by the general quality of the illustrations (with only rare exceptions), having seen volumes 2 and 3.

For a multiauthor textbook, the universal detail of information is incredible, with extensive and up to date references. I particularly enjoyed the chapters on medical diseases of the kidney and liver although I have seen better examples of Kimmelstiel-Wilson nodules in the past (fig 44-1H; it's a nice capsular drop though). One further comment I have refers to the index which appears extremely thorough and I am pleased to say covers all three volumes without too much cross referencing.

I still find the font rather small in places (especially the references) but I do appreciate that to include so much information into just three volumes requires some corners being cut, and I am about due for my next eyesight check up anyway.

Overall, once again, I thoroughly recommend *Principles and Practice of Surgical Pathology and Cytopathology* to all cytohistopathology departments and, in contrast to my concluding comments last time, I find that I am consulting this book as often as my Ackerman when reporting the surgicals and cytology.

M SHEAFF

Sexually Transmitted Diseases: Methods and Protocols. Edited by R W Peeling and P F Sparling. (\$89.50.) Humana Press, 1998. ISBN 0 896 03535 2.

As research based technology becomes relevant to the routine diagnosis of infectious diseases, so those of us in this field must become competent in its theory and application. Nowhere is this more apparent today than in the rapid advances in molecular based diagnostic testing. The possibility to wait until others have discovered the problems

and pitfalls awaiting the uneducated is to be treasured. As an enthusiastic "molecular trainee" with a passing interest in sexually transmitted diseases (STDs), I was keen to read this book.

It is a collection of chapters each compiled by well known authorities. I was disappointed an introductory chapter outlining the principles of the different technologies was not available, so that a knowledge of these is required. Instead, this chapter examines the impact of molecular technology on STD diagnosis. The next two sections form the bulk of the book, first covering tests suitable for routine purposes and then others with a research application. A final section speculates on the future.

Necessarily the book is disjointed, as chapter authors discuss only the technologies applicable in their field. I found the format of having a single Materials and Methods section somewhat less than user friendly when more than one test was being described. Thus, by way of example, test components for PCR, LCR, TMA/NASBA, and Q β replicase are listed together, followed by a single Methods section. Also the Notes section, highlighting what can (and therefore will) go wrong at each stage, is separated from the rest of the text.

This is not a book for the beginner, but as a reference for practical procedures it is commendable, not least as source of primer sequences, and for the extensive reference section at the end of each chapter.

G L RIDGWAY

CD-ROM reviews

Atlas of Pathology: Leukaemias. Edited by C Got. (£116.04.) Springer-Verlag, 1998. ISBN 3 540 14656 3.

The CD-ROM is simplicity to access; viewing software is contained on the CD and requires no installation.

After this undemanding introduction I was anticipating a leisurely "mouse" through an atlas compiled by the French contributors to the FAB classification of the leukaemias, but the "front end" is rather unfriendly. The screen is cluttered and relies on various tones of grey for impact, field demarcation, and highlighting. Navigation is acceptable only when the menu construction is worked out.

Generally the images offered excellent and extensive representative examples of leukaemic proliferations. However, I did find two problems with the images. A general darkness which became visually tiring after a short while, and an overall "pinkness" to the background. This may be a personal preference for a white/blue, more neutral hue.

The "thumb nails" are of size that allows easy selection of images for further, closer viewing. The expanded image sharpness was good. I found that the zoom feature was unhelpful. On zooming, image degradation hindered examination of finer details.

My copy had a bug which precluded navigation from one topic to another unless the programme was exited.

It is a pity that such a high quality library of images is not as user friendly as it could be.

This makes it less attractive to the casual sampler and probably more useful for academic reference. With the basic image archive available and a well designed environment for presentation and navigation this could set the gold standard for such packages.

P W G SAUNDERS

InterBRAIN: Topographical Anatomy of the Human CNS. By M C Hirsch. (£62.82.) Springer-Verlag, 1998. ISBN 3 540 14651 2.

Neuroanatomy is a subject which most pathologists will remember from medical school as being full of specialist terms for different nuclei, tracts, spaces, and regions. The interBRAIN program on this CD-ROM is essentially a computerised version of an atlas of neuroanatomy, with some added extras, intended primarily for medical students and neuroscientists. It contains over 200 illustrations, with zoom figures, taken from the atlas of the brain *"The Human Central Nervous System"* by Nieuwenhuys, Voogd, and van Huijzen. The minimum system requirements for running the program are a Pentium 166 MHz processor, 32 Mb RAM, eight speed CD-ROM drive, and Windows 95 or NT. It can also be run on a Macintosh Power PC. Installation requires the system extension QuickTime for Windows 2.1.2.59; other versions of QuickTime are not recognised. This makes for a fiddly start, involving copying files into the Windows system directory, and is rather different from the simple install programs usually present on CD-ROMs.

The interBRAIN program takes about one minute to start from the CD-ROM. I also found it rather slow in use on a machine with above the stated minimum system requirements. The CD-ROM comes with a booklet explaining how to use the program. I always find it a bad omen when a supposedly interactive program needs supporting by a booklet or manual and this was no exception. The program is not at all intuitive to use. Navigation is effected primarily through context sensitive Popup menus (there are separate program, figure, structure, and navigation menus) and through the use of the TAB key which switches on/off all opened additional windows (notes, legends, etc). There are also 28 keyboard shortcuts of the CTRL+"something" variety that I cannot imagine anyone remembering. This all makes for quite hard going.

Is it worth persevering? It probably depends on whether or not you like computer assisted studying. The images cover gross anatomy, vessels and meninges, brain slices, microscopic sections, and functional systems. The 2D figures are fine. I found that the accompanying text was brief and the 3D models were a little disappointing although they were rotatable. I could appreciate that medical students could use it to learn neuroanatomy and to revise for examinations, and that it could be useful to some neuroscientists. Having spent time with it, my own feeling was that, when I needed to look something up, I would rather use an atlas. That is a shame because the idea is good, but a newer version needs to be much more user friendly.

J R SALISBURY

Notices

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Technology and Medicine**

Applications are invited for places on this course leading to the degree of Master of Science in Clinical Cytology. The MSc is offered as a part time course which will start in October 1999. The course is taught over a period of two academic years and students will attend one full day a week for two successive years.

The course is open to graduates in biological sciences, medicine, or veterinary studies, or equivalent professional qualification. Applications from students with cytology experience who do not meet these requirements in full will be considered on an individual basis.

Application forms and further particulars from:

Imperial College School of Medicine, Registry, Hammersmith Campus, Commonwealth Building, The Hammersmith Hospital, Du Cane Road, London W12 0NN. Tel +44 (0)181 383 3118; fax +44 (0)181 743 6764; email s.registry@rpms.ac.uk

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18–23 September 1999

Barcelona, Spain

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Further information from: Ultramar Express, Professional Congress Organiser, Diputacio 283-3, E-08007 Barcelona, Spain; tel +34 93 482 7140; fax +34 93 482 7158; email msanmiguel@uex.es

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29 June 1999

Royal College of Pathologists, 2 Carlton House Terrace, London SW1Y 5AF

Further details from: Scientific Meetings Officer, RCPATH; tel (0)171 930 5862, ext 24/25

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Papers for publication should be sent to the Editor, *Journal of Clinical Pathology*, BMA House, Tavistock Square, London WC1H 9JR (tel: 0171 383 6209/6154; fax: 0171 383 6668; email: jclinpathol@compuserve.com). Receipt of manuscripts will be acknowledged by the editorial office.

Submission of a paper will be held to imply that it contains original work not being offered elsewhere or published previously. Manuscripts should be prepared in accordance with the Vancouver style.¹ The Editor retains the right to shorten the article or make changes to conform with style and to improve clarity. All authors must sign the copyright form after acceptance.

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- Authors must submit four copies of the original manuscript typed in double line spacing. The journal is now produced electronically and revised manuscripts should be submitted as printed copy and on disk. A guide to submitting an article on disk will be sent when requesting a revision or on notification of an acceptance. Authors should not submit the original paper on disk.
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- Authors should include the names and addresses of four experts whom the authors consider suitable to peer review their work.
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- If requested, authors should produce the data upon which the manuscript is based for examination by the Editor.
- The number of authors should be kept to a minimum and should include only those who have made a contribution to the research: justification should be made for more than five authors. Acknowledgments should be limited to workers whose courtesy or assistance has extended beyond their paid work, and to supporting organisations.
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- Papers should 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: abstract; introduction; methods; results; and discussion.
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- 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/Technical report.
- Length must not exceed 1500 words, including an unstructured abstract of less than 150 words, up to two figures or tables (or one of each) and up to 10 references. If more illustrations are required the text must be reduced accordingly.

Letters

- Letters must be typed in double line spacing, should normally be no more than 500 words, have no more than five references, and must be signed by all authors. Two copies should be provided.

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Tables should be presented separately in double line spacing without ruled lines; when presented on disk they should be in a separate file from the text.

- 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.
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Descriptions 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.
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- 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 humans. When information is expressed as mean $\pm$ 2SD, the distribution of the range (normal, skew, or logarithmic) should be stated.

References

- References must be numbered in the order they appear in the text and include all information (Vancouver style; references with more than three authors should give only the first three followed by *et al*):
 - 1 Fletcher CDM, McKee H. 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.
 - 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.
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- 2 International Committee of Medical Journal Editors. Protection of patients' rights to privacy. *BMJ* 1995;311:1272.

Manuscript checklist:

- Is there an abstract?
- Are the abbreviations spelt out?
- Are the measurements in SI units?
- Are the references in Vancouver style?

Revised January 1999