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- 24 Smith HR, Rowe B, Gross RJ, *et al*. Haemorrhagic colitis and vero-cytotoxin-producing *Escherichia coli* in England and Wales. *Lancet* 1987;i:1062-5.
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Requests for reprints to: Mr C W Walker, Clinical Microbiology and Public Health Laboratory, Addenbrooke's Hospital, Hills Road, Cambridge CB2 2QQ, England.



Kinder from the North, W R Timperley.

Instructions to authors

The *Journal of Clinical Pathology* is one of the BMA specialist journals and accepts papers written in the Vancouver style. The requirements of this style are detailed in *Br Med J* 1982;284:1766–70.

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

All authors must sign the copyright form.

Articles should usually be no more than 2000 words long and should report original research of relevance to the understanding and practice of clinical pathology. Review articles are published by editorial invitation; unsolicited reviews are unlikely to be accepted. Single case reports are accepted only if of outstanding interest or clinical relevance. Papers on new technical methods are welcome; they should usually be up to 1500 words, with no more than five references. Letters to the Editors for publication should normally be of not more than 500 words and have no more than five references.

Manuscripts

Manuscripts should be sent in duplicate to the Editor, Journal of Clinical Pathology, BMA House, Tavistock Square, London WC1H 9JR. Two copies should be submitted, and authors should keep one copy for reference. Manuscripts (including references) should be typed and double spaced on one side of the paper only, with 5 cm margins at sides, top, and bottom. This includes letters submitted for publication. 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.

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.** Guidelines on authorship are detailed in *J Clin Pathol* 1986;39:110. Manuscripts should bear the name of one author to whom correspondence is to be addressed. Scientific articles should conform to the conventions used in the Journal—that is, they must include a summary, introductory remarks, a material and methods section, a results section, a discussion, and references in full.

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.

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 drawn on heavy white paper in India ink or, preferably, reproduced photographically.

Photographs and photomicrographs should be on glossy paper for half tone reproduction. A charge is made towards the cost of colour reproduction, and the advice of the Technical Editor should be sought before submitting colour illustrations. The printing process requires that prints are unmounted and of high quality with full tonal scale. The size of prints should be one column width (7 cm) or one page width (14.5 cm) with no margins, so that the figures can be reproduced without cropping. The Journal has no facilities for photographic enlargement or reduction. **Only salient features** should be included to preserve detail, and insets should be provided separately. The top of the figure should be indicated, together with the name of the first author and the figure number, on the back using an adhesive label or very soft crayon; ball point and felt tip pens must not be used. The legends for illustrations should be typed double spaced on a separate sheet. For photomicrographs, staining techniques should be stated.

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.

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 which 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 observation 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

The references should be 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.

- 1 Fletcher CDM, McKee PH. 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 Weinstein L, Swartz MN. Pathogenic properties of invading microorganisms. In: Sodeman WA Jr, Sodeman WA, eds. *Pathologic physiology: mechanisms of disease*. Philadelphia: WB Saunders, 1974:57-72.

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

Proofs

After acceptance for publication the article will be 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 made on a separate sheet of paper; if substantial changes are made to the text at proof stage the authors may have to bear the cost of corrections.

Reprints

Twenty five reprints will be supplied free of charge, and further reprints may be ordered when the proof is returned. The charge quoted is on the understanding that reprints will be for the author's use; prices for large numbers of reprints will be given on request.

without medical qualifications to understand the principles of forensic pathology and to apply them in criminal cases and personal injury litigation. In spite of the legal section being kept to a minimum and the avoidance of reference to forensic psychiatry and toxicology it is a textbook which will be consulted, if and when required, by members of the legal profession on particular topics with which they are concerned. It is written in clear and comprehensible layman's language—typical of Hugh Johnson giving evidence.

It is highly and unreservedly recommended not only for students of criminal law but for all medics whether they be undergraduates, or postgraduate students, consultants, police surgeons, or forensic pathologists.

JM CAMERON

Striated and Smooth Muscle Tumours—the format of this collection is identical with that above. There are 52 slides illustrating the various subtypes of benign and malignant smooth and striated muscle tumours.

This series is intended primarily for surgical pathologists in training. If these two collections are representatives of the series I think trainee pathologists would find these a useful introduction to a complex and often perplexing branch of histopathology. This series would be an expensive luxury for any department and such a sum of money may be more usefully spent in buying a copy or two of the excellent *Soft Tissue Tumours* byENZINGER and WEISS.

S KHAN

Notices

Pseudosarcomatous (Proliferative) Fibroblastic Lesions. An American Society of Clinical Pathologists Book. Ed Edward H Soule. (Pp 17; 42 colour transparencies; \$75.00.) Raven Press. 1986.

This is a review of two of nine slide collections produced by the American Society of Clinical Pathologists and edited by a panel of three distinguished soft tissue pathologists. The remaining collections in the series are entitled *Fibrous Histiocytic Lesions*, *Round or Small Cell Sarcomas*, *Fibroblast Tumours*, *Adipose Tissue Tumours*, *Vascular Tumours*, *Peripheral Nervous System Tumours*, and *Miscellaneous Soft Tissue Tumours*.

Pseudosarcomatous (Proliferative) Fibroblastic Lesions—the entities covered in this collection are nodular fasciitis, proliferative myositis, and myositis ossificans. The collection consists of 42 colour slides for projection which include gross and microscopic appearances. A small handbook accompanies the slides. This contains summaries of the classification, clinical features, pathological findings, natural history, and prognosis of these entities. In addition, there are succinct and good descriptions accompanying each slide which are intended to illustrate specific histological features and the range of changes that characterise these lesions. The slides are of good quality and succeed in their aim.

"Gastritis—what is new?"

Pathology Section of the Royal Society of Medicine

Tuesday 15 March 1988

Topics include: aetiology of gastritis, isolation and mechanisms of pathogenicity of *Campylobacter pylori*, clinical perspectives and treatment, and epidemiology of gastritis and its relation to gastric cancer.

For further information please contact: Miss Judy Cook, Sections Officer, The Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE.

Liver Transplant Meeting

25–26 March 1988

The Clinical School, Addenbrooke's Hospital, Cambridge

The meeting is intended for anaesthetists, physicians, biochemists, haematologists, immunologists, and nurses, as well as surgeons to discuss problems generated by liver transplantation. It will consist of clinical presentations of various aspects of the care of patients, workshop and poster sessions.

Further details from: Dr JV Farman, Postgraduate Medical Centre, The Clinical School, Addenbrooke's Hospital, Hills Road, Cambridge CB2 2QQ.

Postgraduate Course in Gynaecological and Obstetric Pathology with Clinical Correlation

April 11–15 1988

This course is designed for pathologists and obstetrician-gynaecologists at houseman and practitioner levels. It will provide an in depth review of gynaecological and obstetric pathology with emphasis on morphological diagnostic features and clinicopathological correlation, including management. Special attention will be paid to recent advances and newly recognised entities. Instruction will be primarily by lecture, but will also include case presentations and discussion periods. Each participant will receive a comprehensive course syllabus.

For further information contact: Department of Continuing Education, Harvard Medical School, 25 Shattuck Street, Boston, MA 02115, USA.

Fifth International Symposium on Morphometry in Morphological Diagnosis

14–17 September 1988

The Fifth International Symposium on Morphometry in Morphological Diagnosis will be held 14–17 September 1988 at the University of Ancona, Italy. The meeting will focus on the following topics: Methods and training in quantitative pathology; quantitative pathology in the classification, grading, and prognosis of tumours; flow and static cytometry—techniques and applications; quantitation in non-tumour pathology; diagnostic cytopathology and cytometry.

The organising committee consists of: JPA Baak (The Netherlands), Y Collan (Finland), GM Mariuzzi (Italy), G Slavin (United Kingdom), P Tosi (Italy), WF Whimster (United Kingdom).

This notice calls for papers (15 minutes) and poster demonstrations. The closing date for the submission of abstracts is 31 March 1988.

Further details of the symposium can be obtained from: Dr R Montironi, Department of Pathology, University of Ancona, General Regional Hospital, 60020 Torrette, Ancona, Italy.