Instructions to Authors

Foreword

Techniques

The Journal has been receiving more papers about laboratory techniques over the past few years and the time for segregating them from the rest of the contents now seems to have passed. Accordingly, there will be no separate section on "Techniques" from September 1990, and methodological studies will be placed as Papers or Short Reports in the same way as all other articles, depending on their length and importance.

Short reports

It was recently decided by the editors and the editorial board that, with effect from January 1991, the Journal will cease to include letters in the list of contents on the front cover and will instead introduce a new category of papers that will be referred to as Short Reports.

This format will be the usual one in which case reports, short technical notes, and brief investigative studies—particularly those with negative results—will be presented. The constraints will be that length should not exceed 1000 words, there should be up to two figures or tables, and no more than 10 references. Authors submitting papers as letters or full articles thought by the editors to be more suitable for a Short Report will be invited to revise their manuscript accordingly. Submissions specifically styled as Short Reports will be welcome and considered on that basis: all will be subjected to the usual process of peer review.

Articles already accepted for publication as Indexed Letters will continue to be published as such and will be listed on the front cover, but from August 1990 no more will be accepted. Letters will still be encouraged, and will still be limited to 500 words, five references, and one figure *or* table, but, unless thought suitable for revision as a Short Report, will now be grouped under a generic heading of "Correspondence". There will be no separate section on Matters Arising.

The purpose of this change is to have a more convenient vehicle for interesting case reports and other brief papers, where they may sit more easily than in the letters section.

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 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 if accompanied by a stamped addressed postcard; overseas authors should enclose international reply paid coupons.

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 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 summary of no more than 250 words saying what was done (and why, if that is not obvious), what was found and what was concluded; 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.

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 are welcomed and usually published in the form of a Short Report.

Letters to the Editor should be no more than 500 words with a maximum of five references and one figure *or* table.

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. 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. Arrows, 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. Insets should be provided separately.

Colour reproduction of figures is encouraged 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.

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 should be $6 \cdot 4$, 10, or $13 \cdot 3$ cm wide or, in exceptional circumstances, $16 \cdot 8$ cm wide to span the entire page width. Only salient features should be included to preserve detail. The Journal has no facilities for photographic enlargement or reduction, and reserves the right to crop illustrations where necessary.

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.

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 ± 2 SD, 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:

 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.

Book reference:

2 Washington JA. Conventional approaches to blood culture. In: Washington JA, ed. The detection of septicaemia. West Palm Beach, Florida: CRC 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

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.

International Week of

Laboratory Sciences

November 12-17, 1990: Rome

4th National Congress of Italian Society

for Laboratory Medicine

9th International Congress of Clinical

Enzymology

14th International Symposium on

Clinical Enzymology

12th National Congress of the Italian

Society for Clinical Enzymology

2nd International Conference on

Laboratory Medicine

1st Advanced Course on Laboratory

Diagnosis and Technique

Scientific Secretariat: Professor Angelo

Burlina, Cattedra di Biochimica, Clinica

dell'Università, Ospedale Civile, Via Giustiniani, 2-35128 Padova, Italy.

Tel: (049) 8212780, Telefax (049) 663240.

Magriffe S.r.l., Via Ariberto, 25-20123

Tel: (02) 8370287-8322545, Telefax (02)

Information from:

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Recent Advances in Hemophila Care. Progress in Clinical and Biological Research. Vol 324. Ed CK Kasper. (Pp 358; \$69.50.) Alan R Liss Inc. 1989. ISBN 0-471-56678-0.

These are the proceedings of a symposium on recent advances in haemophilia care held in Los Angeles on April 13-15 1989. Such a symposium was perhaps overdue, given the many new developments in haemophilia care in recent years. The book is divided into sections on genetic diagnosis, inhibitors, concentrates, side effects of treatment, HIV, orthopaedics, and von Willebrand's disease, and ought to provide an up to date review of all aspects of haemophilia care. In practice, as with other published proceedings, the manuscripts do not always do justice to the size and complexity of their subject, reflecting the constraints of a 10-20 minute oral presentation. Individual chapters are thus short and do not attempt to be comprehensive, instead highlighting areas of current interest. It is unfortunate that the discussion following each presentation is not recorded as this is often enlightening. Although insufficiently comprehensive to be used usefully for reference, this volume does provide an interesting and generally very readable overview of the various problems encountered in haemophilia management. It should be of interest to clinicians involved in haemophilia care, although not to a more general readership.

CRM HAY

Nervous System, Muscle and Eyes. Systemic Pathology. 3rd ed. Vol. 4. Ed RD Weller. (Pp 792; 750 figs; £97.50.) Churchill Livingstone. 1990. ISBN 0-443-03312-9.

The first edition of Systemic Pathology by Payling Wright and Symmers appeared in 1966 to general acclaim. It quickly established its position as a popular, informative, and compact work. It was in two volumes and the nervous system had to share a volume with the endocrine system, skin, and bones. Now, in the third edition, each system is given a self-contained monograph and there is no doubt that this arrangement is an improvement. The book is a useful size, 25 cm \times 19 cm, containing 776 pages, including the index, and is well produced on paper of quality. The editor has assembled a distinguished team of authors whose collective expertise should do justice to the subject and illuminate the recent advances in information derived from the most recent advances in technique. As with every multiauthor book there is variation in the quality of the individual contributions. The avowed aim of the volume is "of creating a working text for pathologists with a more general experience in histopathology and for clinicians and basic scientists who wish to delve into the pathology of the nervous system". There can be no doubt that in most respects the volume achieves what it sets out to do. There are 17 chapters on the central nervous system, three on the peripheral nervous system, three on muscle, and one on eyes. Illustrations are all black and white and most are of high quality.

The difficulty with a book of this sort is to know what to leave out when covering so wide a field in so comprehensive a manner. Sometimes the book fails to make clear that one of the chief charms of the practice of neuropathology is idiosyncrasy: "authorities" do not generally agree on the classification of tumours or even on the basic techniques used in examining nervous system tissues. The general pathologist can learn from this book how best to cut a fixed brain but not when to reserve it for the attention of a neuropathologist. The enormous (and confusing) armamentarium of staining methods and their pros and cons is glossed over in a curiously sketchy fashion: "Nissl" the familiar cresyl violet method for demonstrating nerve cells is absent on its own, but can be found incorporated with luxol fast blue in the "Klüver-Barrera" method; Mallory's phosphotungstic acid haematoxylin, still the best basis on which to identify glial fibrils in tumours or to reveal isomorphic cerebellar gliosis, gets no mention at all; the Bielschowsky method modified for paraffin wax sections, of incomparable value in studying neurofibrillary tangles and amyloid plaques, is also omitted.

Neuropathology is a fascinating study: this book should join its fellows in every well furnished library.

NOTICES

Computers in Pathology

26 October 1990

Postgraduate Medical Centre

Hull Royal Infirmary

East Mercian Branch of Association

of Clinical Pathologists

Open to non-members. Will include

application of computers in all main

branches of pathology, teaching, and

information systems in Public Health

Contact: Dr Alan Jackson

Scarborough Hospital,

Scarborough YO12 6QL

Tel: (0723) 368111; ext 2366

Laboratories.

RO BARNARD

British Posteraduate Medic

British Postgraduate Medical Federation

Histopathology Course 1990–1991

There will be a course for SHOs and registrars to provide training in histopathology for the new MRCPath Part 1 examination which begins in May 1992. It will be held on Wednesday afternoons at St Bartholomew's Hospital, and will consist of lectures and slide seminars with emphasis on diagnosis and mechanisms of disease.

The course will run from 3 October 1990–13 March 1991 and is the first in a series of three. The second and third courses will be offered from October 1991 and October 1992 respectively.

Places are restricted and early application is advised.

Cost £517

Application forms, which must be returned by 24 August 1990, may be obtained from:

The Education Department, BPMF, 33 Millman Street, London WC1N 3EJ. Telephone 071-831 6222 extension 155

ACP Locum Bureau

The Association of Clinical Pathologists runs a locum bureau for consultant pathologists.

Applicants with the MRC Path who would like to do locums and anyone requiring a locum should contact Dr David Orrell, Department of Pathology, Royal Lancaster Infirmary, Ashton Road, Lancaster. Tel: 0524 65944 X 2701.