

# JOURNAL OF CLINICAL PATHOLOGY

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**ARTICLES** Papers 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 format with a structured abstract. The abstract should contain the headings *Aims, Methods, Results and Conclusions* and be no more than 300 words long. The body of the paper should have separate sections for the introduction, the methods and the results, and the discussion. If statistics are used the methods and confidence intervals should be stated. Authors are urged to seek expert advice if in doubt. Occasional Articles have a less rigid format, being 1500-2000 words in length. They are usually invited by the editors, though unsolicited submissions will be considered. Single case reports and brief papers (such as those describing negative findings) will usually be considered only as Short Reports. The format for these is an unstructured 150 word summary, up to 1500 words of text, up to two tables or figures (or one of each) and no more than 10 references. Letters to the Editor should normally refer to previously published papers or make some point about the practice of pathology. They are not intended to be a vehicle for the presentation of new data unrelated to earlier Journal articles.

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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.

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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 has no facilities for photographic enlargement or reduction, and reserves the right to crop illustrations where necessary.

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#### 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  $\pm$  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 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 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

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range of subjects is covered, from the more familiar to fascinating chapters dealing with molecular and metabolic aspects of aging and of space travel. Most topics are well covered by experts and the clarity of presentation and general high standard of writing is such that the text will be valuable to most medical postgraduate students.

There are always drawbacks to such large multi-author works. The time taken to assemble the text has dictated that many chapters have references no more recent than 1988, a clear failing in a book setting out to be "state of the art" and, for example, recent advances such as the possible role of *Helicobacter pylori* in peptic ulceration and use of monoclonal antibodies in endotoxic shock are barely mentioned, if at all. The general standard and adequacy of illustrations is also disappointing. There is more repetition between chapters than one would expect and although reiteration may be valuable as a teaching aid, it may also indicate a need for tighter editing.

Overall, this is a good worthwhile publication and will undoubtedly be a valuable reference source in any medical library. There is much here of interest and value to most pathologists and ward clinicians, though the breadth of subjects covered means at times fine detail is sacrificed. This and the prohibitive price may deter individual buyers.

RICHARD ANDREWS

**Clinical Laboratory Tests. Values and Implications.** (Pp 724; soft cover £15.50). Harcourt Brace Jovanovich Ltd. 1991. ISBN 0-87434-270-8.

This is a multidisciplinary handbook of laboratory investigations. The introduction provides valuable advice on patient preparation, sample collection, handling and transport—topics frequently neglected in books of this sort but an important potential source of invalid results which may not be apparent once the sample has reached the laboratory. The technique of venepuncture is described in detail, although a simple diagram would have enhanced the text.

The basis of each test, normal findings, and interpretation of abnormal results are discussed for each test, though unfortunately there are no references. Details of analytical methods are not included. Mass and SI units are used. The range of tests covered is vast: the foreword resorts to hyperbole and indicates that "virtually all clinically useful laboratory tests" are included, but while a random inspection yielded entries on antimicrobial antibodies, complement assays, serum ferritin, haemoglobin electrophoresis, lactose tolerance test, pleural biopsy, semen collection and stool culture, I searched in vain for any test of intestinal fat absorption, or pancreatic exocrine function. The only test indexed under congenital adrenal hyperplasia is measurement of serum testosterone; cholesterol is not indexed, and although total cholesterol is included in the tests, the description includes the statement, "total cholesterol is the only (form of) cholesterol routinely measured."

Nevertheless, there is much useful information here, and although individual laboratories should have their own handbooks of test protocols, this volume may find a place in the departmental library, particularly in multidisciplinary laboratories, as a source of information on less frequently requested tests.

WILLIAM MARSHALL

**Systemic Pathology.** 3rd edn. Vol. 5. **The Lungs.** Ed. B Corrin. (Pp 496; £75). Churchill Livingstone. 1991. ISBN 0-443-03094-4.

The pathology of the lungs and pleura is comprehensively covered in this volume, with most chapters having been written by Professor Corrin and Dr Addis, and a contribution on carcinoma from Dr Mooi (Division of Tumour Biology, Netherlands Cancer Institute). All that you would expect from such a textbook is here including initial chapters on normal structure and developmental disease. Everything I have looked up has been clearly and succinctly explained and I was particularly struck by the excellence of the many illustrations, including gross specimens, histology, and high quality electron micrographs. There are also several very clear and helpful line diagrams to illustrate the architectural changes in conditions such as bronchiectasis, emphysema, the various types of interstitial pneumonia and different patterns of pulmonary fibrosis. Rare conditions of a double-barrelled eponymous nature are included, but the approach is essentially practical, and where knowledge is doubtful or there are problems in diagnosis, this is stated. This book will be a "must" for those departments who are collecting the *Systemic Pathology* series but it also stands on its own as an excellent reference manual of pulmonary pathology.

JULIE CROW

## 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 £24 for those resident in the United Kingdom and £55 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, School of Biological Sciences, Falmer, Brighton, BN1 9QG. (0273) 678435.

## NOTICES

### European Prevalence of Infection in Intensive Care Study

The EPIC Study International Advisory Committee is urging all Western European Intensive Care Units to take part in the European Prevalence of Infection in Intensive Care Study (The EPIC Study) on the 29 April 1992. Sponsored by Roussel Uclaf, further information is available from the EPIC Study Co-ordinator, Medical Action Communications, Action International House, Crabtree Office Village, Eversley Way, Thorpe, Egham, Surrey, TW20 8RY, UK.

### Lung Pathology, London

June 1-4 1992

### National Heart and Lung Institute, London

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Fee £195 (or US\$335).

Further information from Professor B Corrin, Lung Pathology, Brompton Hospital, London SW3 6NP, UK. Fax: 071-351 8443. Tel: 071-351 8420.

### ACP

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### Bone marrow trephine interpretation

The Royal Hallamshire Hospital, Sheffield

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Organiser

Dr DWK Cotton

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Cheques to be made payable to University of Sheffield.

All queries to: Dr DWK Cotton, Department of Pathology, University of Sheffield Medical School, Beech Hill Road, Sheffield S10 2RX

### Correction

In *J Clin Pathol* 1991;44:564-8; by Ratti G, an error occurred on page 565. "A solution containing all components but also sample DNA and DNA polymerase" should have read "A solution containing all the PCR reagents but sample DNA and DNA polymerase."