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Symbols and abbreviations should be in the Vancouver style.

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Normal megakaryocyte in bone marrow labelled for CD61 (antibody Y2/51)—APAAP technique. Supplied by Dr KC Gatter.

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Articles other than Short Reports 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 structured abstract; 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.

The Journal uses a structured form of abstract in the interests of clarity. This should be short (no more than 250 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.

Leaders 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.

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ences and one figure or table. These should be double spaced in the same way as papers. Letters are not indexed, and usually are on matters arising from previously published articles.

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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.

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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.

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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 six 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.

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Journal reference:

- 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.

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

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and clearly set out. Tables and diagrams are plentiful and complement the text admirably. References are up to date, running up to 1992.

In summary, this is a useful addition to publications on pulmonary pathology, marred by some poor illustrations. I would certainly be happy to have this on my shelf as a guide to both surgical and necropsy diagnosis, but there is very strong competition from some of the alternatives, such as Professor Corrin's contribution to "Symmers".

J VAN DER WALT

Pathology in Gynecology and Obstetrics. 4th edn. Eds C Gompel, SG Silverberg. (Pp 700; £135.) JB Lippincott. 1994. ISBN 0-397-51226-0.

This new edition has an international list of contributors, ranging from Belgium through the USA to Japan. The book is intended for both pathologists and practising clinicians in obstetrics and gynaecology. It has a chapter on each part of the female tract and, in keeping with its European and American origins, also covers the breast. It has chapters covering ectopic pregnancy, extra-genital pathology, and new technology being used in pathology. The style of each individual entry follows a short introduction and then macroscopic and microscopic appearances with a differential diagnosis as the concluding paragraph. Occasionally there are short paragraphs on clinical behaviour and treatment. Presentation is generally glossy, with numerous macroscopic and microscopic pictures. There are a number of colour pictures to supplement the text, which is well referenced with entries as recent as 1992. The style of writing is occasionally amusing, particularly the comment on the causes of air embolism where there is an association with aberrant sexual activity when "the history must be carefully ferreted out".

It is not entirely clear at which group of doctors and at which level this book is aimed. It seems to cover considerable areas of clinical management, some of which would not be thought appropriate in the United Kingdom.

In conclusion, I feel the general obstetrician and gynaecologist will find this a helpful pathology textbook in studying for MRCOG and beyond, but I doubt whether a pathologist would have more than a passing interest, as the pathological detail seems to be somewhat superficial.

R CRAWFORD

Clinical Application of Leucocyte Depletion. Ed S Sekiguchi. (Pp 239; £35.) Blackwell Scientific Publications. 1993. ISBN 0-632-03726-4.

The title of this volume is rather misleading, because only the last of its four parts is devoted to the clinical aspects of the subject. In toto, it represents the proceedings of a symposium held in July 1991 but published in 1993. A fair amount of leucocyte depleted fluid has passed under various bridges since the date of the symposium, but the publica-

tion nevertheless provides a useful summary of the production aspects and laboratory evaluation of leucocyte depleted red cells and platelets. There may be a little too much emphasis on these technical details for some readers, but coverage of the mechanism of leucocyte filtration and evaluation of the various types of filter will provide useful background for those indulging in component production. The vexed question of accurate counting of residual leucocytes in depleted components is naturally given some attention, the various authors seeming to conclude that routine quality control can be achieved by the use of large volume counting chambers, with techniques such as flow cytometry and PCR being reserved for the evaluation of new filter types. An intriguing suggestion is thrown out, however, that flow cytometry combined with the use of ever more specific monoclonal antibodies may permit precise analysis of which filter permits just which cells to pass through. The thesis is that pursuit of this line may enable accurate matching of the type of filter to be used with the exact clinical requirement of individual patients.

The book also presents a useful summary of the immune response as a prelude to the mechanism and prevention of alloimmunisation to the HLA series of antigens.

The cost effectiveness of leucocyte depletion of blood components is addressed in the clinical section of the book, though not in any great detail. Even here there is a reflection of the healthy controversy which continues in this subject, the authors basing their cost calculations on leucocyte reduction to a level which would plainly not be acceptable to authors of the other chapters. An important point in these calculations, however, is that they are based on bedside rather than blood bank filtration, and one wonders how long the increasing requirement for guanosine monophosphatase will permit bedside filtration to continue.

With the intense interest surrounding this subject, it is inevitable that some of the presentations recorded here are already out of date. However, the book may form useful background material for transfusion medicine specialists involved in all aspects of component production. Clinicians may find it worth their while to peruse the contents, if only to prove to them that there is no such thing as simple filtration and easy results.

W WAGSTAFF

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Notices

Cardiovascular Pathology

Academic Medical Centre, Amsterdam
March 2-3 1995

The two day meeting organised by the European School of Cardiovascular Pathology will include clinicopathological case presentations, invited lectures on topical issues in cardiovascular pathology, video presentations of normal and abnormal cardiac structure, and poster sessions. The meeting should be of interest to pathologists and clinicians with an interest in cardiovascular disease. Pathologists in training are especially welcome. *There will be no registration fee.*

For further information and to register, please contact: Professor AE Becker, Department of Pathology, Academic Medical Centre, Meibergdreef 9, 1105 AZ Amsterdam-Zuidoost, The Netherlands (tel: 31 20 5665646; fax: 31 20 6914738). Further details can also be obtained from Dr PJ Gallagher, Department of Pathology, Southampton University Hospitals, Southampton SO16 6YD (tel: 01703 796664; fax: 01703 705580).

Continuing Medical Education in Europe: the way forward through European collaboration

March 30-31 1995

Organised by the Fellowship of Postgraduate Medicine, in association with other bodies with an interest in medical education, this conference brings together the leaders of medical education in Europe. The programme is designed to be comprehensive and cover all specialties. It will explore areas of concern including finance, implementation, assessment, and re-certification. Speakers have been invited from all European Union countries and from the United States, Canada, and Australia. There will be ample opportunity for free discussion and small group work. The conference language is English.

For further information, please contact: Mrs Jean Coops, Conference Office, Fellowship of Postgraduate Medicine, 12 Chandos Street, London W1M 9DE (tel: 0171 636 6334; fax: 0171 436 2535).

Contemporary questions in thoracic pathology

A one day course and slide seminar
presented by members of the
Pulmonary Pathology Club

John Radcliffe Hospital, Oxford
Thursday 30 March, 1995

Numbers limited to 30; Course fee £60. For further details and application forms please contact: Professor B Corrin, Brompton Hospital, London SW3 6NP (fax: 0171 351 8435).