

The Journal of the Association of Clinical Pathologists: A Registered Charity

Editor: David Lowe Deputy Editor: Helen Holzel Technical Editor: Andrea Horgan Editorial Assistant: Susan Crean

Specialist Journals, BMA House, Tavistock Square, London WC1H 9JR: Tel 0171 383 6209;

e-mail 101317.464@compuserve.com

EDITORIAL BOARD

CC Bird V Flynn FD Lee RS Pereira D Tarin D Burnett DJ Goldie AJ Malcolm AF Winder C Roberts J Crocker JHE Hayek JH McCarthy DN Slater B Woodcock M Helbert MD Penney **ID** Davies **RC** Spencer Editor, BMJ

Overseas Editorial Board Members: G Delsol (Toulouse) E Tahara (Hiroshima) PA van Dam (Antwerp)

PJ van Diest (Amsterdam)

Former Editors

AG Signy 1944-72 HEM Kay 1972-80 G Slavin 1978-88 J Lilleyman 1986-92

Association of Clinical Pathologists

President: Dr EM Emerson; President-Elect: Professor AF Winder; Vice-Presidents: Dr JD Davies, Dr TN Stanbridge; Chairman of Council: Dr DM Harris; Honorary Secretary: Dr AJ Malcolm; Honorary Treasurer: Dr KWN Scott; General Secretary: Mrs JS Turner, 221 Preston Road, Brighton BN1 6SA; Tel: (01273) 561188; Fax: (01273) 541227

Information for Authors

Papers should be sent in triplicate to the Editors, Journal of Clinical Pathology, BMJ Publishing Group, BMA House, Tavistock Square, London WC1H 9JR. Telephone numbers: 0171 383 6209/6154. Fax number: 0171 383 6608. They should be typewritten with double spacing on one side of the paper only. The names of the authors with initials or one forename should be followed by the name of the institution where the work was performed. An indication of the position held by each author must be given in an accompanying letter to the Editors and this should include the signatures of all authors on papers with joint authorship. Guidelines on authorship are detailed in J Clin Pathol 1986;39:110. Results should not be shown as both tables and graphs, and histograms should not be used where tabular information would be more appropriate. Authors should include the names, addresses and telephone and fax numbers of four experts whom the authors consider suitable to peer review their work.

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 250 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. Revised manuscripts should be submitted as hard copy and on disk. Detailed instructions will be sent to authors on invitation to revise. 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.

ACKNOWLEDGEMENT OF RECEIPT Receipt of all manuscripts will be acknowledged by the editorial office.

ETHICS The critical assessment of papers submitted will include ethical considerations.

ILLUSTRATIONS Diagrams should be reproduced photographically. The legends for illustrations should be typed with double spacing on a separate sheet. Photographs and photomicrographs must be of high quality in full tonal scale on glossy paper, and unmounted. Only salient detail should be included. Areas without tissue ("background") should be as near white as possible. The width of illustrations should be

6.8 cm, 10.3 cm, 13.9 cm or, in exceptional circumstances, 17.5 cm, to fit the column layout of the Journal. Colour reproduction is welcomed and is subsidised by the Journal; for details of costs to the author please contact the Journal office.

ABBREVIATIONS 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.

UNITS All measurements should be given in SI units. REFERENCES The references must be given in the Vancouver style.

REPRINTS These may be ordered when the proof is returned. Prices for large numbers of reprints are available on request.

NOTICE TO ADVERTISERS Applications for advertisement space and for rates should be addressed to the Advertisement Manager, Journal of Clinical Pathology, BMJ Publishing Group, BMA House, Tavistock Square London WCLH OFF

Advertisement Manager, Journal of Clinical Pathology, BMJ Publishing Group, BMA House, Tavistock Square, London WC1H 9JR.

The Journal of Clinical Pathology is published monthly. The annual subscription rates (including Clinical Molecular Pathology) are £278.00; USA \$436.00.

Orders should be sent to The Subscription Manager, Journal of Clinical Pathology, BMJ Publishing Group, BMA House, Tavistock Square, London WC1H 9JR. Subscribers may pay for their subscriptions by Access, Visa, or American Express, by quoting on their order the credit or charge card preferred, together with the appropriate personal account number and expiry date of the card. Orders can also be placed with any leading subscription agent or bookseller. (For the convenience of readers in the USA subscription orders, with or without payment, may also be sent to the British Medical Journal, Box 408, Franklin, MA 02038, USA. All enquiries, however, must be addressed to the publisher in London.) All enquiries regarding air mail rates and single copies already published should be addressed to the publisher in London.

COPYRIGHT © 1996 Journal of Clinical Pathology. This publication is copyright under the Berne Convention and the International Copyright Convention. All rights reserved. Apart from any relaxations permitted under national copyright laws, no part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means without the prior permission of the copyright owners. Permission is not, however, required to copy abstracts of papers or of articles on condition that a full reference to the source is shown. Multiple copying of the contents of the publication without permission is always illegal.

Periodicals postage paid at Rahway, NJ. Postmaster to send address changes to: Journal of Clinical Pathology c/o Mercury Airfreight International Ltd. Inc., 2323 Randolph Avenue, Avenel NJ 07001, USA. ISSN 0021-9746.

Cover illustration: Polarised light examination of a haematoxylin and eosin preparation of an aortic atheromatous plaque. Note the birefringent lipid crystals. Supplied by Dr D N Slater.

Contents lists and Instructions to Authors are now available on the Internet: http://www.bmj.com/bmj/

Published by BMJ Publishing Group and printed in England by Latimer Trend & Co., Plymouth 616 Notices

medical education. Students will also find the question and answers useful in the last minute revision for pathology finals.

S H GILLESPIE

Pediatric Cytopathology. Geisinger KR, Silverman JF. (Pp 361; \$165.) Lippincott-Raven. 1995. ISBN 0-89189-378-4.

Exfoliative and fine needle aspiration (FNA) cytology are neglected topics in paediatric pathology, and this clearly written and illustrated book may be useful for pathologists wishing to redress this deficiency.

There are several sections on leukaemias, central nervous system lesions and cerebrospinal fluid cytology that, in the UK, are generally the provinces of haematologists and neuropathologists. There is also a short section on cervical exfoliative cytology, which is important only in an age range outside that of most paediatric hospitals and usually dealt with by "adult" cytopathologists. These various specialists would find little new in this

FNA of lymph nodes has some advantages in paediatric practice, such as evaluating single enlarged nodes where the diagnosis of malignancy is in doubt, or in following response to treatment when a primary tissue diagnosis is established. However, really difficult problems such as lymph node pathology in immunodeficiency syndromes, and the place of FNA (if any), is not covered. Other topics not discussed, including—for example, urine cytology for metachromatic leucodystrophy, dyshormonogenic goitre and the differential diagnosis of vacuolated lymphocytes in storage disorders.

I suspect that the sections on childhood tumours will be of most interest. FNA and exfoliative cytopathology clearly have a place here, particularly as the more discriminating techniques such as immunocytochemistry, electron microscopy and chromosomal analysis used in histopathology can also be applied to cytological preparations. However, as the authors emphasise, many factors influencing management and prognosis can only be adequately assessed in tissue sections, and cytopathology is complementary rather than an alternative to biopsy in most cases.

R A RISDON

Diagnostic Microbiology and Cytology of the Eye. Byrne KA, Burd EM, Tabbara KF, Hyndiuk RA. (Pp 199; £45.00.) Butterworth Heinemann. 1995. ISBN 0 7506 9607 9.

The eye is said to be the window of the soul. Unfortunately, this opening to the external environment also affords a window of opportunity for a diverse range of infectious agents, which can take up residency in the various structures comprising the external eye, to cause in many instances, severe morbidity. Other infectious agents can be translocated to the eye from the systemic circulation or can invade the eye, either directly or indirectly, from tissues adjacent to the orbit

Correct diagnosis of ocular infection, the essential preliminary stage for proper management, can be fraught with difficulty. One example of this is the often misdiagnosed Acanthamoeba keratitis being mistaken for herpes simplex, and treated with a drug regimen which is completely inappropriate. Routine medical microbiological testing of corneal scrapes, biopsy specimens and other ocular samples is often inadequate for identi-

fication and culture of eye pathogens, notable examples being *Mycobacterium chelonei* or *Nocardia*. Byrne and colleagues have addressed these matters in a thorough manner. Their offering will be of benefit to those involved in the identification of ocular infections to make them more aware of the many subtle differences in this setting.

Rare ocular infections, often associated with projectiles or puncture injuries, can and do occur, and the microbiologist must be aware of such possibilities. The most appropriate approach to this, and also for identification of more commonly encountered infectious agents of the eye, is close collaboration between ophthalmologists and microbiologists. Professor Tabbara has already provided a formidable tome concerned principally with the clinical and biological aspects of ocular infection. His latest venture, with his American colleagues, will be a valuable complement to his previous work.

The cytological components of this book are somewhat disappointing, comprising only 12 of the 188 pages of text and most of this is devoted to textbook-like descriptions of cells. There is a useful glossary of terms and the text is well indexed and referenced. Disappointing was the absence of an entomology section featuring a key to dipterans and other arthropods associated with ocular disease. The book should be read by those who aspire to expertise in the complex but rewarding speciality of ocular microbiology.

D V SEALE

High-Altitude Medicine and Pathology. 4th edn. Heath D, Williams DR. (Pp 449; 79.50.) Oxford Medical Publications. 1995. ISBN 0-19-262504-7.

The fourth edition of High-Altitude Medicine and Pathology marks a change of publisher, typeface and updates in rapidly developing areas of the field. As with previous editions, this is a scholarly work, the bias inevitably lying with the pathology of high altitude illness. In these areas the book is the best available, and reflects the unrivalled expertise and experience of Heath and Williams. The writing is suffused with the infectious enthusiasm shown by Professor Heath in full lecturing flow. Anecdotes and examples litter the text, often adding colour and context to illustrate the point. This stylistic warmth is not overdone, but I prefer text in which the personality of the author is allowed to show through, and this is not to everyone taste. Warmth is not a characteristic of the rival textbook High Altitude Medicine and Physiology by Milledge, Ward and West. Stylistically dryer, but equally authoritative on the physiological aspects of high altitude medicine, this text has also been recently revised in a new edition. A choice between the two texts rests on the subject bias that you prefer—at least, the pathology and physiology biases are clearly in the titles. The pathologists lighten the wallet by an extra £15 compared with their rivals. If your interest is from a pathological perspective, then Heath and Williams is close to ideal. The chapters on topics less familiar to them are well handled, and are useful summaries. Important practical areas such as the treatment of high altitude pulmonary oedema and acute mountain sickness are now well covered. Controversial topics such as the role of pressurisation bags are deftly and cautiously treated, and the preeminence of descent in treatment of altitude illness is well emphasised.

A warm, enthusiastic welcome then to the fourth edition of High-Altitude Medicine And Pathology, but remember to glance at the equally competent, differently slanted High Altitude Medicine and Physiology, and see if its rather Teutonic chill appeals. An enthusiast's solution is to buy both, although that is £145 of enthusiasm!

D J COLLIER

Notices

FNA Cytology using the Cytospin Method

October 9 1996

Venue: Royal Preston Hospital, UK

This course, costing £60.00 to include coffee, lunch and tea, is aimed at Consultants and trainees, and MLSOs involved in Cytopathology.

For further information, please contact: Dr A J Howat, Department of Histopathology, Royal Preston Hospital, Preston PR2 4HG. (Tel: 01772 710 141; fax: 01772 710 181.)

Australian Institute of Medical Scientists

National Science Meeting
October 6–11 1996

On behalf of the Organising Committee, I extend a warm invitation to all Medical Scientists, Technical Officers and interested parties, to attend the above conference to be held at the Convention Centre in Adelaide, South Australia.

The Conference theme is Aboriginal Health and will cover this and many other related topics and scientific endeavours.

Persons interested in taking part in the scientific program by presenting a paper or poster should contact: Mr John Stirling, c/o Histopathology Department, Finders Medical Centre, Bedford Park, SA 5042.

For further information, please contact: SAPMEA Conventions, 80 Broughams Place, North Adelaide, SA 5006. (Tel: + 618 239 1515; fax: + 618 239 1566.)

Brian Matthews, Chairperson Organising Committee.

The Royal College of Pathologists

presents

One Day Symposium

Pathology and the Media

Thursday 19 September 1996 to be held at

The Royal College of Pathologists, 2 Carlton House Terrace, London SW1

The symposium is open to members of the College, to trainee pathologists and to workers in other disciplines with an interest in the subject. The programme is approved by the Thames Postgraduate Deans and hospital doctors may apply to their employing authority for study leave under HM(67)27.

The registration fee is £75.00 and includes coffee, lunch and tea.

For further information, please contact: Scientific Meetings Officer, The Royal College of Pathologists, 2 Carlton House Terrace, London SW1Y 5AF.