Electronic publishing

Electronic publishing and internet learning

P J van Diest, H Holzel, M Reid, M Crook, G Spickett

Virtues only?

For the past five years, it has been our great pleasure to serve as the editorial team of the *Journal of Clinical Pathology*. We have been fortunate to be able to implement several changes to the journal, and have kept our readership aware of these by means of several editorials.[1–8] Now that our term of office is coming to an end, we would like to review the developments of the journal during the past five years, and try to look into the future, especially with regard to electronic publishing.

Changes in the world of electronic publishing happen quickly and we have tried to keep abreast of them. *JCP* has been fully on line with full access to papers for several years now,[1] and in view of the many "hits"our website gets this is quite a success. Access has been made free to the developing countries[2] to stimulate research and progress in the diagnostic field. The last big change has been the implementation of a fully internet based electronic submission system called Bench>Press.[7] This has speeded up the reviewing process dramatically, and has resulted in a much faster editorial turnaround time. It has also facilitated the submission of papers to *JCP* from remote areas of the world, which is in line with the journal's international scope. The journal, together with the other journals in the BMJ Publishing Group, has undergone a major change in layout, which makes it easier to read. We have also introduced several new sections, such as Historical Fillers,[9–11] Grand Round Presentations,[12] Best Practice Papers,[13–24] and ECHOES. The latest addition to this arsenal is the Diagnostic Brief. These are one page articles containing diagnostic algorithms of important practical value, which we assume many professionals will copy to put on a pile beside the microscope. The first one on the immunohistochemical classification of T and NK cell neoplasms is published in this issue.[25] Although such Diagnostic Briefs may especially suit histopathologists, the series will also cover microbiology, chemical pathology, immunology, and haematology. Although Diagnostic Briefs will in principle be commissioned, *JCP* also welcomes spontaneous submissions.

Our continuous professional development (CPD) programme, Pathology Interactive, which was introduced on CD-ROM in 1999,[4 26 27] is now also available on line (http://cpd.bmjjournals.com/). When browsing the *JCP* website, CPD questions related to *JCP* papers can now be directly accessed by clicking a link.[28–39] For the time being, there is a free trial period, so just go there and see if you like it! Especially for our colleagues in small clinical practices who find it difficult to get away, this provides a good means of gathering CDP points recognised by the Royal College of Pathologists.

So, does electronic publishing have virtues only? Well, it certainly looks like that, but there has been a price to pay. Several of our traditional reviewers prefer to review on paper and not online. This has resulted in quite a loss for our reviewers' database. All editors have been working hard to find new reviewers who are comfortable with reviewing online, but we encourage all those who feel qualified and have not yet been approached to register as a reviewer at www.submit-jcp.bmjjournals.com/.

A final question may be whether *JCP* will exist in the future only electronically, without a paper version. This seems for now a bridge too far to cross. Anyway, it is not a question that we will answer, but leave to our successors. We have been happy to serve you for the past five years, but now it is time to say goodbye. We wish the next editorial team that will be active from 1 January 2003 all the best with taking *JCP* through the next steps.

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Authors' affiliations
P J van Diest, Department of Pathology, VU University Medical Center, PO Box 7057, De Boelelaan 117, 1007 MB, Amsterdam, The Netherlands
H Holzel, Formerly at Great Ormond Street Hospital for Children NHS Trust, London WC1N 3JH, UK
M Reid, Department of Haematology, Royal Victoria Infirmary, The Newcastle Upon Tyne Hospitals NHS Trust, Royal Victoria Road, Newcastle Upon Tyne NE1 4LP, UK
M Crook, Department of Chemical Pathology, 5th Floor Tower, Guy's Hospital, London SE1 9RT, UK
G Spickett, Department of Immunology, Royal Victoria Infirmary, The Newcastle Upon Tyne Hospitals NHS Trust, Royal Victoria Road, Newcastle Upon Tyne NE1 4LP, UK

Correspondence to: Professor PJ van Diest, Department of Pathology, VU University Medical Center, PO Box 7057, De Boelelaan 117, 1007 MB, Amsterdam, The Netherlands; pj.vandiest@vumc.nl

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ECHO

Whole blood Taqman PCR leads in confirming meningococcal disease

Please visit the Journal of Clinical Pathology website [www.jclinpath.com] for link to this full article.

Meningococcal disease (MCD) can now be diagnosed more reliably, concludes a study of the impact of a modified Taqman PCR test on suspected cases in a clinical setting. The whole blood (WB)-Taqman test is *the* test for suspected MCD, the authors say, and it should be used routinely.

Tests by the WB-Taqman method disclosed 88% of positive cases in patients with suspected MCD whereas tests in previous years, by the serum (S)-Taqman method, on similar patients at the same hospital uncovered significantly less, only 47%. The diagnostic sensitivity for the WB-Taqman method was 87% and specificity 100%. Combining the results of other tests—the rapid latex antigen test and blood culture—with those from the WB-Taqman method increased the proportion of positive tests for each patient cohort to 94% for the WB-Taqman method and 72% for the S-Taqman method. No false positive results occurred in either cohort; false negative results dropped to 13% by the WB-Taqman method.

The study was performed in patients with possible/probable MCD seen at the Royal Liverpool Children's Hospital, UK. One cohort of 192 patients was seen between January 2000 and March 2001, after the WB-Taqman method had been introduced, and the other cohort of 319 patients was seen between December 1997 and March 1999. The same protocols were used in both studies, and PCR was performed by the Meningococcal Reference Unit, Manchester, UK.

PCR is invaluable for confirming MCD, often a rapidly fatal disease whose clinical diagnosis can be tricky.

▲ *Archives of Disease in Childhood* 2002;**86**:449–452.