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Postgraduate Medical Journal is published monthly for the Fellowship of Postgraduate Medicine by Blackwell Scientific Publications Ltd. The annual subscription is 120s ($20.00) post free, and the price of single issues 15s ($2.50) postage extra. Orders for back issues published up to December 1966 and correspondence from Fellows and Associates should be sent to The Secretary, The Fellowship of Postgraduate Medicine, 9 Great James Street, London, W.C.1 (tel: 01-242 6900); other orders and business correspondence should be addressed to Blackwell Scientific Publications Ltd, 5 Alfred Street, Oxford OX1 4HB (tel: Oxford 40201).

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The Fellowship of Postgraduate Medicine was founded by a group of London consultants after the First World War to assist postgraduates, particularly those coming to London from the Commonwealth, to pursue their studies. The Fellowship first published the Postgraduate Medical Journal to give information about lectures, conferences and courses and to provide a monthly review of all branches of medicine.

Postgraduate Medical Journal publishes original papers on subjects of current clinical importance and welcomes review articles with extensive, up-to-date bibliographies as guides to further reading. Several symposia are published every year, each devoted to a single subject and written, by invitation, by specialists in different disciplines. Most issues include authoritative Current Surveys of clinical problems, as well as well-documented Reports of cases of particular interest, Correspondence and Book Reviews.

A ’Notice to Contributors’ is published on the inside back cover of this issue. The Editor reserves the right to make changes which may clarify or condense papers where this is considered desirable.

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AUSTRALIAN SYMPOSIUM

To commemorate the bicentenary of the landing of Captain Cook
in Botany Bay, 29 April, 1770

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This Symposium was devised by Dr D. G. James
Books received


Book reviews

Operative Surgery
For more than ten years Rob and Rodney Smith have been the helping hand of every registrar stuck with the unfamiliar in the lonely reaches of the night and the invaluable aide memoire of the experienced surgeon faced with the occasional procedure.
Its great virtue has always been the simplicity of the text, the exact description of the steps of the operation and the clarity of the illustrations.
These virtues of course persist in the new Edition. The only question that arises is whether those institutions and individuals who possess the old, should undertake the considerable expense of acquiring the new.
Unhappily for their budgets, I am afraid they should. Surgery has advanced and much that is new and valuable is described in these volumes, and furthermore, they have been so rearranged that it is now possible to find what one is looking for.

Progress in Clinical Surgery, Series III
'Progress in Clinical Surgery' has been produced to aid the Fellowship candidate and admirably fills its role. It deals in depth with some twenty topics in which there have been advances in knowledge that have not yet had time to gravitate to the standard text books; e.g. Hirschsprung Disease by Professor J. H. Louw, Arteriography in the Diagnosis of Abdominal Disease by Dr Louis Kreau. There is an admirable chapter on the surgical treatment of aneurysms succinctly covering the field for the F.R.C.S candidate and on the Management of Neo-natal Obstruction by Professor A. W. Wilkinson.
A chapter on post-operative complications is to be welcomed for its emphasis on the physiological responses to trauma. It also includes a comprehensive list of references. One criticism of the book is the omission of the subject of organ transplantation and immunity. Even if transplantation surgery 'has not yet become the province of the general surgeon' it is a topic about which a candidate might well be expected to have a knowledge. Nevertheless the book is well produced and the final fellowship student should certainly read it.

Clinical Bacteriology
The fact that this is the third edition of Dr Stokes' book in 14 years is a measure of its popularity. It is a unique guide enabling the laboratory worker to follow a diagnostic path for any particular bacteriological specimen which is most likely to lead him to the correct result and help him to avoid the many pitfalls. Of course, not all bacteriologists will agree with the author's choice of methods but it is not her avowed intention to write a treatise, and the very conciseness of the book remains one of its attractions.

New methods in this edition include immunofluorescent techniques, a screening method for bacteriuria and an enlarged section on identification of lactose fermenting coliforms. This latter addition is intended to distinguish reinfection from persistence of infection in serial urine specimens from the same patient. It is unlikely to help in this respect
Postgraduate Medical Journal: Notice to Contributors

Typescripts (two complete copies) should be sent to the Editor, Dr A. A. G. Lewis, Postgraduate Medical Journal, 9 Great James Street, London, W.C.1. Papers should be typewritten on one side of the paper only, with a 1½ inch margin, and the lines should be double-spaced. In addition to the title of the paper there should be a 'running title' (for page headings) of not more than 45 letters (including spaces). The paper should bear the name of the author(s) with their degrees and descriptions and of the laboratory or research institute where the work has been carried out. The full postal address of the principal author should be given as a footnote. (The proofs will be sent to this author and address unless otherwise indicated.)

Arrangement. Papers should normally be divided into:
(a) Summary, brief, self-contained and embodying the main conclusions; (b) Introduction; (c) Materials and methods; (d) Results, as concise as possible (both tables and figures illustrating the same data will rarely be permitted); (e) Discussion and conclusion; (f) Acknowledgments; (g) References.

References. Only papers closely related to the author's work should be included, exhaustive lists should be avoided. References should be made by giving the author's surname, with the year of publication in parentheses. When reference is made to a work by three authors all names should be given when cited for the first time, and thereafter only the first name, adding et al., e.g. Smith et al. (1958). The 'et al.' form should always be used for works by four or more authors. If several papers by the same author and from the same year are cited, a, b, c, etc., should be put after the year of publication, e.g. Smith et al. (1958a). All references should be brought together at the end of the paper in alphabetical order. References to articles and papers should mention (a) name(s) of the author(s); (b) year of publication in parentheses; (c) title of paper: (d) title of journal in full, underlined; (e) volume number; number of first page of article. References to books and monographs should include (a) name(s) and initials of author(s) or editor(s); year of publication in parentheses; (b) title, underlined; (c) edition; (d) page referred to; (e) publisher; (f) place.

Standard usage. The Concise Oxford English Dictionary is used as a reference for all spelling and hyphenation. Verbs which contain the suffix ize (ise) and their derivatives should be spelt with the z. Statistics and measurements should always be given in figures, i.e. 10 min, 20 hr, 5 ml, except where the number begins the sentence. When the number does not refer to a unit of measurement, it is spelt out except where the number is greater than one hundred.

Abbreviations. Abbreviations for some of the commoner units are given below. The abbreviation for the plural of a unit is the same as that for the singular unless confusion is likely to arise:
gram(s) g second(s) sec
kilogram(s) kg cubic millimetre(s) mm³
milligram(s) mg millimetre(s) mm
(10⁻² g) mg centimetre(s) cm
microgram(s) millicurie(s) mCi
(10⁻⁸ g) µg millilitre(s) ml
nanogram(s) pound(s) lb
(10⁻⁹ g) ng milliequivalent mEq
picogram(s)
(10⁻¹⁵ g) pg Rₚ values Rₚ
hour(s) hr minute(s) min gravitational acceleration g
micron(s) µ per cent %
Example: mg/100 ml, for biochemical values; mEq/1

Figures. In the text these should be given Arabic numbers, e.g. Fig. 3. They should be marked on the backs with the name(s) of the author(s) and the title of the paper. Where there is any possible doubt as to the orientation of a figure the top should be marked with an arrow. Each figure must bear a reference corresponding to a similar number in the text. Photographs and photomicrographs should be un-mounted glossy prints and should not be retouched. Line diagrams should be on separate sheets; they should be drawn with black Indian ink on white paper and should be about four times the area of the final reproduction. Letters and lettering should be of sufficient thickness and size to stand reduction to one-half or one-third. Letters and numbers must be written lightly in pencil. Whenever possible, the originals of line diagrams, prepared as described above, should be submitted and not photographs. The legends of all the figures should be typed together on a single sheet of paper headed 'Legends to Figures'.

Tables. There should be as few tables as possible and these should include only essential data; the data should not be crowded together. The main heading should be in capitals with an Arabic number, e.g. TABLE 2. Each table must have a caption in small letters. Vertical lines should not be used.

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Offprints. These may be purchased if ordered on the form which will be sent to the senior author with the proofs.