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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, and Book Reviews.

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## Objectivity in histopathology

Papers read at a meeting held at the Institute of Child Health

on

19 November 1974

Edited by: PROFESSOR G. DICK

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## Books received

*Administration in General Practice.* By HELEN OWEN. ix+143 pp., hard cover, illustrated. Edward Arnold, London, 1975. £4.20.

*Arthritis and Allied Conditions—A New and Successful Approach.* By WILLIAM W. FOX. Pp. 61, soft cover. Published privately; printed by Ranelagh Press, 1975. £3.50.

*A Colour Atlas of Paediatrics (Wolfe Medical Atlases - 13).* By MARTHA DYNISKI-KLEIN. Pp. 416, hard cover, illustrated. Wolfe Publishing Ltd, London, 1975. £10.00.

*Conybear's Textbook of Medicine.* Ed. by W. H. MANN. Pp. 887, 16th edn, hard cover, illustrated. Churchill Livingstone, Edinburgh, 1975. £14.00.

*The Faber Medical Dictionary.* Ed. by SIR CECIL WAKELEY, Bt., revised by J. G. BATE. Pp. 483, hard cover. Faber and Faber Ltd, London, 1975. £6.95.

*An Introduction to Electrocardiography.* By JOHN HAMER. viii+125 pp. illustrated, hard cover. Pitman Medical Publishing Co. Ltd, Tunbridge Wells, Kent, 1975. £2.75.

## Correspondence

SIR—Because of an error on the part of the organizers, I was not informed about the presentation of my data at the Clotrimazole symposium and did not see the manuscript of the paper that appeared under my name (*Postgraduate Medical Journal* (1974), 50 (Suppl. 1), 61).

Since 583 of the 651 cases are from my practice, I must clarify the statements made in the paragraphs 'Patients and Methods' and 'Summary'. Only then will the data be comprehensible and correct.

The problem was to ascertain how long it took for the dermatomycoses to be cured by clotrimazole irrespective of previous treatment. We treated patients immediately, often on the basis of microscopical examination but always before confirmation of the exact mycological diagnosis by culture. Often, owing to lack of time, we had to be satisfied with a clinical diagnosis. Accordingly, microscopy and/or culture before, during and after treatment were carried out as frequently as was possible but in no cases at weekly intervals

nor a week after completion of treatment. In the case of patients in whom hyphae were demonstrated in scales before clotrimazole treatment (250), fungi pathogenic to the skin were not always grown and in the case of positive cultures, hyphae were not always present on microscopy. The 309 organisms isolated were: *Candida* sp. 65 (21%), *Trichophyton* sp. 184 (60%), *Epidermophyton* 21 (7%), (only on microscopy): *Malassezia furfur* 35 (11%), *Nocardia minutissima* 4 (1%). Microscopy and culture before and after treatment were available for 273 and 266 cases respectively. Cultures were made during therapy in 255 cases.

Clotrimazole was used until a clinical cure was achieved or no further effect was to be expected, up to 4 weeks in about 40% and 4-8 weeks in a further 40% of cases. Longer treatment was usually necessary in infections of the soles of the feet and the palms of the hands and in the case of follicular types. The time at which improvement occurred was recorded in each case. Table 1 should then read:

Diagnosis	No.	Cure	Improvement	Failure
Candidiasis	85	67(79%)	18(21%)	0
Epidermophytosis/Trichophytosis	471	343(73%)	98(21%)	30(6%)
Pityriasis versicolor	52	42(81%)	3(6%)	7(13%)
Erythrasma	21	19(90%)	2(10%)	0
Not differentiated	22	7(32%)	12(54%)	3(14%)
Total	651	478(74%)	133(20%)	40(6%)

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## Postgraduate Medical Journal: Notice to Contributors

**Typescripts** (two complete copies) should be sent to the Editor, Dr I. Gilliland, Postgraduate Medical Journal, Chandos House, 2 Queen Anne Street, London W1M 9LE. 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, 20hr, 5ml, 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)	mm <sup>3</sup>
milligram(s)		millimetre(s)	mm
(10 <sup>-3</sup> g)	mg	centimetre(s)	cm
microgram(s)		millicurie(s)	mCi
(10 <sup>-6</sup> g)	µg	millilitre(s)	ml
nanogram(s)		pound(s)	lb
(10 <sup>-9</sup> g)	ng	milliequivalent	mEq
picogram(s)			
(10 <sup>-12</sup> g)	pg	R <sub>F</sub> values	R <sub>F</sub>
hour(s)	hr		
minute(s)	min	gravitational acceleration	<i>g</i>
micron(s)	µ	percent	%

Example: mg/100ml, for biochemical values; mEq/l

**Figures.** In the text these should be given Arabic numbers, e.g. Fig. 3. They should be marked on the backs with the names(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 unmounted 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. Lines 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.

\* Titles of papers should be cited in their original form.