

# Postgraduate Medical Journal

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The Journal, as the organ of the Fellowship of Postgraduate Medicine, is dedicated to advancing the understanding and practice of postgraduate medical education and training. The Fellowship of Postgraduate Medicine was founded after the First World War and was a pioneer in the UK in the development of programmes of postgraduate study in all branches of medicine (see *Postgrad Med J* 1985; 61: 1). It always has been, and remains, independent of University, Health Service and Government. Currently the Fellowship works closely with the National Association of Clinical Tutors in furthering mutual aims. Amongst other activities, the Fellowship provides research grants and support for young investigators, especially those working temporarily in the UK.

Further details of the Fellowship of Postgraduate Medicine can be obtained from The Executive Secretary, Fellowship of Postgraduate Medicine, 12 Chandos Street, London W1M 9DE, UK.

The Journal is covered by *Current Contents*, *Biological Abstracts*, *ASCA*, *ISI/BIOMED*, *Index Medicus*, *Excerpta Medica* and *Science Citation Index*.

### Editorial

Manuscripts, initial supplement enquiries, and all editorial correspondence should be sent to: The Editor, *Postgraduate Medical Journal*, 12 Chandos Street, London W1M 9DE, UK. (tel: +44 71 636 6334; fax: +44 171 436 2535).

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### Publisher

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## International Postgraduate Diary

### Royal Free Hospital School of Medicine, London

16–20 October 1995: MRCP Part II course for clinical examination

*Details: Dr D Geraint James, Royal Free Hospital, Pond Street, Hampstead, London NW3 2QG, UK. Tel + 44 171 794 0500 ext 5110*

### Royal Postgraduate Medical School Institute of Obstetrics and Gynaecology

4–8 September 1995: DRCOG course

18 September 1995: Ethical problems in reproduction

27–29 September 1995: Child health surveillance (GPs)

18–19 October 1995: Aspects of sexual medicine

31 October 1995: Childless? Childfree?

10 November 1995: The vivacious middle years (a holistic view to menopause management)

21 November 1995: Death in the family

*Details: Symposium Secretary, RPMS Institute of Obstetrics and Gynaecology, Queen Charlotte's and Chelsea Hospital, Goldhawk Rd, London W6 0XG, UK. Tel + 44 181 740 3904; fax + 44 181 741 1838*

### Royal Society of Medicine, London

7–8 September 1995: Health in later life: advances, access, and equity

*Details: Miss Claire Cheeseman, Sections Officer, Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE, UK. Tel + 44 171 290 2982*

### Royal College of Physicians of Edinburgh

16–20 October 1995: 2nd advanced course in gastroenterology and hepatology

*Details: Royal College of Physicians of Edinburgh, 9 Queen Street, Edinburgh EH2 1JQ, UK. Tel + 44 131 225 7324; fax + 44 131 220 3939*

### Royal National Orthopaedic Hospital Trust

17/18 October 1995: Current practice in arthroscopic basic and advanced knee surgery.

17–19 November 1995: Advanced shoulder surgery – prosthetic arthroplasty

21/22 November 1995: Minimal invasive surgery of the spine

*Details: Carol Winston, Royal National Orthopaedic Hospital Trust, Brockley Hill, Stanmore, Middlesex HA7 4LP, UK. Tel + 44 181 954 2300; fax + 44 181 954 6933*

### Anglo-French Medical Society

27–30 September 1995: 12th Scientific meeting (Beaune, France)

*Details: Secretariat, The Moat House, Lymm Hall, Lymm, Cheshire WA13 0AJ, UK. Tel + 44 1925 754097*

### National Association of Clinical Tutors

The Association assists clinical tutors in their role as leaders in district medical education. Membership is open to University-appointed clinical and GP tutors.

The Association arranges courses for the training and continuing professional development of clinical tutors and holds Winter and Summer meetings for all members.

28/29 September 1995: How to be an effective clinical tutor (Northampton)

12 October 1995: Assessment course

1 December 1995: Winter meeting (London)

*Information about the NACT and its activities can be obtained from The Secretariat, National Association of Clinical Tutors, 12 Chandos Street, London W1M 9DE, UK. Tel: + 44 171 636 6334.*

### 7th Meeting European Neuroendocrine Association Workshops

18–20 October 1995: Adams workshop on gene transfer in the brain, and Workshop on growth factors, neurohormones and pituitary adenomas to be held in Tel Aviv and Herzliya, Israel

*Details: The Secretariat, PO Box 50006, Tel Aviv 61500, Israel. Tel + 972 3 5140000; fax + 972 3 5175674/514 0077*

### Warwick University Short Course

11–14 December 1995: Techniques and applications of molecular biology: a course for medical practitioners.

*Details: Dr Stephen Hicks, Department of Biological Sciences, Warwick University, Coventry CV4 7AL, UK. Tel + 44 1203 523540; fax + 44 1203 523701*

### University of Nottingham and Nottingham Healthcare NHS Trust

8 September 1995 at Postgraduate Education Centre, City Hospital, Nottingham, UK

PTSD – Progress in diagnosis and treatment.

*Details: Conference Office, PGEC, City Hospital, Nottingham NG5 1PB, UK. Tellfax + 44 115 962 7937*

### University of Dundee Discovery courses in medical education

19–28 September 1995, Dundee, UK

*Details: Short Course Secretary, Centre for Medical Education, Ninewells Hospital and Medical School, Dundee DD1 9SY, Scotland, UK. Tel + 44 1382 633900 ext 3143; fax + 44 1382 645748*

### European School of Oncology

14–16 September 1995: Medical oncology (EIO, Milan, Italy)

25–29 September 1995: Cancer clinical trials (EORTC, Bruges, Belgium)

2–4 October 1995: Breast cancer (EIO, Milan, Italy)

5–6 October 1995: 2nd International Conference on cancer prevention (Venice, Italy)

27 November–1 December 1995: Data management in cancer clinical trials (Leuven, Belgium)

*Details: European School of Oncology, Via G Ripamonti 66, 20141 Milan, Italy. Fax + 39 2 57307143.*

### American Academy of Family Physicians 47th Annual Meeting

21–24 September 1995 in Anaheim, CA, USA.

*Details: AAFP, 8880 Ward Parkway, Kansas City, MO 64114-2797, USA. Tel + 1 816 333 9700 or Læge Allan Pelch, Løgehuset Vognporten 6, DK-2620 Albertslund, Denmark.*

# Postgraduate Medical Journal

## INSTRUCTIONS TO AUTHORS

The aims of the *Postgraduate Medical Journal* are three-fold. Firstly, to help doctors in training to acquire the necessary skills to enable them to deliver the highest possible standards of patient care. Secondly, to help the trainers to develop suitable training programmes for their trainees. Finally, once that training is completed, to allow these doctors to maintain those high standards by a process of continuing medical education.

To achieve these aims we publish original papers, short reports and commissioned editorials and review articles. We are also delighted to receive unsolicited editorials and reviews, from doctors and others. The *Postgraduate Medical Journal* peer reviews all the material it receives. Each issue also includes a Self-Assessment corner, Letters to the Editor, book reviews and an international postgraduate diary. Many issues contain papers or abstracts of symposia devoted to a single subject, and the full proceedings of meetings may be published as supplements to the Journal. The *Postgraduate Medical Journal* is published monthly in the English language, and has an international readership.

### Typescripts

Three complete copies should be sent to the Editor, *Postgraduate Medical Journal*, 12 Chandos Street, London W1M 9DE, UK. Papers must be type-written, double-spaced, on one side of paper not larger than A4 (297 mm × 210 mm). The first page of the typescript should bear the names of the author(s) and the name and address of the laboratory or institution where the work has been carried out, in addition to the title of the paper. The full address, telephone and fax number of the principal author to whom proofs will be sent should be given, together with up to four key words or phrases suitable for use in an index. All pages should be numbered, including the title page. All material submitted is assumed to be submitted exclusively to the *Postgraduate Medical Journal* unless the contrary is stated. Papers may be returned if presented in an inappropriate form. If the paper is rejected, these copies will not be returned. Authors are encouraged to submit their approved manuscripts on computer discs. Guidelines will be sent with the acceptance letter.

### The principal author

The principal author must ensure that any co-authors listed agree to submission of the typescript. Any written or illustrative material which has been or will be published elsewhere must be duly acknowledged and accompanied by the written consent of the authors and publishers concerned.

### Style

Abbreviations and symbols must be standard and SI units used throughout except for blood pressure values which are reported in mmHg. Acronyms should be used sparingly and fully explained when first used. Whenever possible, drugs should be given their approved generic name. Where a proprietary (brand) name is used, it should begin with a capital letter. Statistical analyses must explain the methods used. Words to be italicized should be underlined. The *Concise Oxford English Dictionary* is used as a reference for spelling and hyphenation. Figures and tables should be referred to in the text.

### Articles

Original articles are usually up to 3000 words long with up to six tables/illustrations and 30 references. They should be divided into; (a) Title page, (b) Summary, (c) Introduction, (d) Materials and Methods, (e) Results, (f) Discussion, (g) Acknowledgements, (h) References, (i) Tables, (j) Figures and captions. The summary should not exceed 250 words and should state concisely what was done, the main findings and how the work was interpreted. Numbered paragraphs should be avoided. The use of boxes with learning/summary 'bullet' points is encouraged.

### References

References should follow the Vancouver style. In the text, they should appear as superscript numbers starting at 1. At the end of the paper they should be listed (double-spaced) in numerical order corresponding to the order of citation. All authors should be quoted for papers with up to six authors; for papers with more than six authors, the first three only should be quoted followed by *et al.* Titles of medical periodicals should be given in full or abbreviated in line with the latest edition of *Index Medicus*. The first and last page numbers for each reference should be provided. Abstracts and letters must be identified as such. For example,

- 1 Clements R, Gravelle IH. Radiological appearances of hydatid disease in Wales. *Postgrad Med J* 1986; 62: 167-73.
- 2 Greenberger JS. Long-term hematopoietic cultures. In: Golde W, ed. *Hematopoiesis*. New York: Churchill-Livingstone, 1984, pp 203-42.

Responsibility for the accuracy and completeness of references rests entirely with the authors.

### Figures and tables

Photographs, photomicrographs, line diagrams and graphs should be prepared to professional standards and submitted as originals or as unmounted glossy photographic prints. When preparing illustrations which include lettering or symbols, remember they will be reduced to 65 mm in width, or less. Three copies of each illustration should be submitted, each bearing a label on the back marked in pencil with the author's names and the number of the figure. Figure legends and tables should be typed on separate sheets. If any tables or illustrations

submitted have been published elsewhere, written consent to republication should be obtained by the author from the copyright holder the authors. Figures and tables should be numbered in arabic numerals.

### Short reports

Short papers or case reports should not exceed 1000 words, inclusive of abstract, introduction, report and discussion. Up to 10 references and two illustrations or tables will be accepted. Each report must include (on a separate sheet) a list of learning or summary points.

### Self-assessment questions

Self-assessment questions may take several formats, including multiple-choice questions, (each consisting of a question stem and five items, with discussion of the correct answers and up to five references per question) and photographic material (eg, clinical photograph, X-ray, blood film, histological section) or data interpretation (eg, ECG, arterial blood gases), with clinical information and up to three questions with discussion of the correct answers, and up to five references per case. Authors whose case reports are rejected may be asked to consider resubmitting their report as a self-assessment question.

### Review articles

The Editor welcomes review articles of up to 3000 words, provided they contain a clear educational message. The use of boxed case histories, learning/bullet points and structured tables/summaries are encouraged. Guidelines for authors of review articles are available from the Editorial Office, who are also happy to discuss proposed articles.

### Editorials

The Editor is delighted to consider for publication unsolicited editorials of 800 words. These will be peer reviewed.

### Covering letter

The covering letter must be signed by all authors and include a declaration that the paper is not under consideration by any other journal at the same time and that it has not been accepted for publication elsewhere.

### Peer review

All papers are peer reviewed. Some are rejected after review by one or more members of the editorial team. The remainder are also reviewed by one or more external advisers. Reasons for rejection will be indicated to the principal author. The Editor retains the customary right to determine style and, if necessary, to shorten material accepted for publication.

### Letters

Letters to the Editor related to articles published in the *Postgraduate Medical Journal* are welcome. Only one copy need be sent, which should not exceed 500 words and five references. Authors whose short reports are rejected may be asked to consider resubmitting their report as a letter.

### Supplements

Guidelines for supplements are available from the Editorial Office, who are happy to discuss proposed supplements.

### Proofs

A marked copy of the proofs will be sent to the principal author which should be read carefully for errors. The corrected copy must be returned to the Technical Editor within three days. Major alterations to text cannot be accepted.

### Copyright assignment

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### Offprints

Offprints may be ordered on a form accompanying the proofs. The charges are necessarily high if orders are received after the issue has gone to press.