

Postgraduate Medical Journal

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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 informa-

tion 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.

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SHOCK

Proceedings of an Advanced Symposium on Shock held between
19 and 20 October 1968, at Dudley Road Hospital,
Birmingham

Edited by A. Paton

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Nomenclature of Dextran Solutions

Average M.W.	BP name	Other names	Trade names
150,000	Not official	Dextran 150 British Dextran (old)	Dextraven 150
110,000	Dextran 110	British Dextran (new)	Dextraven 110 Intradex
70,000	Not official	Dextran 70 Swedish Dextran American Dextran	Macrodex
40,000	Dextran 40	Low molecular weight Dextran	Rheomacrodex Intraflodex Lomodex

All Dextran solutions contain a range of molecular sizes. They are, therefore, characterized by their average molecular weights (M.W.).

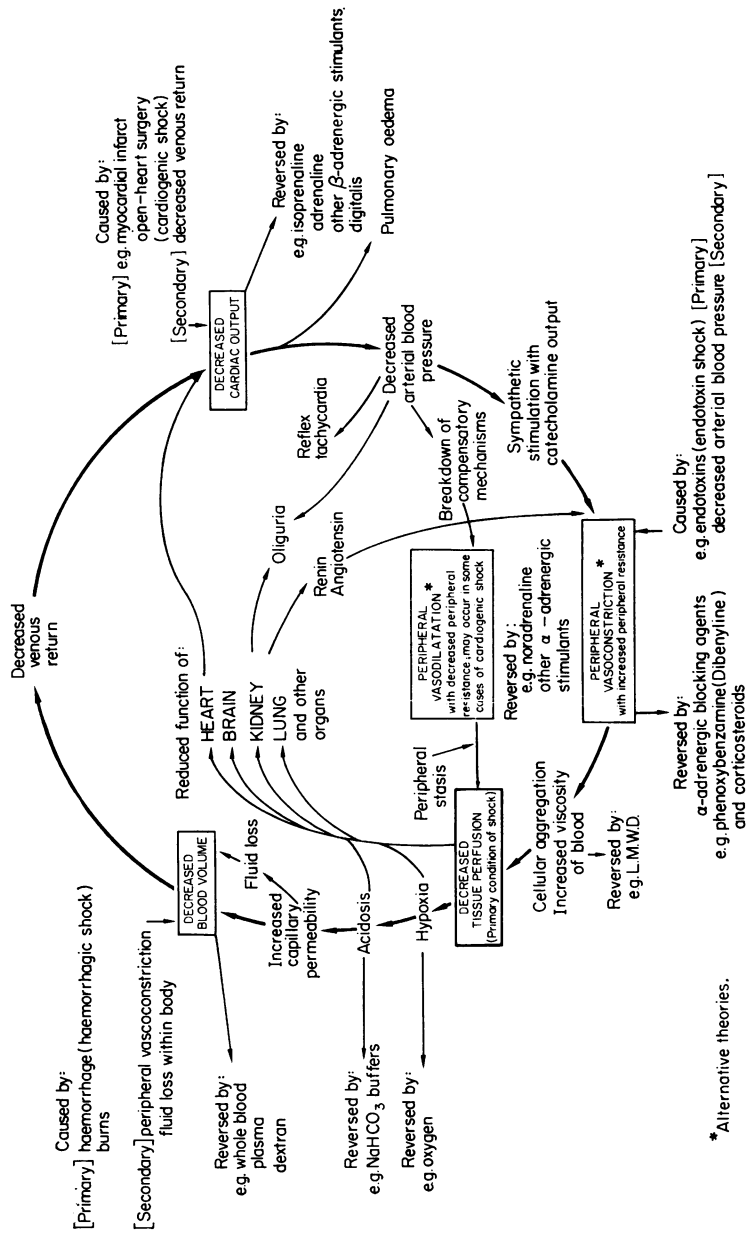
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FRONTISPIECE: Progress and development of shock.

(Kindly drawn by M. Massey Stewart, Smith Kline & French Laboratories Ltd.)

Books received

- The Human Circulation in Health and Disease.* By LEON CUDOWICZ. Pp. 424, illustrated. Baltimore: Williams & Wilkins; Edinburgh and London: E. & S. Livingstone, 1968. £8 10s.
- The Mentally Subnormal in England and Wales.* Pp. 12. London: National Association for Mental Health, 1969. 2s.
- The Operations of Surgery, Volume II.* By A. J. GARDHAM and D. R. DAVIES. Pp. 636, illustrated. London: J. & A. Churchill, 1969. £8 10s.
- Circulatory and Respiratory Mass Transport.* Edited by G. E. W. WOLSTENHOLME and JULIE KNIGHT. Ciba Foundation Symposium. London: J. & A. Churchill, 1969. £3 10s.
- Antibiotics in Clinical Practice.* By HILLAS SMITH. Pp. 346, illustrated. London: Pitman Medical, 1969. £1 10s.
- An Introduction to Social Medicine.* By T. MCKEOWN and C. R. LOWE. Pp. 336, illustrated. Oxford and Edinburgh: Blackwell Scientific Publications, 1969. £2 10s.
- Calcified Tissue Abstracts: Volume 1, Number 1, April 1969.* Pp. 66, illustrated. London: Information Retrieval. Annual subscription: £10.
- Cellular Immunology.* By SIR MACFARLANE BURNET. Pp. 725, illustrated. Melbourne: University Press; London: Cambridge University Press, 1969. £5 10s.
- Contraceptive Practice.* By JOHN PEEL and MALCOLM POTTS. Pp. 296, illustrated. London: Cambridge University Press, 1969. £2 10s.
- Medical Treatment. A Textbook of Therapy in Four Volumes.* Edited by KENNETH MACLEAN and GEORGE SCOTT. London: J. & A. Churchill, 1969. £2.
- Gastro-Intestinal X-Ray Diagnosis. A Descriptive Atlas.* By D. H. CUMMACK. Pp. 351, illustrated. Edinburgh and London: E. & S. Livingstone, 1969. £8 10s.
- Diagnosis in Orthopaedics.* By LEON GILLIS. Pp. 312, illustrated. London: Butterworths, 1969. £6 10s.

New Editions

- Recent Advances in Surgery.* Edited by SELWYN TAYLOR. Seventh edition. Pp. 659, illustrated. London: J. & A. Churchill, 1969. £4 10s.
- Disorders of the Blood.* By C. J. C. BRITTON. Tenth edition. Pp. 860, illustrated. London: J. & A. Churchill, 1969. £7 10s.

Book review

Heart disease in infants, children and adolescents

Edited by A. J. MOSS and F. H. ADAMS. Pp. 1140, illustrated. Baltimore: Williams & Wilkins, 1968. £22 10s.

'In an abundance of counselors there is safety' and the seventy-five contributors, almost all American, counsel safely and comprehensively in a specialty which has grown so much in the last decade that no single author can deal with all its complexities. The result is an admirable and consistent text. It is wide ranging and thorough, with useful lists of references up to the last 3 years or so and some hitherto unpublished original data.

There are six main sections. The first, on general cardiology, includes development, genetics and physiology, with some useful tables of age variants in ECGs. The clinician like myself will be interested in, even if he does not entirely follow, the chapter on computer diagnosis. The chapter on phonocardiography is a good example of the expert approach which still retains shrewd commonsense. It is a reflection of the times that the second section, on congenital defects, takes up nearly 500 pages, as compared with the third of some ninety

pages on infectious diseases (including rheumatic fever and rheumatic heart disease). Metabolic and nutritional disorders are clearly set out in Section 4, and Section 5 deals with some special problems including pulmonary hypertension, congestive failure and arrhythmias.

The last section, on surgery, is clearly not meant to cover all the ground for surgeons and is too short even for paediatricians who will want to compare, for example, the hazards and the results of the different types of cardiac operations. But perhaps the subject is still too new.

Even with seventy-five contributors the book manages not to lose sight of the child. It would be pleasant in the next edition to see more about the patient, who has not only a heart but a problem, not only a defect but a future; and to see more also about the reciprocal role in management of the child and the family.

This is too large a book to read through, but it is unsurpassed for its clear and essential details and its excellent references. It is as beautifully printed as it should be for the price. Every paediatric and cardiac department should have a copy.

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 $1\frac{1}{2}$ 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) Introduction; (b) Materials and methods; (c) Results, as concise as possible (both tables and figures illustrating the same data will rarely be permitted); (d) Discussion and conclusions; (e) Summary, brief, self-contained and embodying the main conclusions; (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, underlined, abbreviated according to *World Medical Periodicals* (3rd edn, World Medical Association); (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)	mm ³
milligram(s)		millimetre(s)	mm
(10 ⁻³ g)	mg	centimetre(s)	cm
microgram(s)		millicurie(s)	mCi
(10 ⁻⁶ g)	μg	millilitre(s)	ml
nanogram(s)		pound(s)	lb
(10 ⁻⁹ g)	ng	milliequivalent	mEq
picogram(s)			
(10 ⁻¹² g)	pg	R _F values	R _F
hour(s)	hr		
minute(s)	min	gravitational acceleration	g
micron(s)	μ	per cent	%

Example: mg/100 ml, 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 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 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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