

THORAX

The Journal of the British Thoracic Society
A Registered Charity
President: NEIL PRIDE

Executive Editor: S G Spiro

Associate Editors: N C Barnes, J R Britton, P M A Calverley, T W Evans, A R Gibbs, A P Greening, D K Kaplan, G Laszlo, G J Laurent, M D L Morgan, M F Muers, D J Shale, B H Stack, J O Warner

Technical Editor: Elizabeth Stockman

Editorial Assistant: Angela Betchley

Advisory Board

P J Barnes

P S Burge

D M Geddes

International Advisory Board

J M Anto Spain

C N Deivanayagam India

P Goldstraw

C Haslett

P J Helms

A J Hance France

J C Hogg Canada

D M Mitchell

J Moxham

A J Peacock

N Høiby Denmark

N A Saunders Australia

R M Rudd

M Woodhead

Editor, *British Medical Journal*

M J Tobin USA

A de Troyer Belgium

Notice to contributors

Thorax is the journal of the British Thoracic Society. It is intended primarily for the publication of original work relevant to diseases of the thorax. Contributions may be submitted by workers who are not members of the society. The following notes are for the guidance of contributors. Papers may be returned if presented in an inappropriate form.

SUBMISSION AND PRESENTATION The original typescript and three copies of all papers should be sent to the Executive Editor, Dr S G Spiro, *Thorax* Editorial Office, Private Patients' Wing, University College Hospital, 25 Grafton Way, London WC1E 6DB. Editorial and historical articles are normally commissioned but the Editor may accept uncommissioned articles of this type. Manuscripts must be accompanied by a declaration, signed by all authors, 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. The typescript should bear the name and address of the author who will deal with editorial correspondence, and also a fax number if possible. Authors may be asked to supply copies of similar material they have published previously. Papers are accepted on the understanding that they may undergo editorial revision. In the event of rejection one copy of the text may be retained for future reference.

Authors should follow the requirements of the International Steering Committee of Medical Editors (*BMJ* 1979;i:532-5). Papers must be typed in double spacing with wide margins for correction and on one side of the paper only. They should include a structured abstract on a separate sheet (see below). Papers should contain adequate reference to previous work on the subject. Descriptions of experimental procedures on patients not essential for the investigation or treatment of their condition must include a written assurance that they were carried out with the informed consent of the subjects concerned and with the agreement of the local ethics committee.

ABSTRACT Abstracts, which should be of no more than 250 words, should state clearly why the study was done, how it was carried out (including number and brief details of subjects, drug doses, and experimental design), results, and main conclusions. They should be structured to go under the headings "Background," "Methods," "Results," and "Conclusions."

STATISTICAL METHODS The Editor recommends that authors refer to Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. *BMJ* 1983;286:1489-93. Authors should name any statistical methods used and give details of randomisation procedures. For large numbers of observations it is often preferable to give mean values and an estimate of the scatter (usually 95% confidence intervals) with a footnote stating from whom the full data may be obtained. The power of the study to detect a significant difference should be given when appropriate and may be requested by referees. Standard deviation (SD) and standard error (SE) should be given in parenthesis (not preceded by \pm) and identified by SD or SE at the first mention.

SI UNITS The units in which measurements were made should be cited. If they are not SI units the factors for conversion to SI units should be given as a footnote. This is the responsibility of the author.

ILLUSTRATIONS Line drawings, graphs, and diagrams should be prepared to professional standards and submitted as originals or as unmounted glossy photographic prints. Particular care is needed with photomicrographs, where detail is easily lost—it is often more informative to show a small area at a high magnification than a large area. Scale bars should be used to indicate magnification. The size of the symbols and lettering (upper and lower case rather than all capitals) and thickness of lines should take account of the likely reduction of the figure—usually to a width of 65 mm. Three copies of each illustration should be submitted. Each should bear a label on the back marked in pencil with the names of the authors and the number of the figure, and the top should be indicated. Legends should be typed on a separate sheet. Authors must pay for colour illustrations.

REFERENCES Responsibility for the accuracy and completeness of references rests entirely with the authors. References will not be checked in detail by the Editor but papers in which errors are detected are unlikely to be accepted. Reference to work published in abstract form is allowed

only in exceptional circumstances—for example, to acknowledge priority or indebtedness for ideas. References should be numbered in the order in which they are first mentioned and identified in text, tables, and legends to figures by arabic numerals above the line. References cited only (or first) in tables or legends should be numbered according to where the particular table or figure is first mentioned in the text. The list of references should be typed in double spacing and in numerical order on separate sheets. The information should include reference number, authors' names and initials (all authors unless more than six, in which case the first six names are followed by *et al*), title of article, and in the case of journal articles name of journal (abbreviated according to the style of *Index Medicus*), year of publication, volume, and first and last page numbers. The order and the punctuation are important and should conform to the following examples:

- 1 Anderson HR. Chronic lung disease in the Papua New Guinea Highlands. *Thorax* 1979;34:647-53.
- 2 Green AB, Brown CD. *Textbook of pulmonary disease*. 2nd ed. London: Silver Books, 1982:49.
- 3 Grey EF. Cystic fibrosis. In: Green AB, Brown CD, eds. *Textbook of pulmonary disease*. London: Silver Books, 1982:349-62.

SHORT REPORTS Short reports of experimental work, new methods, or unique cases that illustrate an important principle may be accepted. These may be published as two page reports, in which case the report must be limited to 850 words, a maximum of two tables or illustrations, and no more than 10 references. Occasionally a one page short report is appropriate and this will need to be limited to 400 words, one table or illustration, and 10 references. Short reports should normally have a one or two sentence abstract at the beginning.

CORRESPONDENCE The Editor welcomes letters related to articles published in *Thorax*. These should not exceed 300 words or contain more than three references, which should be listed at the end of the letter. Letters should be typed in double spacing with wide margins and must be signed by all authors.

REPRINTS Reprints are available at cost if they are ordered when the proof is returned.

NOTICE TO ADVERTISERS Applications for advertisement space and for rates should be addressed to the Advertisement Manager, *Thorax*, BMJ Publishing Group, BMA House, Tavistock Square, London WC1H 9JR.

NOTICE TO SUBSCRIBERS *Thorax* is published monthly. The annual subscription rate is £161.00 (\$281.00) worldwide. Orders should be sent to the Subscription Manager, *Thorax*, BMJ Publishing Group, BMA House, Tavistock Square, London WC1H 9JR. Orders may also be placed with any leading subscription agent or bookseller. Subscribers may pay for their subscriptions by Access, Visa, or American Express by quoting on their order the credit or charge card preferred together with the appropriate personal account number and the expiry date of the card. For the convenience of readers in the USA subscription orders with or without payment may also be sent to *British Medical Journal*, Box 560B, Kennebunkport, Maine 04046. All inquiries, however, must be addressed to the publisher in London. All inquiries about air mail rates and single copies already published should also be addressed to the publisher in London. Second class postage paid, at Rahway New Jersey. Postmaster: send address changes to *Thorax* c/o Mercury Airfreight International Ltd Inc, 2323 Randolph Avenue, Avenel, NJ 07001, USA.

COPYRIGHT © 1993 THORAX This publication is copyright under the Berne Convention and the International Copyright Convention. All rights reserved. Apart from any relaxations permitted under national copyright laws, no part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means without the prior permission of the copyright owners. Permission is not, however, required for copying abstracts of papers or of articles on condition that a full reference to the source is shown. Multiple copying of the contents of the publication without permission is always illegal.

ISSN 0040-6376

BOOK NOTICES

The Mast Cell in Health and Disease. M A Kaliner and D D Metcalfe. (Pp858; \$195.00). New York: Marcel Dekker, 1993. 0 8247 8732 3

Over the past decade there have been many advances in several aspects of an understanding of the biology of the mast cell. The possibility of culturing mast cells, the discovery of several growth factors responsible for mast cells, the recognition of mast cell heterogeneity, the cloning of the IgE receptor and the identification of a wide array of mediators and, more recently, of cytokines that may be released from these mast cells have been major strides that have re-emphasised the potential for the mast cell in initiating and participating in immunological and inflammatory responses in various tissues. This volume is a comprehensive review of the biology of the mast cell in health and disease and of its potential involvement in various diseases such as asthma, urticaria, food allergy, parasitic infestations, arthritis, scleroderma, and systemic mast cell disease. Approximately half of the 32 chapters deal with the basic aspects of mast cell ultrastructure, function, development, heterogeneity and release of mediators/cytokines, while the remaining chapters focus on the potential contribution of mast cells to disease. Because the production of this book resulted from a meeting, the editors have included the discussion that ensued amongst the contributors following each presentation. This section often gives insight into the uncertainties in some areas at the forefront of mast cell research. This book is volume 62 in the Lung Biology in Health and Disease series and can certainly be considered as the definitive comprehensive state-of-the-art work to be entirely devoted to the mast cell. Although the latest references quoted are up to 1991, it will remain the authoritative reference work on the mast cell for many years to come. It should be of interest to a wide audience of researchers across many disciplines, particularly to those involved in asthma, allergy and immunology, and in pharmacology. The clinician will also find many of the chapters relating mast cells to disease of interest. At nearly £130 this book should be made available in any respectable library, although anyone with more than a passing interest in mast cell research or mast cell related disease should consider investing in a copy.—FC

Radiology of Thoracic Trauma. Paul Stark. (Pp166; £50). Oxford: Butterworth-Heinemann, 1992. 1 56372 044 3.

This slim single author book contains material condensed from an instructional course given over five years at the Radiological Society of North America meetings. The book is divided into 11 short chapters covering all the forms of thoracic trauma likely to be encountered in modern America. Given that each topic is essentially a summary of the course material, the coverage of the different entities is a little uneven. For example, the chapter on chest cage injuries is devoted almost entirely to rib fractures and their sequelae; there is no mention of imaging of the traumatised vertebral

column—a challenging area to evaluate by plain film or cross sectional imaging. The similarly difficult area of tracheobronchial fracture also deserves fuller coverage. These small deficiencies do not diminish the many good things in this book: there is an outstanding section on lung injury which includes a particularly clear and well illustrated section on lung contusion, laceration, and haematoma. An important chapter on the imaging of the potentially ruptured thoracic aorta is also a model of clarity. All aspects of thoracic trauma are generously illustrated and this reflects the author's great personal experience (readers will want to congratulate the author on his collection of such dramatic illustrative material and for staying the course in such a dangerous place). The high quality of the radiographs and computed tomograms, many of which must have been obtained in extreme circumstances, are a tribute to the radiographers who took them. Further evidence of the author's interest and authority on thoracic trauma is shown in the number of his contributions to the literature in the lists of references at the end of each chapter. The size of this "short monograph", as the author calls it, lends itself to rapid absorption and a great deal can be gained from it in a short time. As a consequence it is, quite appropriately for such a didactic book, only lightly referenced. In an ideal world every casualty department would have a copy of this book and every admitting doctor would have read it.—DMH

Signal Transduction in Lung Cells. Jerome S Brody, David M Center, Vsevolod A Tkachuk. (Pp704; \$195.00). New York: Marcel Dekker, 1993. 0 8247 8813 3.

This is the 65th in the impressive series of Lung Biology in Health and Disease. The topic chosen by Claude Lenfant for this volume is a rapidly advancing topic concerning the pathways involved in cellular responses to both external and internal messages. The authors are primarily from the USA and the former USSR, and the volume arose from international collaboration and a subsequent scientific meeting. The field of intracellular signalling has shown great advances over the last 10 years and a complex pathway of events, somewhat reminiscent of the Krebs cycle, has evolved. This is therefore a difficult field to make user friendly. The book consists of eight basic introductory chapters. Unfortunately the first is full of jargon, abbreviations and moves too rapidly from the simple scheme outlined in the first table (perhaps this reflects the multiple authorship). Thus, the first impression tends to confirm the view of the non-expert that this is a complex field that they may never wish to understand. However, the second chapter provides a better introduction and an extensive review on the regulation, structure and function of G protein linked receptors. The remaining introductory chapters are extensive reviews with historical perspectives and experimental detective work providing a background that is most relevant to scientists wishing to enter the field of signalling. The second section concerns epithelial cells where work has been less extensive. The application of the basic concepts is in its infancy, but these chapters are generally very readable with the exception of chapter 11 on growth factors which suffers from the lack of any tables or figures. The remaining sections relate to

smooth muscle cells, endothelial cells, and cells of the immune system (macrophages, lymphocytes, and mast cells). The chapters cover the role of cytokines, G proteins, protein kinases, and phosphatases in a way that may be more relevant to the clinical scientist. In summary, this is predominantly a reference book to be dipped into rather than read, except by the dedicated or training scientist in the field. However, the mechanisms involved are going to be relevant to all scientists studying cell biology whatever their disease or cell of interest. Some sections, however, would undoubtedly benefit from some or more simple diagrams or tables. Nevertheless this volume is a welcome addition to the series, although its topic and overall price will lead to a restricted market. It should be recommended for most medical libraries.—RS

NOTICES

2nd Central European Conference on Lung Cancer

The 2nd Central European Conference on Lung Cancer, under the auspices of the International Association for the Study of Lung Cancer, will take place on 13–16 April 1994 at the Congress Centre, Ljubljana, Slovenia. For further details contact: Professor Janez J Orel, Department of Thoracic Surgery, University Medical Centre, Zaloška 7, 61105 Ljubljana, Slovenia. Telephone: +38 61 317 582. Fax: +38 61 116 006.

IInd International Meeting in General Thoracic Surgery

The IInd International Meeting in General Thoracic Surgery will be held in Barcelona on 6 and 7 October 1994. For further information contact the Congress Secretariat, RCT asociados, Aulèstia i Pijoan 12 baixos, 08012 Barcelona, Spain. Telephone: 34-3-415 69 38. Fax: 34-3-415 69 04.

International Congress for Lung Cancer

The International Congress for Lung Cancer will be held on 22–26 June 1994. For further information contact Ms Poppy Katevati, Congress Manager, Olympic Sun SA, Athens, Greece. Telephone: 30-1-3230083. Fax: 30-1-3229194.

CORRECTIONS

Time course and duration of bronchodilatation with formoterol dry powder in patients with stable asthma

In the paper by A Wallin *et al* (June 1993;48:611–4) we regret an error on page 611 in the Results section of the Abstract, line 8 which should read "... was sustained for 6 hours and 16 minutes with salbutamol 400 µg ...".

Lung function in white children aged 4 to 19 years: II—Single breath analysis and plethysmography

In the paper by M Rosenthal *et al* (August 1993;48:803–8) the regression equation for VA in females (column F, table 2) on page 805 should read -7.669615×10^{-7} .