THORAX

The Journal of the British Thoracic Society
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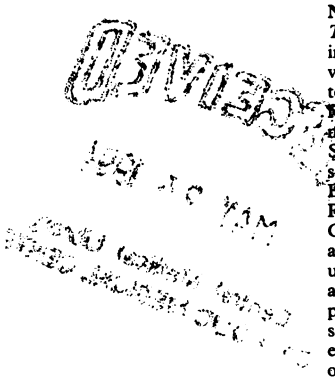

Notice to contributors

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. If requested, authors shall produce the data upon which the manuscript is based for examination by the editor. 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".

KEYWORDS Authors should include on the manuscript up to three key words or phrases suitable for use in an index.

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 ±) 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.

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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 PAPERS Short reports of experimental work, new methods, or a preliminary report can be accepted as two page papers. The maximum length of such an article is 1400 words, inclusive of structured abstract, tables, illustrations and references.

CASE REPORTS A single case can be published as a case report. It will be limited to 850 words, one table or illustration, a short unstructured abstract, and 10 references.

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91% (compared with 87% for the whole group).

The logic behind their supposition that the accuracy of high resolution CT scanning would be diminished if only applied to cases which are biopsy proven is not clear. They might have supposed that only cases with atypical clinical presentation or radiographic features were confirmed by biopsy (in our practice some patients with typical fibrosing alveolitis may undergo biopsy for the evaluation of disease activity). In any event, we can dismiss the suggestion that including "biopsy unproven" cases in our study resulted in an overstatement of the accuracy of high resolution CT scanning in making the diagnosis of fibrosing alveolitis.

DM HANSELL
AU WELLS
KT TUNG
Department of Radiology, Royal Brompton National Heart and Lung Hospital, Sydney Street, London SW3 6NP

1 Tung KT, Wells AU, Rubens MB, Kirk JME, Du Bois RM, Hansell DM. Accuracy of the typical computed tomographic appearances of fibrosing alveolitis. *Thorax* 1993;48:334–8.

BOOK NOTICES

New Concepts in Asthma. J P Tarayre, B Vargaftig and E Carilla. (Pp 310; £70.00.) Basingstoke: Macmillan, 1993. 0 333 65430 8.

The number of books on asthma is increasing almost as rapidly as the number of cytokines identified. This book contains contributions to a meeting on asthma organised by a French pharmaceutical company and held in France in 1991. Research in asthma is moving very fast and some of the chapters now appear somewhat dated. Several chapters are concerned with animal models of asthma and conclude that there is no ideal experimental model that closely mimics the features of asthma. Several chapters discuss the potential role of cytokines and adhesion molecules in chronic asthmatic inflammation, but some of these chapters are inevitably out of date. As is usual with a book made up of contributions to a meeting there is a fair amount of overlap, and several of the chapters are a rehash of previously published chapters or reviews. There are relatively few illustrations.

This book provides a good selection of chapters on the immunopathology of asthma, but several important areas are neglected including the role of nerves, structural remodelling, plasma exudation, and airway smooth muscle. The title is therefore somewhat misleading. The book is expensive at £70.00 and many other books on asthma which are more comprehensive are a better buy. – PJB

Fungal Diseases of the Lung. 2nd edition. George A Sarosi and Scott F Davies. (Pp 351; $120.00.) New York: Raven Press, 1993. 0 7817 0001 9.

In this short textbook on fungal diseases of the lung the general chapters are excellent, dealing with the life cycle in different fungal diseases. The illustrations are particularly good, demonstrating the morphology and life cycle of the various fungi. The chapter on the clinical laboratory diagnosis is also excellent, giving tables which greatly aid in separating the individual fungi from each other by both morphological and cultural characteristics. It is interesting to note that a fluorescent stain can be used immediately to enable rapid diagnosis in many cases. There is also a detailed chapter on serological tests which indicates that, while the tests are excellent for histoplasmosis, coccidioidomycosis, aspergilloma/allergic bronchopulmonary aspergillosis, and central nervous system cryptococcosis, they are less useful for blastomycosis, candida, and disseminated aspergillosis. The application and limitations of tests for individual fungi are discussed in detail. Specific chapters on the various fungi follow, which are excellent in their clinical details, symptomatology, radiology, diagnostic tests, and latest treatment methods. All this is clearly written with good illustrations. The chapters on allergic bronchopulmonary aspergillosis and farmer's lung are short, while the chapter on AIDS is poor, giving just a very broad outline of the damage to the immune system in this condition. There follow several chapters on AIDS and specific fungal infections which are repetitious of earlier chapters. The two chapters on fungal infection in lymphoma and leukaemia and organ transplantation are also repetitious, but may be of interest for specific problems faced in these conditions. The final two chapters deal with methods of treatment, with particular reference to Amphotericin B and the azole antifungal agents. They are excellent, dealing with the actions, pharmokinetics, effects on the immune system, side effects, and methods of administration of these drugs, and are clinically very useful.

This book is value for money at approximately £60, and will give information on specific fungal infections which affect the lung, as well as details of the extrapulmonary manifestations. Even though the later parts of the book are repetitious it is concise and gives useful information on fungal disease with specific reference to the lung. I would recommend it. – MS

Principles and Practice of Pulmonary Rehabilitation. R Casaburi and TL Petty. (Pp 508; £57.00.) Philadelphia: Saunders, 1993. 0 7216 3304 8.

Do not be misled by the title of this book. Its purpose is to provide a rational and scientific approach to rehabilitation in chronic lung disease but, in the process its authors and contributors have produced a highly authoritative reference work on chronic obstructive airways disease. Its scope is broad – from disturbances of basic pulmonary function, through cardiovascular consequences, to sleep disorder, psychological and cognitive dysfunction. The aggregation of these review chapters together under one cover would alone be almost sufficient reason for buying it. The remainder of the book covers all aspects of the care and management of patients with chronic pulmonary disease. While it concentrates on chronic obstructive pulmonary disease, it includes worthwhile chapters on non-obstructive lung diseases, asthma, cystic fibrosis, and rehabilitation related to lung transplantation. Whilst it is an extremely valuable reference for those with a specialist interest in rehabilitation of patients with lung disease, it is equally useful for those with any form of involvement with such patients, whether at a clinical or research level. Therapeutic topics range from standard pharmacology and long term oxygen therapy to smoking cessation and breathlessness desensitisation.

The core of the book, but not its bulk, is concerned with the components of a pulmonary rehabilitation programme. The reader is provided with a wealth of advice and comment in this area, yet it is here that the greatest disappointments lie. Despite the high level of scientific analysis of the processes underlying the development of disability and impaired health and well being, there is a clear shortage of critical analysis and identification of the important components of an effective rehabilitation regime. This is not the fault of the authors but a reflection of the current state of knowledge. I also felt that, in a book with such a broad scope, there was only a limited analysis of the impact of the disease from the patient's perspective, and insufficient discussion of the process of setting realistic goals for rehabilitation and methods by which these could be achieved most efficiently.

Having made these small criticisms, it is hard to fault. It is very comprehensive and should be accessible to readers from a wide range of backgrounds. All chest physicians, nurses, and physiotherapists concerned with the care of patients with chronic lung disease would gain much from it. One of its greatest contributions is to highlight the fact that, once maximum bronchodilatation has been achieved, the care and management of these patients has only just begun. – PWJ

NOTICE

Testing drugs for asthma

The recommendations of the Society of Pharmaceutical Medicine (SPM) Working Party on Testing Drugs for Asthma will be presented at a meeting at The Scientific Societies' Lecture Theatre, Savile Row, London W1 on 20 April 1994. For further details contact: Mrs B Cavilla, Society of Pharmaceutical Medicine, The Institute of Biology, 20–22 Queensbury Place, London SW7 2DZ. Telephone: 071 581 8333. Fax: 071 823 9409.

CORRECTION

BTS Asthma Guidelines

An error occurred on page S16 of the BTS Asthma Guidelines (*Thorax* 1993;48 (Suppl)). In the section on "Special points about management of acute asthma in general practice" under the subheading "Children" the correct dose of terbutaline that may be administered subcutaneously in severe episodes is 0·25 mg and not 2·5 mg as published.