admirable. There are also minor contributions from electrophysiology, pharmacology, and genetics.

The emphasis on pathology makes me offer just a word of caution: here and there the coverage of a topic omits the one factor which the clinical readership would consider most important. Two examples: Battens disease is illustrated by a normal looking fundus photograph amid a collection of disorders of metabolism. The legend should spell out what the picture barely implies, that one must always keep this disease in mind as a cause of unexplained visual loss in children. Secondly, Acanthamoeba keratitis, where the efficacy of propamidine and chlorhexidine eye drops means that early diagnosis is now of paramount importance. With just one extra phrase about the danger of wearing soft contact lenses in tap water, the coverage of this worrying condition would have been more relevant. Quibbles like this are few indeed, and every clinician using this book will surely come across some gem of clinical relevance which weighs against this criticism. The chapter 'The eye and systemic disease' is full of valuable examples: ischaemic retinopathy in the context of alcoholic pancreatitis; skin, corneal, and retinal lesions in Lyme disease; and corneal epithelial defects in vitamin A deficiency, to name just three.

This book also has particular value for non-medical ophthalmic healthcare personnel such as nursing, orthoptic, and optometry staff. Overall, a first class addition to the personal library.

DAVID MANSFIELD

NOTICES

Hong Kong Ophthalmological Symposium '96

The Hong Kong Ophthalmological Symposium '96 on retinal disease will take place on 14-15 December 1996 at the Hong Kong Convention and Exhibition Center. Further details: Dr Barry Yeung, Symposium Secretary, Hong Kong Ophthalmological Society, University Eye Centre, 3/F, Hong Kong Eye Hospital, 147K Argyle Street, Kowloon, Hong Kong. (Tel: 2761 9128; Fax: 2715 0089.)

XVI Congress of the Asia Pacific Academy of Ophthalmology

The XVI Congress of the Asia Pacific Academy of Ophthalmology will be held in Kathmandu, Nepal from 2-6 March 1997. Further details: The Secretariat, XVI Congress of APO, Nepal Eye Hospital Building, Tripureswor, PO Box 335, Kathmandu, Nepal. (Fax: +977 1 227505/518.)

International Symposium on Ocular Tumors

The International Symposium on Ocular Tumors will be held on 6-10 April 1997 in Jerusalem, Israel. Further details: Professor J Pe'er, Tumors, PO Box 50006, Tel Aviv 61500, Israel. (Tel: 972 3 5140000; fax: 972 3 5175674 or 514007.)

2nd International and 4th European Congress on Ambulatory Surgery

The 2nd International and 4th European Congress on Ambulatory Surgery will be held at the Queen Elizabeth II Conference Centre, Westminster, London on 15-18 April 1997. Further details: Congress Secretariat, Kite Communications, The Silk Mill House, 196 Huddersfield Road, Meltham, West Yorkshire HD7 3AP. (Tel: +44 1484 854575; Fax: +44 1484 854576.)

British Council International Seminar

A British Council international seminar (number 97031) entitled 'Corneal and external eye disease: new surgical techniques' with Professor D L Easty as director will be held on 29 June to 5 July 1997 in Bristol, UK. The seminar will be of particular interest to all young eye surgeons from the developing and developed world. Further details: Promotions Manager, International Seminars, The British Council, 1 Beaumont Place, Oxford OX1 2PJ, UK (Tel: +44 (0) 1865 316636; Fax: +44 (0) 1865 573685/516590; E-mail: International.Seminars@britcoun.org).

5th International Symposium on Ocular Circulation and Neovascularisation

The 5th International Symposium on Ocular Circulation and Neovascularisation will be held on 15-19 September 1997 in Kyoto, Japan. Further details: Professor Dr Masanobu Uyama, Secretary General of the Organising Committee, Department of Ophthalmology, Kansai Medical University, Moriguchi, Osaka 570, Japan. (Fax: 81-6-997-3475.)

2nd International Symposium on ARMD

The 2nd International Symposium on ARMD will be held at Glasgow University, Scotland under the auspices of the Royal College of Ophthalmologists on 16-18 September 1997. Further details: Dr G E Marshall, Eye Department, Western Infirmary, 38 Church Street, Glasgow G11 6NT, UK. (Tel: 0141 211 2094; Fax: 0141 339 7485; email: gem1b@clinmed.gla.ac.uk)

XXVIIIth International Congress of Ophthalmology

The XXVIIIth International Congress of Ophthalmology will be held in Amsterdam on 21-26 June 1998. Further details: Eurocongress Conference Management, Jan van Goyenakte 11, 1075 HP Amsterdam, the Netherlands. (Tel: +31-20-6793411; fax: +31-20-6737306; internet http://www.solution.nl/ico-98/)

2nd International Conference on Ocular Infections

The 2nd International Conference on Ocular Infections will be held on 22-26 August 1998 in Munich, Germany. Further details: Professor J Frucht-Perry, Ocular Infections, PO Box 50006, Tel Aviv, 61500, Israel. (Tel: 972 3 5140000; fax: 972 3 5175674 or 514007.)
INSTRUCTIONS FOR AUTHORS

Adherence to the following guidelines is essential if efficient and expeditious processing of your manuscript is to be achieved. Manuscripts will be returned to authors for revision before peer review if they are submitted in incorrect format. Please indicate in a covering letter which category of paper your article represents.

The British Journal of Ophthalmology is an international journal covering all aspects of clinical ophthalmology and the visual/ophthalmic sciences. Contributors should consider the widely varying readership and write clear, simple articles with the minimum of technical detail. Space in the journal is limited and articles should therefore be as concise as possible. One page of text is approximately 1000 words.

Manuscripts should be sent to the editor who selects them on the basis of their suitability for the journal and of reports from independent referees. Manuscripts are acknowledged on receipt and the majority (>80%) are sent for review. Those that are not reviewed are returned to the author as rapidly as possible so that they may be submitted elsewhere.

Manuscripts may be processed by section editors who deal with specific areas of ophthalmology including surgical retina, medical retina, neuro-ophthalmology, glaucoma, paediatric ophthalmology, ocular motility, orbital disease, anterior segment disease, oncology, lenses, optics and visual sciences, laboratory sciences, pathology, and immunology. A minimum of two referees, chosen for their specific expertise, review each article.

Papers are accepted on the understanding that they have not been and will not be published elsewhere, and that there are no ethical problems with the work described. If requested, authors shall produce the data upon which the manuscript is based for examination by the editor.

Categories of papers

ORIGINAL ARTICLES

(a) Clinical science
Articles on clinical topics are research reports of a general or specialised nature comprising approximately 3000 words and 4-6 display items (Figures and Tables).

(b) Laboratory science
Articles on ophthalmic or visual sciences are research reports of experimental work generally of the same size as clinical research reports. Laboratory science papers will be included in a designated section of the journal.

Both types of original article should include the following: title; key words (up to four); address and which author address for correspondence; structured abstract (approx 200 words), headings ‘Aims/background’, ‘Methods’, ‘Results’, and ‘Conclusion’; introduction; materials and methods; results and discussion sections; references and acknowledgements; legends for display items (Figures and Tables).

REVIEW ARTICLES

Substantive review articles will be included under the section ‘Perspective’ and will address any aspect of clinical or laboratory ophthalmology. Review articles will be approximately 3000-5000 words in length including references and may contain display items (Figures and Tables). Most review articles are commissioned but uninvited reviews are welcomed. Prior discussion with the Editor is recommended. All reviews are subject to independent refereeing.

LETTERS TO THE EDITOR
Case reports will be published as ‘Letters to the Editor’. These are normally 500-600 words written in the form of a letter with a maximum of two display items (Figures and Tables). The letter should include an introductory section (without heading), the case report (heading: Case report) and a comment (heading: Comment), plus a maximum of 10 references.

CORRESPONDENCE
Letters are normally constructed in the form of scientific correspondence and are usually 200-300 words.

Preparation of manuscripts
Manuscripts will be received on the understanding that they have not been and will not be published elsewhere while under editorial review. Manuscripts may be subject to editorial revision with the author’s agreement. All communications should be sent to the Editor, British Journal of Ophthalmology, Department of Ophthalmology, University of Aberdeen Medical School, Foresterhill, Aberdeen AB9 2ZD, Scotland, UK. (Tel: 01224 663812; Fax: 01224 663832.)

Manuscripts must be submitted in triplicate, and typed double spaced on one side of the paper only, with one inch margins. Each author must sign the covering letter as evidence of consent to publication. Revised manuscripts should be submitted as hard copy and on disk. Detailed instructions will be sent to authors on invitation to revise.

ILLUSTRATIONS
Illustrations must be submitted in triplicate. Transparencies must be accompanied by prints. Only salient detail should be included. All must be labelled with the author’s name, numbered in the same order as they are cited in the text irrespective of whether they are in colour or black and white, and have the top indicated. Radiographs must be submitted as prints. Line drawings should be clearly labelled and will be redrawn to house style. The width of illustrations for the original articles should be 68 mm, 104 mm, 140 mm or, in exceptional circumstances, 176 mm, to fit the column layout of the journal. Illustrations for ‘Letters to the editor’ should be 56 mm or 116 mm. Stain used and a scale bar (or magnification) should be given. Legends must be typed on a separate sheet.

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Each table should be on a separate sheet, have a heading, and contain no vertical rules.

REFERENCES
In accordance with the Vancouver agreement references are cited by the numerical system. They must be typed double spaced.

References in the text must be cited in numerical order of first appearance. References in the list must be given in the numerical order in which they first appear in the text, not in alphabetical order of authors’ names. References with one to six authors must include all authors’ names; for references with more than six authors the first six should be given and then et al. Titles of journals should be abbreviated in accordance with the Index Medicus or given in full. References to books must include names of editor(s) if there is one, town where published, name of publisher, year, volume, page numbers.


References will not be checked in the editorial office. Responsibility for their accuracy and completeness lies with the author.

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The work should be reported in the units used. If these were not SI units, the equivalent in SI units should be given in parentheses.

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Particular attention should be paid to the description of any sample selection process; in particular, the representativeness of the sample should be argued and the handling of any missing data justified. Authors are asked to check tables etc to ensure that missing data are accounted for, that percentages add up to 100 and that numbers in tables are not at variance with those quoted in the text. The policy of the British Journal of Ophthalmology is based on the statistical guidelines published in the British Medical Journal in 1983 and these are a useful source of information for authors (Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals, BMJ 1983; 286: 1489-93). Blanket statements on the use of statistical techniques should be avoided; it must be made quite clear in context which procedure is being used. Authors should bear in mind that relatively simple analyses are often quite adequate to support the arguments presented. Advice may be available to authors before submission of papers.

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