1. Policy of the Journal

1.1. Scope

Clinical Science and Molecular Medicine publishes papers in the field of clinical investigation, provided they are of a suitable standard and contribute to the advancement of knowledge in this field. The term 'clinical investigation' is used in its broad sense to include studies in animals and the whole range of biochemical, physiological, immunological and other approaches that may have relevance to disease in man. Studies which are confined to normal subjects, or animals, or are purely methodological in nature may be acceptable. The material presented should permit conclusions to be drawn and should not be only of a preliminary nature. The journal publishes four types of manuscript, namely Invited Editorials, Full Papers, Short Communications and Correspondence. In addition, Clinical Science and Molecular Medicine publishes abstracts of the proceedings of the Medical Research Society and also that Society's Annual Guest Lecture.

1.2. The Editorial Board

The Board comprises equal numbers of Editors for the Medical Research Society and the Biochemical Society and a Chairman and Deputy Chairman who are drawn alternately from the two Societies. Members of the Board retire after a maximum of 5 years; the Chairman serves in his capacity for 2 years. The membership of the Board is designed to cover as wide a range of interests as possible.

The main function of the Board is to decide on the acceptability of submitted papers, but it also deals with general matters of editorial policy. Financial policy is dealt with separately by the Committee of Management.

1.3. The editorial process

A submitted paper is first read by the Chairman of the Editorial Board who then sends it to an Editor. The latter considers the paper in detail and sends it to one or more referees (who remain anonymous) from outside the membership of the Board. The Editor returns it with
his recommendation to the Chairman who then writes formally to the authors. The ultimate responsibility of acceptance for publication lies with the Chairman. If the Chairman is for any reason unavailable, the Deputy Chairman assumes this function.

1.4. Ethics of investigations on human subjects
Authors must state in the text of their paper the manner in which they have complied, where necessary, with the recommendations on human investigations published in the Medical Research Council report of 1962/63 [British Medical Journal (1964) ii, 178–180]. Consent must be obtained from each patient or subject after full explanation of the purpose, nature and risks of all procedures used and the fact that such consent has been given should be recorded in the paper. Papers should also state that the Ethical Committee of the Institution in which the work was performed has given approval to the protocol. The Editorial Board will not accept papers the ethical aspects of which are, in the Board’s opinion, open to doubt.

1.5. Originality of papers
Submission of a paper to the Editorial Board is taken to imply that it reports unpublished work, that it is not under consideration for publication elsewhere and that, if accepted for publication by Clinical Science and Molecular Medicine, it will not be published elsewhere in the same form, either in English or in any other language, without the consent of the Editorial Board. This does not usually apply to previous publication of oral communications in brief abstract form. In such cases authors should enclose copies of the abstracts. When a paper has been accepted for publication the author, or in the case of multiple authorship the author with whom correspondence has taken place, will be asked to sign a statement vesting the copyright in the Editorial Board. Requests for consent for reproduction of material published in Clinical Science and Molecular Medicine should be addressed to the Chairman of the Editorial Board.

2. SUBMISSION OF MANUSCRIPTS: GENERAL INFORMATION AND FORMAT

2.1. General
Papers submitted for publication should be sent to the Chairman of the Editorial Board (Dr D. C. Flenley, Department of Medicine, The Royal Infirmary, Edinburgh EH3 9YW, Scotland).

The submission should contain three copies (of which two may be photocopies) of the typescript, Tables, Figures, etc. The authors should retain one copy of the paper. The Editorial Board does not accept responsibility for damage or loss of papers submitted, although great care is taken to ensure safety and confidentiality of the typescript during the editorial process. In the case of multiple authorship, the covering letter should indicate that the approval of all co-authors has been obtained.

Papers should be presented so that they are intelligible to the non-specialist reader of the journal. This is particularly important in highly specialized fields and a very brief résumé of the current state of knowledge is usually helpful. Certain types of material, e.g. mathematical formulations requiring more than trivial derivations, should be given in a separate Appendix.

Where the reader is referred to previous works by the same author(s) for important details relevant to the present work, it often speeds up assessment if reprints are enclosed with the typescript. This is of particular importance in relation to methodology.

The dates of receipt and acceptance of the paper will be published. If the paper has to be returned to the authors for revision and is not resubmitted within 1 month, the date of receipt will be revised accordingly. For Short Communications the published date will always be that of receipt of the final version. It is emphasized that badly presented or unduly long papers will be returned for revision and delays in publication will be inevitable. Similar delays will be incurred if the typescript is not prepared strictly in accordance with the instructions detailed below.

2.2. Full papers
The authors should refer to a current issue of Clinical Science and Molecular Medicine to make themselves familiar with the general layout. Concise presentation is very important for rising costs are a severe constraint on space. The length of manuscript and the number of Figures and Tables must be kept to a minimum. Extensive Tables of data can be deposited with the Royal Society of Medicine (see 2.5). Guidance for Authors is published in the
January and July issues of the journal, and revised periodically.

Typescripts should be, in general, arranged as follows:

(a) Title page. Title: this should be as informative as possible, since titles of papers are being increasingly used in indexing and coding for information storage and retrieval. The title should indicate the species in which the observations reported have been made. The numbering of parts in a series of papers is not permitted.

List of authors' names (degrees and appointments are not required).

Laboratory or Institute of origin.

Key words: for indexing the subject of the paper; they should, if possible, be selected from the current issues of 'Medical Subject Headings' (MeSH), produced by the Index Medicus.

Short title: for use as a running heading in the printed text; it should not exceed forty-five characters and spaces.

Author for correspondence: the name and address of the author to whom queries and requests for reprints should be sent.

(b) Summary. This should be a brief statement arranged in numbered paragraphs of what was done, what was found and what was concluded and should rarely exceed 250 words. Contributors from non-English speaking countries are invited to include a translation of the summary in their own language. Abbreviations should be avoided as far as possible and must be defined. Statistical and methodological details including exact doses should also be avoided unless they are essential to the understanding of the summary.

(c) Introduction. This should contain a clear statement of the reason for doing the work, but should not include either the findings or the conclusions.

(d) Methods. The aim should be to give sufficient information in the text or by reference to permit the work to be repeated without the need to communicate with the author.

(e) Results. This section should not include material appropriate to the Discussion section.

(f) Discussion. This should not contain results and should be pertinent to the data presented.

(g) Acknowledgments. These should be as brief as possible.

(h) References. See p. vi for the correct format.

(i) Figures and Tables. See p. v.

2.3. Short Communications

The Short Communication should describe completed work, and should not be merely a preliminary communication. The format of Short Communications should be similar to that of Full Papers, but should not exceed 1200 words of text. One Figure or Table is allowed, but if neither is included the text may be expanded to 1400 words. The passage of Short Communications through the editorial process can frequently be expedited and contributors are encouraged to take advantage of these facilities when rapid publication is of importance and the material can be presented concisely. The paper should appear in print within 3 months of acceptance. When submitting Short Communications, authors should make it quite clear that the work is intended to be treated as a Short Communication.

2.4. Correspondence

Letters containing critical assessments of material published in Clinical Science and Molecular Medicine, including Editorials, will be considered for the Correspondence section of the journal. Such letters should be sent to the Chairman of the Editorial Board within 6 months of the appearance of the article concerned. They will be sent to the authors for comment and both the letter and any reply by the author will be published together. Further correspondence arising therefrom will also be considered for publication. Consideration will also be given to publication of letters on ethical matters.

2.5. Arrangements for large amounts of information

It is impracticable to publish very large sets of individual values or very large numbers of diagrams, and under these circumstances a summary of the information only should be included in the paper. The information from which the summary was derived should be submitted with the typescript and, if the latter is accepted, the Editors may ask for a copy of the full information and diagrams to be deposited with the Librarian, the Royal Society of Medicine, 1 Wimpole Street, London WIM 8AE, who will issue copies on request. Experience has shown that such requests are frequently received.
Guidance for Authors

2.6. Proof corrections
These are expensive and corrections of other than printers' errors may have to be charged to the author.

2.7. Offprints
Twenty-five offprints are supplied free and additional copies may be obtained at terms, based upon the cost of production, that will be given with the proofs. All offprints should be ordered when the proofs are returned.

2.8. Availability on MEDLINE
Summaries of papers in Clinical Science and Molecular Medicine are available on-line on teleprinters participating in the MEDLINE system run by the National Library of Medicine, National Institutes of Health, Bethesda, Maryland, U.S.A.

3. MISCELLANEOUS NOTES

3.1. Abbreviations
Abbreviations should be avoided; if used they must be defined at the first mention; new abbreviations should be coined only for unwieldy names which occur frequently. Abbreviations should not appear in the title nor, if possible, in the Summary. A list of accepted abbreviations appears at the end of this document.

3.2. Anatomical nomenclature
This should follow the recommendations of the International Anatomical Nomenclature Committee (1966), Nomina Anatomica, 3rd edn, Excerpta Medica Foundation, Amsterdam.

3.3. Animals, plants and micro-organisms
The full binomial specific names should be given at first mention for all experimental animals other than common laboratory animals. The strain and, if possible, the source of laboratory animals should be stated. Thereafter in the text, single letter abbreviations may be given for the genus; if two genera with the same initial letter are studied, abbreviations such as Staph. and Strep. should be used.

3.4. Buffers and salts
The acidic and basic components should be given, together with the pH. Alternatively, a reference to the composition of the buffer should be given. Further details are provided in the Biochemical Journal (1978) 169, 9.

When describing solutions containing organic anions and their parent acids, the salt designator (e.g. lactate, urate, oxalate) should be used in preference to the name of the acid (lactic, uric, oxalic) unless it is certain that virtually all of the acid is in the undissociated form.

The composition of incubation media should be described, or a reference to the composition should be given.

3.5. Doses
Doses of drugs should be expressed in mass terms, e.g. milligrams (mg) or grams (g), and also (in parentheses) in molar terms, e.g. mmol, mol, where this appears to be relevant. Molecular weights of many drugs may be found in The Merck Index, 8th edn, Merck and Co. Inc., N.J., U.S.A.

3.6. Enzymes
Nomenclature should follow that given in Enzyme Nomenclature (1972), Elsevier Publishing Co., Amsterdam, and Enzyme Commission (EC) numbers should be quoted at the first mention. Where an enzyme has a commonly used informal name, this may be employed after the first formal identification. A unit of enzyme activity should preferably be expressed as that amount of material which will catalyse transformation of 1 μmol of the substrate/min under defined conditions, including temperature and pH. Alternatively, or when the natural substrate has not been fully defined, activity should be expressed in terms of units of activity relative to that of a recognized reference preparation, assayed under identical conditions. Activities of enzymes should normally be expressed as units/ml or units/mg of protein.

3.7. Evaluation of measurement procedures
When a new measuring procedure has been used, or when an established procedure has been applied in a novel fashion, an estimate of the precision of the procedure should be given. This should, as far as possible, indicate what sources of variation have been included in this estimate, e.g. variation of immediate replication, variation within different times of day, or from day to day etc.

If the precision of measurement varies in proportion to the magnitude of the values obtained, it can best be expressed as the coefficient of variation; otherwise it should be expressed by an estimate of the (constant) standard error of

3.8. Evaluation of measurement procedures
When a new measuring procedure has been used, or when an established procedure has been applied in a novel fashion, an estimate of the precision of the procedure should be given. This should, as far as possible, indicate what sources of variation have been included in this estimate, e.g. variation of immediate replication, variation within different times of day, or from day to day etc.

If the precision of measurement varies in proportion to the magnitude of the values obtained, it can best be expressed as the coefficient of variation; otherwise it should be expressed by an estimate of the (constant) standard error of
a single observation, or by estimates at several points within the range of observed values.

When recovery experiments are described the approximate ratio of the amount added to the amount already present and the stage of the procedure at which the addition was made should be stated.

3.8. Figures and Tables

These are expensive to print and their number should be kept to a minimum. Their appropriate position in the paper should be indicated in the margin of the text. References to Figures and Tables should be in Arabic numerals, e.g. Fig. 3, and they should be numbered in order of appearance. In general, the same data should not be presented in both a Figure and a Table; simple histograms recording only a few values can more economically be replaced by a Table.

Figures, with captions attached, should be supplied as original drawings or matt photographs together with photocopies. All Figures should have their number and the authors' names written in pencil on the back; the top of the Figure should be indicated with a pencilled arrow. A horizontal or square layout is preferred to a vertical one. Acceptable symbols for experimental points are ·, △, ■, ○, Δ, D. The symbols × or + must be avoided. The same symbols must not be used for two curves where the points might be confused. For scatter diagrams, solid symbols are preferred. When a particular variable appears in more than one Figure, the same symbol should be used for it throughout, if possible.

Curves should not be drawn beyond the experimental points, neither should axes extend appreciably beyond the data. Only essential information that cannot readily be included in the legend should be written within the Figure.

Figures for reproduction as half-tones should be submitted as glossy prints. They are particularly expensive to print and their use should be avoided as far as possible.

Tables should be typed separately from the text. They should have an underlined title followed by any legend.

Captions for the Figures, and titles and legends for the Tables should make them readily understandable without reference to the text. Adequate statistical information, including that on regression lines, should be included in Figure captions where appropriate.

3.9. Footnotes

These should be avoided as far as possible but where they are used in Tables they should be identified by the symbols * † ‡ § ¶, in that order.

3.10. Isotope measurements

Both the manufacturer's type number of the counting equipment and the manufacturer's name should be stated. In gamma counting the size and configuration of the detector should be given (e.g. 7.5 cm diam. × 7.5 cm well-type NaI–Tl crystal) and when relevant the channel settings and efficiency of each channel should be specified. Liquid scintillator and Cerenkov counting methods should include the reagents used for sample preparation, with final composition and volume of the sample/scintillant mixture, the type of vial and the method used to correct for quenching. The error in measurement of radioactivity or specific radioactivity should be given if it is a major component of the total experimental error. This error may be derived from measurements on duplicate samples, or from the contributions made by counting statistics, background, quench corrections, etc.

Although the unit for radioactivity is the becquerel (Bq = 1 d.p.s.), for the time being the curie (Ci) should be continued to be used. The degree of isotopic enrichment of the starting material should be specified as atoms % excess for stable isotopes, or the specific radioactivity (radioactivity/unit weight or radioactivity/mol) for radioactive materials. The manufacturer's code number, name and address should be given.

In mathematical models of tracer kinetics the nomenclature of the Task group on tracer kinetics of the International Commission on Radiological Units (Brownell, G. L., Berman, M. & Robertson, J. S., 1968, International Journal of Applied Radiation and Isotopes, 19, 249–262) should be used if possible.

Alternatively, authors may give a reference to a published standard method.

3.11. Radionuclide applications in man

If new or modified radionuclide applications in man are described, an estimate of the average absorbed radiation dose to the whole body should be given, as well as the dose to individual organs that receive higher doses than this average. Although the SI unit for absorbed dose is the gray (Gy = 1 J/kg = 100 rad), for the time being the rad should be continued to be used (see Recommendations of the International Commission on Radiological Protection, ICRP Publication no. 26,
adopted 17 January 1977; Pergamon, Oxford); the SI unit for effective absorbed radiation dose is the sievert [(1 J absorbed/kg of material)/radiation quality factor = 100 rem] but for the time being the rem will be used.

3.12. Methods
In describing certain techniques, namely centrifugation (when the conditions are critical), chromatography and electrophoresis, authors should follow the recommendations published by the Biochemical Society (currently, Biochemical Journal (1978) 169, 1–27).

3.13. Nomenclature of disease
This should follow the International Classification of Disease (8th revision, World Health Organization, Geneva, 1969) as far as possible.

Care is needed where powers are used in Table headings and in Figures to avoid numbers with an inconvenient number of digits. For example: (i) an entry '2' under the heading $10^3 k$ means that the value of $k$ is 0.002; an entry '2' under the heading $10^{-3} k$ means that the value of $k$ is 2000. (ii) A concentration 0.00015 mol/l may be expressed as 0.15 under the heading 'concn. (mmol/l)' or as 150 under the heading 'concn. (umol/l)' or as 15 under the heading $10^5 \times \text{concn. (mol/l)}$, but not as 15 under the heading 'concn. (mol/l $\times 10^{-5}$)'.

3.15. References
These should be in alphabetical order of first authors. The full title of the paper, the journal and the first and last page numbers should be given, e.g.


When the quotation is from a book, the following format should be used, giving the relevant page or chapter number:


References in the text should follow the style: Clark, Freedman, Campbell & Winn (1969) on the first quotation and, if there are more than two authors, ‘Clark et al. (1969)’ or ‘(Clark et al., 1969)’ in subsequent quotations.

References to ‘personal communications’ and ‘unpublished work’ should appear in the text only and not in the list of references. The name and initials of the source of information should be given. When the reference is to material that has been accepted for publication but has not yet been published, this should be indicated in the list of references by ‘In press’ together with the name of the relevant journal and, if possible, the expected date of publication. If such a citation is of major relevance to the manuscript submitted for publication authors are advised that the editorial process might be expedited by the inclusion of a copy of such work. In the case of quotations from personal communications the authors should state in the covering letter that permission for quotation has been obtained.

3.16. Solutions
Concentrations of solutions should be described where possible in molar terms (mol/l and subunits thereof), stating the molecular particle weight if necessary. Values should not be expressed in terms of normality or equivalents. Mass concentration should be expressed as g/l or subunits thereof, for example mg/l or µg/l. For solutions of salts, molar concentration is always preferred to avoid ambiguity as to whether anhydrous or hydrated compounds are used. Concentrations of aqueous solutions should be given as mol/l or mol/kg (g/l or g/kg if not expressed in molar terms) rather than % (w/v) or % (w/w). It should always be made clear whether concentrations of components in a reaction mixture are final concentrations or the concentrations in solutions added.

3.17. Spectrophotometric data
The term ‘absorbance’ [log($I_0/I$)] should be used rather than ‘optical density’ or ‘extinction’. The solvent, if other than water, should be specified. Symbols used are: $A$, absorbance; $a$, specific absorption coefficient (litre g$^{-1}$ cm$^{-1}$) (alternatively use $A_{1%}$); $ε$, molar absorption coefficient (numerically equal to the absorbance of a molar solution in a 1 cm light-path) (litre mol$^{-1}$ cm$^{-1}$, not cm$^2$ mol$^{-1}$).

3.18. Spelling
Clinical Science and Molecular Medicine uses as standards for spelling the Concise or Shorter Oxford Dictionary of Current English (Clarendon Press, Oxford) and Butterworth's Medical Dictionary (Butterworth, London).
3.19. Statistics

Papers are frequently returned for revision (and their publication consequently delayed) because the authors use inappropriate statistical methods. Two common errors are the use of means, standard deviations and standard errors in the description and interpretation of grossly non-normally distributed data and the application of t-tests for the significance of difference between means in similar circumstances, or when the variances of the two groups are non-homogeneous. In some circumstances it may be more appropriate to provide a ‘scattergram’ than a statistical summary.

A reference should be given for all methods used to assess the probability of a result being due to chance. The format for expressing mean values and standard deviations or standard errors of the mean is, for example: mean cardiac output 10.4 l/min (SD 1.2; n = 11). Degrees of freedom should be indicated where appropriate. Levels of significance are expressed in the form \( P < 0.01 \).

3.20. Trade names

The name and address of the supplier of special apparatus and of biochemicals should be given. In the case of drugs, approved names should always be given with trade names and manufacturers in parentheses.

4. UNITS: THE SI SYSTEM

The recommended Système International (SI) units are used by Clinical Science and Molecular Medicine. All papers submitted should use these units except in the case of blood pressure values which should be expressed in mmHg. Airways pressure should be expressed in kPa. Where molecular weight is known, the amount of a chemical or drug should be expressed in mol or in an appropriate sub-unit, e.g. mmol. Energy should be expressed in joules (J).

The basic SI units and their symbols are as follows:

<table>
<thead>
<tr>
<th>Physical quantity</th>
<th>Name</th>
<th>Symbol</th>
</tr>
</thead>
<tbody>
<tr>
<td>length</td>
<td>metre</td>
<td>m</td>
</tr>
<tr>
<td>mass</td>
<td>kilogram</td>
<td>kg</td>
</tr>
<tr>
<td>time</td>
<td>second</td>
<td>s</td>
</tr>
<tr>
<td>electric current</td>
<td>ampere</td>
<td>A</td>
</tr>
<tr>
<td>thermodynamic temperature</td>
<td>kelvin</td>
<td>K</td>
</tr>
<tr>
<td>luminous intensity</td>
<td>candela</td>
<td>cd</td>
</tr>
<tr>
<td>amounts of substance</td>
<td>mole</td>
<td>mol</td>
</tr>
</tbody>
</table>

The following are examples of derived SI units:

<table>
<thead>
<tr>
<th>Physical quantity</th>
<th>Name</th>
<th>Symbol</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>energy</td>
<td>joule</td>
<td>J</td>
<td>kg m⁻² s⁻²</td>
</tr>
<tr>
<td>force</td>
<td>newton</td>
<td>N</td>
<td>kg m s⁻² = J m⁻¹</td>
</tr>
<tr>
<td>power</td>
<td>watt</td>
<td>W</td>
<td>kg m² s⁻³ = J s⁻¹</td>
</tr>
<tr>
<td>pressure</td>
<td>pascal</td>
<td>Pa</td>
<td>kg m⁻¹ s⁻² = N m⁻³</td>
</tr>
<tr>
<td>electric charge</td>
<td>coulomb</td>
<td>C</td>
<td>A s</td>
</tr>
<tr>
<td>electric potential</td>
<td>volt</td>
<td>V</td>
<td>kg m² s⁻² A⁻¹ = J A⁻¹ s⁻¹</td>
</tr>
<tr>
<td>electric resistance</td>
<td>ohm</td>
<td>Ω</td>
<td>kg m² s⁻² A⁻² = V A⁻¹</td>
</tr>
<tr>
<td>electric conductance</td>
<td>siemens</td>
<td>S</td>
<td>kg⁻¹ m⁻² s⁻² A⁻³ = Ω⁻¹</td>
</tr>
<tr>
<td>electric capacitance</td>
<td>farad</td>
<td>F</td>
<td>A² s⁻² kg⁻¹ m⁻² = A s V⁻¹</td>
</tr>
<tr>
<td>frequency</td>
<td>hertz</td>
<td>Hz</td>
<td>s⁻¹</td>
</tr>
<tr>
<td>volume</td>
<td>litre</td>
<td>l</td>
<td>10⁻³ m³</td>
</tr>
</tbody>
</table>

The word ‘litre’ has been accepted as a special name for cubic decimetre (1 litre = 1 dm³).

Both the basic and derived SI units, including the symbols of derived units that have special names, may be preceded by prefixes to indicate multiples and submultiples. The prefixes should be as follows:

<table>
<thead>
<tr>
<th>Multiple</th>
<th>Prefix</th>
<th>Symbol</th>
</tr>
</thead>
<tbody>
<tr>
<td>10⁶</td>
<td>mega</td>
<td>M</td>
</tr>
<tr>
<td>10³</td>
<td>kilo</td>
<td>k</td>
</tr>
<tr>
<td>10²</td>
<td>hecto</td>
<td>h*</td>
</tr>
<tr>
<td>10</td>
<td>deka</td>
<td>da</td>
</tr>
<tr>
<td>10⁻¹</td>
<td>deci</td>
<td>d*</td>
</tr>
<tr>
<td>10⁻²</td>
<td>centi</td>
<td>c*</td>
</tr>
<tr>
<td>10⁻³</td>
<td>milli</td>
<td>m</td>
</tr>
<tr>
<td>10⁻⁶</td>
<td>micro</td>
<td>μ</td>
</tr>
<tr>
<td>10⁻⁹</td>
<td>nano</td>
<td>n</td>
</tr>
<tr>
<td>10⁻¹²</td>
<td>pico</td>
<td>p</td>
</tr>
<tr>
<td>10⁻¹⁵</td>
<td>femto</td>
<td>f</td>
</tr>
</tbody>
</table>

* To be avoided where possible (except for cm).

Compound prefixes should not be used, e.g. \( 10⁻⁹ \) m should be represented by 1 nm, not 1 μm.

Notes:

(i) Full stops are not used after symbols.

(ii) Minutes (min), hours (h), days and years will continue to be used in addition to the SI unit of time (the second (s)).

(iii) The solidus may be used in a unit as long as it does not have to be employed more than once, e.g. mmol/l is acceptable, but ml/min/kg is not, and should be replaced by ml min⁻¹ kg⁻¹.
Guidance for Authors

5. Abbreviations, Conventions, Definitions, Symbols and Special Comments

As well as standard symbols and abbreviations that have been accepted by international bodies, and which can be used without definition, this list shows selected abbreviations in the form of groups of capital letters (e.g. ALA, ECF, MCHC) which when used must be defined in the text as indicated on p. iv. The standard abbreviations for amino acids are only for use in Figures and Tables or for peptide sequences.

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>absorbance</td>
<td>measure of light absorption (optics)</td>
</tr>
<tr>
<td>acceleration due to gravity</td>
<td>acceleration caused by gravity</td>
</tr>
<tr>
<td>adenosine 3' : 5' : cyclic</td>
<td>monophosphate</td>
</tr>
<tr>
<td>adenosine 5' phosphate</td>
<td></td>
</tr>
<tr>
<td>adenosine 5' pyrophosphate</td>
<td></td>
</tr>
<tr>
<td>adenosine 5' triphosphate</td>
<td></td>
</tr>
<tr>
<td>adenosine triphosphatase</td>
<td></td>
</tr>
<tr>
<td>adrenocorticotrophic hormone</td>
<td></td>
</tr>
<tr>
<td>alanine</td>
<td></td>
</tr>
<tr>
<td>alternating current</td>
<td></td>
</tr>
<tr>
<td>alveolar minute ventilation</td>
<td></td>
</tr>
<tr>
<td>alveolar to arterial oxygen tension</td>
<td></td>
</tr>
<tr>
<td>ampere</td>
<td></td>
</tr>
<tr>
<td>aminolaevulinic acid</td>
<td></td>
</tr>
<tr>
<td>Angstrom (Å)</td>
<td></td>
</tr>
<tr>
<td>antidiuretic hormone</td>
<td></td>
</tr>
<tr>
<td>arginine</td>
<td></td>
</tr>
<tr>
<td>arteriovenous</td>
<td></td>
</tr>
<tr>
<td>asparagine</td>
<td></td>
</tr>
<tr>
<td>aspartic acid</td>
<td></td>
</tr>
<tr>
<td>atmosphere (unit of pressure)</td>
<td></td>
</tr>
<tr>
<td>atomic weight</td>
<td></td>
</tr>
<tr>
<td>blood pressure</td>
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<td>C1-C9</td>
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<td>C: express in l kPa</td>
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<td>conc.</td>
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<td>[l: e.g. plasma HCO3]</td>
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<td>G: express in l s ^1 kPa</td>
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<td>r: may be used without definition</td>
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<td>use ml</td>
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<td>Ci (1 Ci = 3.7 x 10^6 d.p.s.)</td>
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<td>Hz</td>
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<td>V &amp; V</td>
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<td>1.25 (OH),D1</td>
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<td>e.g. K'p</td>
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<td>avoid Latin designations such as b.d.</td>
<td>(and t.i.d.)</td>
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<td>(1 dyne = 10^ -5 N)</td>
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<td>E: express in Pa m ^3</td>
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<td>ECG</td>
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<td>express as 10^12 cells/l</td>
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<td>ESR</td>
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<td>not ethyl alcohol or alcoholic</td>
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<td>EDTA</td>
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<td>Na, K, etc., for total exchangeable</td>
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<td>sodium, potassium etc.</td>
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<td>Expt.; plural, Expts.</td>
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<td>V &amp; E</td>
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<td>use absorbance</td>
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<td>ECF</td>
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<td>Fig.; plural Figs.</td>
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<td>Fx</td>
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</table>
Guidance for Authors

FSH

forced expiratory volume in

1-Os

fractional concentration in
dry gas

fractional disappearance rate

frequency of respiration

functional residual capacity
gas–liquid chromatography
gas transfer factor

glomerular filtration rate

glycine

gram (me)

gravitational field, unit of

(9.81 m s\(^{-1}\))
growth hormone

haematocrit

haemoglobin

half-life

herz (s\(^{-1}\))
histidine

hour

human chorionic

gonadotrophin

human placental lactogen

hydrocortisone

hydrogen ion activity

minus log of

25-hydroxycholecalciferol

hydroxyproline

immunoglobulins

injections routes:

intra-arterial

intramuscular

intraperitoneal

intravenous

subcutaneous

international unit

intracellular fluid

intracellular fluid volume

ionic strength

isoleucine

isotonic

isotopically labelled

compounds

joule

kilogram (me)

kilopond

F

k (as in \( A = A_0 e^{-kt} \))

FRC

GFR

Glu

Gin

GSH (reduced); GSSG

(oxidized)

Gly

GH; if human, HGH

not allowed; use packed cell

volume (PCV)

Hb; express in g/dl

r\(_t\)

Hz

His

h

HCG

HPL

use cortisol

aH; express in mmol/ 1 pH

25-(OH)\(_D\)

Hyp

IgA, IgD, IgE, IgG, IgM

use abbreviations only in

Figures

i.a.

i.m.

i.p.

i.v.

s.c.

i.u. (definition and reference

should be given for

uncommon or ambiguous

applications, e.g. enzymes)

IFC

ICFV

I

Ile

not used; specify

composition of fluid, e.g.

NaCl, 150 mmol/l

e.g. [U-\(^{14}\)C]glucose,

[1-\(^{14}\)C]glucose, sodium

[1-\(^{14}\)C]acetate; use \(^{131}\)l-

labelled albumin, not

\(^{131}\)Ialbumin, since native

albumin does not contain

iodine

for simple molecules:

\(^{14}\)CO\(_2\), \(^{3}\)H\(_2\)O

J

kg

not used; 1 kilopond = 9.8067 N

lactate dehydrogenase

leucine

leucocyte count

lipoproteins (serum)

high density

low density

very low density

litre

logarithm (base 10)

logarithm (base e)

luteinizing hormone

lysine

maximum

mean corpuscular

haemoglobin

mean corpuscular

haemoglobin concentration

mean corpuscular volume

median lethal dose

meta-

melting point

methanol, methanolic

methionine

metre

Michaelis constant

micromole

micron (10\(^{-6}\) m)

(mol \((10^{-6}\) m)

milliequivalent

millimetre

millimetre of mercury

millimolar (concentration)

millimol

minimum

minute (60 s)

mol

molar (concentration)

molar absorption coefficient

mole

molecular weight

nicotinamide–adenine

dinucleotide

nicotinamide–adenine

dinucleotide phosphate

normal

normal temperature and

pressure

nuclear magnetic resonance

number (in enumerations)

observed

ohm

ornithine

ortho-

orthophosphate (inorganic)

LDH

Leu

express as 10\(^{\circ}\) cells/l

HDL

LDL

VLDL

LH

Lys

max.

MCH; express in pg

MCHC; express in g/dl

MCV; express in fl

(1 mm\(^3\) = 1 fl)

\( LD_{50}\)

m-`

m.p.

not methyl alcohol

Met

k

\( K_n\)

\( \mu\)mol

\( \mu\)l; not \( \mu\)

not used; give amount

in mmol

mm

mmHg; for blood pressure

only: see p. vii (1 mmHg = 0.133 kPa)

mmol/l; not mm

mmol

min

mol

mol/kg

mol/l; not m

\( \epsilon\) (the absorbance of a

molar solution in a

1 cm light-path)

mol

mol wt.

NAD if oxidation state

not indicated

NAD\(^{+}\) if oxidized

NADH if reduced

NADP if oxidation

state not indicated

NADP\(^{+}\) if oxidized

NADPH if reduced

should not be used to denote

the concentration or

osmolarity of a solution

use standard temperature and

pressure (STP)

n.m.r.

no. (in Tables only)

obs. (in Tables only)

\( \Omega\)

\( \sigma\)

\( P_i\)
osmolar oxygen uptake per minute (in respiratory physiology) packed cell volume page pages para para-aminobipphurate partial pressure e.g. alveolar, of O₂ arterial, of CO₂ capillary, of O₂ mixed venous, of CO₂ pascal per per cent petroleum ether, phenylalanine plasma renin activity plasma volume poise potential difference power output precipitate pressure probability of an event being due to chance alone proline protein-bound iodine (plasma) pulmonary capillary blood flow pyrophosphate (inorganic) rad (absorbed radiation dose; 10⁻¹ J absorbed/g of material) red blood cell red cell mass relative band speed (partition chromatography) rem (effective absorbed radiation dose; 10⁻² J absorbed/g of material)/ radiation quality factor renin residual volume resistance (theoretical) respiratory quotient (time-averaged) revolutions rev./min ribonucleic acid röntgen saturation second (time) serine osmol (or mosmol/l) (the concentration producing an osmotic pressure equal to that of a molar solution of a perfect solute) \( \dot{V}_{\text{O}_2} \); express in ml STP/min PCV p., pp. PAH \( \text{Pa}, \text{p}, \text{pp} \) \( \text{PA}, \text{o}, \text{pp} \) \( \text{Pa}, \text{co}, \text{o}, \text{pp} \) \( \text{Pc}, \text{co} \) \( \text{Pv}, \text{co} \) \( \text{Pa} \) \( \% \) etc. not used; use light petroleum ether and give boiling range Phe express as pmol of angiotensin \( 1 \text{hr}^{-1} \text{ml}^{-1} \) PV 1 poise = \( 10^{-1} \text{N s m}^{-2} \) p.d. W (1 W = 0.1635 kpm/min) ppt. \( \rho \); express in kPa (except for blood pressures); 1 kPa = \( 7.5 \text{mmHg} \) P Pro PBI Qc PPi not abbreviated\[ ^{\text{not abbreviated}} \] use erythrocyte; express counts as \( 10^12 \text{cells/l} \) RCM \( R_v \) see plasma renin activity RV \( \rho; \text{express in kPa} \text{ l}^{-1} \text{s} \) \( \rho \) \( \text{rev.} \) \( ^{\text{not r.p.m.; see g if possible}} \) \( \text{see p. ix} \) RNA \( \rho \) S, e.g. \( \text{SaO}_2 \) for arterial oxygen saturation (see partial pressure for other analogous abbreviations) \( \text{s} \) Ser solvent systems species specific activity specific conductance of airways standard deviation standard error of the mean standard temperature and pressure steroid nomenclature sulphhydryl \( \Sigma \) sum Svedberg unit \( T \) temperature, thermodynamic units of thin-layer chromatography threonine thyrotrophic hormone thyrotrophin releasing hormone tidal volume time (symbol) time of day torr total lung capacity tryptophan tubular maximal reabsorptive capacity for x tyrosine ultraviolet urinary concentration of x valency valine variance ratio vascular resistance v, e.g. \( 18.15 \text{hours} \) not used; use kPa \( (1 \text{torr} = 0.133 \text{kPa}) \) TLC Trp \( T_{\text{m}, \text{x}} \) Tyr u.v. \( U_\text{i} \) e.g. \( \text{Fe}^{2+}, \text{not Fe}^{3+} \) Val \( F \) express in kPa l⁻¹ s (with value in dyne cm s⁻³ in parentheses); primary values of differential vascular pressure (mmHg) and flow (1/min) should always also be given in Tables or text as appropriate \( \dot{V} \); express as m s⁻¹ \( \rho \) \( ^{\text{used only for buffer mixtures; otherwise use } 5,5'\text{-diethylbarbituric acid}} \) \( \rho \) used for blood flow rate W \( \lambda \) wt. use leucocyte; express counts as \( 10^6 \text{cells/l} \)
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Correction

DRAY, F. Bartter’s syndrome: contrasting patterns of prostaglandin excretion in children and adults. Clinical Science and Molecular Medicine, 54, 115–118

Page 117, Table 1: values in the second column for 'Range' under 'Normal children' should read (0.11–0.50).