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that is lacking from the symposium proceedings *Coronary Disease in Young Women* edited by Oliver. Information on epidemiology, risk factors, diagnostic testing, and treatment are brought together in a scholarly review. A whole chapter by Osbakken is devoted to exercise testing in women, which poses particular problems, not entirely because the pretest probability of coronary artery disease is less than that in men. Diagnosis of coronary disease by probability analysis combining clinical findings and several test results is discussed and illustrated with a comprehensive nomogram based on the work of Patterson *et al.*

The key role of oestrogens in the protection of pre-menopausal women from coronary artery atherosclerosis, and a possible inter-

action with social factors, is indicated by an account of studies in macaque monkeys. Low status monkeys had depressed ovarian function and more coronary atherosclerosis than their overbearing sisters. There is a timely account of the related topic of oestrogen replacement therapy and coronary disease.

The final section of this collation is a consideration of selected diseases including systemic and pulmonary hypertension, mitral valve prolapse, rheumatic heart disease, and cardiomyopathy. The prevalence of all these conditions is different in women and men. While it may be helpful to have this set out within one set of covers it does not make for interesting reading.

Nowhere is there a mention of syndrome X.
JOHN RAWLES

NOTICES

British Cardiac Society

The Annual General Meeting will take place at the English Riviera Centre, Torquay on 22 to 25 May 1990. The closing date for receipt of abstracts is 19 January 1990.

Receptors of the brain, lung, and heart

A meeting entitled Receptors of the Brain, Lung and Heart: State of the Art will be held on 24 and 25 May 1991 at the Hotel Okura, Amsterdam. Further information from Cader Research BV, PO Box 85, 4854 ZH Breda/Bavel, The Netherlands.

CHECKLIST

Please make a photocopy of this checklist, complete, and send with all manuscripts submitted for publication.

General

- Three complete sets of the manuscript (including 3 sets of figures) are submitted.
-
- The manuscript is typed double spaced throughout on one side only on 22 × 28 cm opaque white bond paper with 3 cm margins all around.
-
- The manuscript is arranged as follows: (1) title page, (2) abstract, (3) text, (4) references, (5) legends, (6) tables. Pages are numbered consecutively, beginning with the title page as page 1.
-
- The last name of the first author is typed at the top right corner of each page.
-
- A covering letter is signed by all authors stating that they have seen and approved the paper and that the work has not been, and will not be, published elsewhere.
-

Title page

- The title and authors' names are typed on the title page.
-
- Case reports may have only three authors.
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- The address(es) of the institutions from which the work originated with the authors' names are listed underneath. (If there is more than one address several authors' names can be grouped under each appropriate address; strict order of authors' names is not necessary here.)
-
- The full name, exact *postal* address with postal code, and telephone number of the author to whom communications, proofs, and requests for reprints should be sent are typed at the bottom.
-

Abstract

- An abstract is typed double spaced on a separate page.
-
- The abstract is substantive rather than purely descriptive.
-
- Abbreviations other than standard SI units of measurement are not used.
-

Text

- Measurements are given in SI units.
-
- Abbreviations or acronyms are always written out in full (for example, ECG, electrocardiogram; LVH, left ventricular hypertrophy; CAD, coronary artery disease, MI, myocardial infarction).
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- Only units of measurement and mathematical formulas and calculations are abbreviated and they follow the form recommended in *Uniform Requirements for Manuscripts Submitted to Biomedical Journals* (Br Heart J 1984; 51: 1-6).
-
- Appropriate headings and subheadings are provided.
-
- Every reference, figure, and table is cited in the text in numerical order. (Order of mention in text determines the number given to each.)
-
- Acknowledgments and details of support in the form of grants, equipment, or drugs are typed at the end of the text, before references.
-

References

- References are identified in the text by arabic numerals; no more than three references are cited for any one statement.
-
- References are typed double spaced on sheets separate from the text (*numbered consecutively in the order in which they are mentioned in the text*) in the Vancouver style.
-
- Journal references contain *inclusive* page numbers; book references contain *specific* page numbers.
-
- Citations of abstracts and letters should be indicated in parentheses.
-

Personal communications, manuscripts in preparation, and other unpublished data are not cited in the reference list but are mentioned in the text in parentheses.

Abbreviations of journals conform to those used in *Index Medicus*, US National Library of Medicine. The style and punctuation of the references follow the format illustrated in the following examples:

Journal: (list all authors if six or less; otherwise list first three and add *et al*; do not use full stops after authors' initials)

31 Balcon R, Brooks N, Layton C. Correlation of heart rate/ST slope and coronary angiographic findings. *Br Heart J* 1984; 52: 304–8.

Chapter in book:

28 Schiebler GL, Van Mierop LHS, Krovetz LJ. Diseases of the tricuspid valve. In: Moss AJ, Adams F, eds. *Heart disease in infants, children and adolescents*. Baltimore: Williams and Wilkins, 1968: 134–9.

Book (personal author or authors): (all book references should have specific page numbers)

36 Feigenbaum H. *Echocardiography*. 3rd ed. Philadelphia: Lea and Febiger, 1981: 549–63.

Figure legends

Figure legends are typed double spaced on sheets separate from the text, and figure numbers correspond with the order in which figures are presented in the text.

All abbreviations appearing on the figures are identified at the end of each legend.

Written permission from the publisher and author to reproduce any previously published figures is included.

Figures

Three sets of unmounted glossy prints (not originals) of each photograph and drawing are submitted in three separate envelopes.

Figures, particularly half tones and ECG tracings, have been submitted with the following guidelines in mind: the detail on the figure is sufficiently clear to withstand reduction and special features are designated by arrows.

Black ink is used for all line drawings. Decimals, lines, etc *must* be strong enough for reproduction.

The first author's last name, figure number, and "top" are indicated on the back of each illustration in light black pencil, preferably on a gummed label.

Figure title and caption material appear in the legend not on the figure.

Figures are limited to the number necessary for clarity. (Estimates for colour work will be provided on acceptance of the manuscript for publication. All costs of colour printing will be charged to the author(s).)

Tables

Tables are typed double spaced on separate sheets with the table number and title above the table and explanatory notes below. The table numbers are arabic and correspond with the order in which the tables are presented in the text.

A footnote to each table identifying all abbreviations used is given in alphabetical order.

Tables are self-explanatory, and the data are not duplicated in the text or figures.

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