



Toxicon Clinical Reports Guidelines

1. The title and abstract should include the scientific as well as the local name for the species involved and should provide keywords for indexing systems, including the country where the envenoming or poisoning occurred and the principal or most important observation.
2. A brief description of the responsible organism and, ideally, a photographic record and details of its distinguishing features should be included. The specimen of the animal or plant should, if possible, be deposited in a recognized museum accessible to scientists from all over the world.
3. Clinicians caring for cases of envenoming and poisoning which seem likely to be of interest should save samples of blood, wound swab or aspirate, stomach contents and urine or, in fatal cases, a block tissue from the site of the bite or sting for subsequent immunodiagnosis.
4. Cases of bites by captive species have the advantage that the specimen has often been identified by the owner, but this identification is sometimes incorrect and in many cases, the precise geographical origin is uncertain. Independent verification is helpful. Some attempt should be made to investigate the effect of envenoming or poisoning on haematological, biochemical and other variables measurable in the laboratory.
5. The clinical description should document the evolution of symptoms, signs and results or investigations with references to time after bite/sting/ingestion.
6. The effect of treatment is of great interest and importance. Details of the manufacturer and specificity of antivenom should be given, and other drugs which may have modified the clinical presentation and natural history of envenoming or poisoning must be mentioned. The most valuable reports of therapeutic interventions and the only ones that can be interpreted with confidence are those designed prospectively as randomized, double-blind, comparative or placebo- controlled trials, in which the numbers of patients chosen for each treatment group are justified by power calculations. In such cases the keywords 'randomized controlled trial' should be included for indexing purposes. Where possible, objective rather than subjective assessments of efficacy should be used.
7. Literature search has now been made easy by CD-ROM and other computerized systems in most countries. The available literature should be reviewed thoroughly so that repetition of previously published observations can be avoided and the new observations can be put in context.