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Pressure flow characteristics of the valve in spacer devices

SIR,—The drug delivery from a holding chamber with facemask to infants will be dependent upon many factors including chamber size, aerosol density, dead space from valve to patient, and efficiency of valve. The paper by Sennhauser and Sly is an attempt to look at one of these parameters.¹ Our visual observation would agree with theirs: that the Volumatic valve (Allen and Hanburys) will close at lower flow rates than that of the Nebuhaler (Astra). However, the purpose of such a device is to deliver drug to the infant and we find consistently more drug is delivered from the Nebuhaler than the Volumatic, even at low flow rates (unpublished results).

It is our belief that neither valve is ideal for use in young infants and more efficient valves are required. An attempt has been made to adapt the Nebuhaler valve to the requirements of infants,² but this increases its complexity and dead space.

At present we use Nebuhaler and facemask to deliver drugs such as steroids and ipratropium bromide. After actuation of the metered dose inhaler the Nebuhaler is tilted, opening the valve, which then remains open. As the device is only applied for 10 seconds any effects from rebreathing are small and very transient.

Although we believe that such devices will prove to be a useful addition to our present repertoire we require further information not only on design features required to maximise drug delivery but also on the role of various drugs delivered by this route to infants.

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1 Sennhauser FH, Sly PD. Pressure flow characteristics of the valve in spacer devices. *Arch Dis Child* 1989;64:1305-7.

2 Bisgaard H. PEP spacer. An adaptation for administration of MDI to infants. *Allergy* 1989;44:363-4.

MEETINGS IN 1990

Ambulatory Pediatric Association

7-11 May, Anaheim, California
Further details: Dr Marge Degnon, 6728 Old McLean Village, McLean, VA 22101, USA

American Pediatric Society

7-11 May, Anaheim, California
Further details: Ms Debbie Anagnostellis, Society for Pediatric Research, 2650 Yale SE, Suite 104, Albuquerque, New Mexico 87106, USA

British Association of Perinatal Medicine

15 September, University of Wales College of Medicine
Further details: Dr Mark R Drayton, University Hospital of Wales, Department of Child Health, Heath Park, Cardiff CF4 4XN

British Paediatric Association

3-6 April, University of Warwick
Further details: Miss RJ Topping, British Paediatric Association, 5 St Andrew's Place, Regents Park, London NW1 4LB

British Paediatric Respiratory Group

5-6 October, Joint Meeting with the Dutch Respiratory Group, The Hague, The Netherlands
Further details: Dr Warren Lenney, Royal Alexandra Hospital for Sick Children, Dyke Road, Brighton, East Sussex BN1 3JN

Clinical Genetics Society

18-20 April, University of Newcastle upon Tyne
Further details: Dr John Burn, Human Genetics Department, 19 Claremont Place, Newcastle upon Tyne NE2 4AA

European Society for Paediatric Endocrinology

2-5 September, Vienna
Further details: Dr H Frisch, Department of Endocrinology, University Children's Hospital of Vienna, Wahringer Gurtel 18-20, A-1090 Vienna, Austria

European Society of Paediatric Gastroenterology and Nutrition

25-27 May, Amsterdam
Further details: Dr A Dowes, Free University Hospital, Amsterdam Children's Department, PO Box 7057, NL-1007, Amsterdam, The Netherlands

European Society for Paediatric Nephrology

30 September-4 October, Rome
Further details: Dr Michael Winterborn, Paediatric Dialysis Unit, East Birmingham Hospital, Bordesley Green East, Birmingham B9 5ST

European Society for Pediatric Research

23-27 September, Vienna
Further details: Professor K Widhalm, Department of Pediatrics, University of Vienna, Wahringer Gurtel 18-20, A-1090 Vienna, Austria

International Congress on Child Abuse and Neglect

2-6 September, Hamburg
Further details: PO Box 30-24-80 D-200, Hamburg 36, Federal Republic of Germany

The Neonatal Society

1 March, Royal Society of Medicine, London
13-15 July, St John's College, Cambridge
Further details: Dr Caroline Beardsmore, Department of Child Health, Clinical Sciences Building, Leicester Royal Infirmary, PO Box 65, Leicester LE2 7LX

Paediatric Research Society

30-31 March, Edinburgh
Further details: Dr John Osborne, Royal United Hospital, Combe Park, Bath BA1 3NG

INSTRUCTIONS TO AUTHORS

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Failure to adhere to any of these instructions may result in delay in processing the manuscript and it may be returned to the authors for correction before being submitted to a referee.

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- Authors must submit two copies of the manuscript and any subsequent revision.
- Manuscripts must have a title page which gives the title of the paper, the name of the author(s), the place where the work was carried out, and the address of the corresponding author. The authors should include their family names and initials. The number of authors should be kept to a minimum and should include only those who have made a contribution to the research: justification should be made for more than five authors. Acknowledgments should be limited to workers whose courtesy or assistance has extended beyond their paid work, and to supporting organisations. Information about the availability of reprints should be given at the end of the references.
- The article *and* references *must* be typed in double line spacing with a 5 cm margin on the left side. The right hand margin should not be justified. Pages should be numbered in the top right hand corner.
- All measurements must be in SI units apart from blood pressure measurements, which should be in mm Hg and drugs in metric units.

- Abbreviations should be used rarely and should be preceded by the words in full before the first appearance.
- In the statistical analysis of data 95% confidence intervals should be used where appropriate.
- Any article may be submitted to outside peer review and for statistical assessment. This may take up to six weeks. Articles are usually published within five months of the date of the final acceptance of the manuscript.
- From January 1990 no free reprints will be provided. Reprints may be ordered when the proof is returned; they take about two months to be dispatched and those going overseas are sent by surface mail.
- If the paper is rejected the manuscript and all illustrations will be shredded unless a request is made at the time of submission for return of the illustrations.

Original articles

- The title should have no more than 10 words and should not include the words 'child', 'children', or 'childhood' (already implicit in the title of the journal).
- The abstract should be no longer than 150 words and should set out what was done, the main findings, and their implications. Detailed statistics such as p values should not be included.

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- The title should be no longer than seven words.

Annotations

- Annotations are commissioned by the editors who welcome suggestions for topics or authors.

Letters

- Letters *must* be typed in double line spacing, should normally be no more than 300 words, have no more than four references, and must be signed by all authors. Two copies should be provided. Letters may be published in a shortened form at the discretion of the Editor.

Tables and illustrations

Tables should be submitted separately and typed in double line spacing without ruled lines.

- Avoid histograms if possible.
- Illustrations should be used only when data cannot be expressed clearly in any other way. When graphs are submitted the numerical data on which they are based should be supplied.
- Illustrations should be trimmed to remove all redundant areas; the top should be marked on the back.
- Patients shown in photographs should have their identity concealed or written consent to publication should be obtained.
- Ultrasound scans or other pictures should be arrowed on an overlay to indicate areas of interest or should be accompanied by explanatory line drawings.
- If any tables or illustrations submitted have been published elsewhere, written consent to republication should be obtained by the author from the copyright holder (usually the publisher) and the authors. A copy of the letter giving consent *must* be included.

References

- References *must* be numbered in the order they appear in the text and include all information:
 - 1 Williams W, Sunderland R. As sick as a pigeon—psittacosis myelitis. *Arch Dis Child* 1989;64:1626–8.
 - 2 Hughes CA. Parenteral nutrition. In: Insley J, Wood B, eds. *A paediatric vade mecum*. London: Lloyd-Luke, 1984:60–7.
- Abstracts, information from manuscripts not yet accepted, or personal communications may be cited only in the text and not included in the references. References are not checked by us; authors must verify references against the original documents before submitting the article.
 - 1 International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. *Br Med J* 1988;296:401–50.
 - 2 Anonymous. Research involving children—ethics, the law, and the climate of opinion. [Editorial.] *Arch Dis Child* 1978;53: 441–2.

Revised January 1990