

Archives of Disease in Childhood

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Meetings in 1987

British Society of Paediatric Gastroenterology

9 January, London

Further details: Dr M J Brueton and Dr B Sandhu, Department of Child Health, Westminster Children's Hospital, Vincent Square, London SW1P 2NS

Neonatal Society

26 February, London

3 July, Manchester

5 November, London (provisional)

Further details: Dr J K Stothers, Department of Physiology, London Hospital Medical College, Turner Street, London E1 2AD

Paediatric Research Society

27–28 March, Brighton

Further details: Dr G S Clayden, Paediatric Research Laboratory, Rayne Institute, St Thomas' Hospital, London SE1 7EH

Clinical Genetics Society

2–3 April, Leicester

Further details: Professor N C Nevin, Department of Medical Genetics, Institute of Clinical Science, Grosvenor Road, Belfast BT12 6BJ, Northern Ireland

British Paediatric Association—59th Annual Meeting

7–10 April, York

Further details: British Paediatric Association, 5 St Andrews Place, Regent's Park, London NW1 4LB

European Association Meeting, Child Abuse and Neglect

6–10 April, Rhodes, Greece

Further details: Dr M Lynch, Newcomen Centre, Guy's Hospital, St Thomas' Street, London SE1 9RT

European Society for Paediatric Gastroenterology and Nutrition

24–26 June, Lisbon (provisional)

Further details: Professor S De Sousa, Department of Paediatrics, Hospital de Santa Maria, Avenue Egas Morriz, 1600 Lisbon, Portugal

British Association for Perinatal Paediatrics

9–11 July, Nottingham

Further details: Dr D Curnock, City Hospital, Nottingham NG5 1PB

European Paediatric Respiratory Society

25–28 August, Helsinki, Finland

Further details: EPRS Meeting 1987, Congress Secretariat, c/o Finnish Anti-Tuberculosis Association, Kalevankatu 9, 00100 Helsinki, Finland

European Society for Paediatric Nephrology

3–5 September, Budapest

Further details: Professor D Boda, Department of Pediatrics, University Medical School, 18 Korányi Fásor, H-6725 Szeged, Hungary

European Society for Pediatric Research

6–10 September, Padova

Further details: Professor F F Rubaltelli, Università degli Studi di Padova, Istituto di Clinica Pediatrica, Via Giustiniani 3, I-35100 Padova, Italy

European Society for Paediatric Endocrinology

7–8 September, Toulouse, France

Further details: Professor A Aynsley-Green, Department of Child Health, The Medical School, Framlington Place, Newcastle upon Tyne NE2 4HH

British Paediatric Respiratory Group

18–19 September, London

Further details: Dr A Greenough, Paediatric Department, King's College Hospital, Denmark Hill, London SE5 9RS

Paediatric Research Society

18–19 September, Cardiff

Further details: Dr G S Clayden

British Society of Allergy and Clinical Immunology

October, London

Further details: Dr J O Warner, Brompton Hospital, Fulham Road, London SW3 6HP

Instructions to authors

Papers for publication should be sent to the Editors, *Archives of Disease in Childhood*, BMA House, Tavistock Square, London WC1H 9JR.

Submission of a paper will be held to imply that it contains original work not being offered elsewhere or published previously.

Manuscripts should be prepared in accordance with the Vancouver style.¹

The editors retain the right to shorten the article or make changes to conform with style and to improve clarity.

For guidance on ethical aspects refer to the editorial in this journal.²

All authors *must* sign the letter of submission.

Original articles

These should usually conform to the conventional structure of summary, introduction, methods, results, discussion, and references. The title should occupy no more than two lines of the title page (8 to 10 words) and should not contain the words 'child', 'children', or 'childhood' (already implicit in the title of the journal). The summary should be no longer than 150 words and should set out what was done and the main findings and their implications.

Short reports

Short papers, brief laboratory observations, and preliminary communications should be submitted for this section (single case reports will usually be considered in this form only). Length must not exceed two printed pages of text. In general this will be less than 900 words, including a summary of less than 50 words, one or two small tables *or* illustrations and up to 6 references. An abbreviated title of no more than 38 characters is required for the title page. A report of a negative result trial, based on a reasonable hypothesis, is more likely to gain acceptance if submitted as a *very* short report of less than 500 words.

Annotations

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

Letters

Letters should normally be no more than 300 words,

and be signed by all authors. They should be prepared in a similar way to other manuscripts. Preference is given to those that take up points made in contributions published in the *Archives* but those that discuss current topics or present original observation may be acceptable.

Manuscripts, tables, and illustrations

Manuscripts should be typed double spaced on one side of the paper with a 5 cm margin at the top left hand side of the sheet. The pages must be numbered. Authors should keep one copy of their manuscript and submit two copies; if the paper is rejected it will not be returned unless this is requested at the time of submission. Three copies of revised versions of manuscripts should be submitted. The authors should include their family names and initials and the place where the work was done; their number 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. Acknowledgements should be limited to workers whose courtesy or assistance has extended beyond their paid work, and to supporting organisations. The name and address of the corresponding author and whether or not reprints will be available, to be given at the end of the paper.

Drugs should be given their approved, not proprietary names, and the source of any new or experimental preparations should be given. Abbreviations should not be used. Scientific measurements should be given in SI units: conversion factors to traditional units should also be supplied. Blood pressure, however, should be expressed in mmHg and haemoglobin in g/l.

Any statistical method used should be detailed in the methods section of the paper and any not in common use should be either described in detail or supported by references. Previously published procedures and techniques need only a reference to the original. Tables and illustrations should be submitted separately from the text of the paper, and legends to illustrations should also be typed on a separate sheet. Tables should be simple and should not duplicate information in the text of the article, they should be numbered and be comprehensible to the reader without the text.

Illustrations should be used only when data cannot be expressed clearly in any other way. When

graphs or histograms are submitted the numerical data on which they are based should be supplied. Line drawings should be in Indian ink on heavy white paper or card, with any labelling on a separate sheet, they may also be presented as photographic prints. Other illustrations should usually be prints—not negatives, transparencies, or x ray films; they should be no larger than 30 × 21 cm (A4) and be trimmed to remove all redundant areas; the top should be marked on the back. Staining techniques of photomicrographs should be stated. Either an internal scale marker should be included on the photomicrograph or the final print magnification of the photograph itself should be given. Again, any labelling should be on copies, not on the prints. Patients shown in photographs should have their identity concealed or should give their written consent to publication. 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.

Any article may be submitted to outside peer review and statistical assessment. This should take four weeks but may take up to six. Manuscripts are usually published within three to four months of the date of final acceptance of the article.

Failure to adhere to any one 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.

References

Most articles do not require more than 20 references and many need substantially less. References should be numbered in the order in which they appear in the text. At the end of the article the full list of references should give the names and initials of all authors (unless there are more than six, when only the first three should be given, followed by *et al*).

The authors' names are followed by the title of the article, the title of the journal abbreviated according to the style of *Index Medicus* (see the January issue of *Index Medicus*); the year of publication, the volume number; and the first and last page numbers. Titles of books should be followed by place of publication, publisher, and year.

¹ Barson AJ, Tasker M, Lieberman BA, Hillier VF. Impact of improved perinatal care on the causes of death. *Arch Dis Child* 1984;**59**: 199–206.

² Dowling S. *Health for a change*. London: Child Poverty Action Group, 1983.

Information from manuscripts not yet accepted or personal communications may be cited only in the text. References are not checked by us; authors must verify references against the original documents before submitting the article. Information from abstracts may not be cited in the references but can be noted in the text to attribute originality.

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References

¹ International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. *Br Med J* 1982;**284**:1766–70.

² Anonymous. Research involving children—ethics, the law, and the climate of opinion. [Editorial]. *Arch Dis Child* 1978;**53**: 441–2.