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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 copyright form after acceptance.

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.

General

- Authors must submit two copies of the manuscript and any subsequent revision.
- When submitting original manuscripts authors should send a copy of any of their other papers on a similar subject to assure the editors that there is no risk of duplicate publication.
- If requested, authors shall produce the data upon which the manuscript is based for examination by the editor.
- 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 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.
- Authors should provide up to three key words for the index.
- The article and references must be typed in double line spacing throughout 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 usually takes six weeks but a longer

period is required for some manuscripts. Articles are usually published within five months of the date of the final acceptance of the manuscript.

- 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 their return.

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 of an experimental or observational study must clearly state in sequence and in not more than 150 words (i) the main purpose of the study, (ii) the essential elements of the design of the study, (iii) the most important results illustrated by numerical data but not p values, and (iv) the implications and relevance of the results. The abstract of a paper which focuses on a case report(s) must summarise the essential descriptive elements of the case(s) and indicate their relevance and importance.
- It has not been the policy of the journal to request structured abstracts. The editors' views were summarised in a previous editorial (Writing economically, March 1990: 251) where we suggested that structured abstracts could be dull to read. We recommended structured *contents* but not structured style of presentation. We are aware, however, that certain research papers *do* lend themselves to a structured style of presentation of the abstract and we now wish to 'test the water'. Some papers will now be published with a structured abstract. If you are submitting a paper and you feel the abstract would be more helpful to readers in a structured style then please submit it in this form.

Short reports

- Length must not exceed 900 words, including an abstract of less than 50 words, one or two small tables or illustrations and up to six references. If more illustrations are required the text must be reduced accordingly.
- The title should be no longer than seven words.

Annotations

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

Medical audit

Most medical audit is of local interest and for education purposes, however some medical audit may be of wider interest to paediatricians and those involved with developing systems of medical audit. Papers concerned with service evaluation, quality assurance, and outcome measures that may or may not involve medical audit will be accepted and published depending on their merit and relevance. In particular the following may be worthy of publication:

- Models of good practice that include a description of the service before medical audit, the standards developed, a description of the training of professionals to meet those standards, and a demonstration of improvement after medical audit.
- Innovative methods of medical audit.

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 presented separately and typed in double line spacing without ruled lines.

- 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, radiographs, etc, 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.
- Please note that the cost of reproducing any colour figures will be charged to the authors (please contact the editorial office for price).

References

- References must be numbered in the order they appear in the text and include all information (Vancouver style):

- 1 Donn SM. Alternatives to ECMO. *Arch Dis Child* 1994; 70: F81-3.
- 2 Hull D. Children's health. In: Smith R, ed. *The health of the nation: the BMJ view*. London: British Medical Journal, 1991: 64-70.

- 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. *BMJ* 1991; 302: 338-41.
- 2 Anonymous. Research involving children - ethics, the law, and the climate of opinion. [Editorial.] *Arch Dis Child* 1978; 53: 441-2.

Manuscript checklist:

- Is the entire manuscript double spaced?
- Is there an abstract?
- Are the references in Vancouver style?
- Are the abbreviations spelt out?
- Are the measurements in SI units?

Revised July 1994