

# ARCHIVES OF DISEASE IN CHILDHOOD

*The Journal of the British Paediatric Association*

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## MEETINGS IN 1996

### Frontiers in Research and Clinical Management of Asthma and Allergy

19–21 January, Baltimore, Maryland, USA  
*Further details:* Office of Continuing Medical Education, Johns Hopkins Medical Institutions, Turner 20, 720 Rutland Avenue, Baltimore, MD 21205–2195, USA

### Behavioral/Development Pediatrics

3 February, San Francisco, California, USA  
*Further details:* Ashley Carpenter, Office of Continuing Medical Education, University of California San Francisco, MCB-630, Box 0742, San Francisco, CA 94143–0742, USA

### Neonatal Society

29 February, London  
 28–29 June, Newcastle upon Tyne  
 31 October, London  
*Further details:* Dr Neena Modi, Department of Paediatrics and Neonatal Medicine, Royal Postgraduate Medical School, Hammersmith Hospital, Du Cane Road, London W12 0NN

### 5th Biennial Practical Pediatric Dermatology

1–2 March, San Francisco, California USA  
*Further details:* Ashley Carpenter, Office of Continuing Medical Education, University of California San Francisco, MCB-630, Box 0742, San Francisco, CA 94143–0742, USA

### Paediatric Research Society

8–9 March, Nottingham  
 13–14 September, Glasgow  
*Further details:* Dr Alistair Thomson, Leighton Hospital, Crewe, Cheshire CW1 4QJ

### 9th Asian Congress of Paediatrics

23–27 March, Hong Kong  
*Further details:* Meeting Planners (HK) Ltd, 12A Dai Fat Street, Tai Po Industrial Estate, NT, Hong Kong

### 1st World Conference on the Prevention and Treatment of Caustic Esophageal Burns in Children

3–5 April, Izmir, Turkey  
*Further details:* Professor Oktay Mutaf, Department of Pediatric Surgery, Ege University Faculty of Medicine, TR-35100 Izmir, Turkey

### XVIIth Course of Paediatric Dermatology

9–13 April, Arcachon, France

*Further details:* Professor Alain Taïeb, Unité de Dermatologie Pédiatrique, Hôpital Pellegrin-Enfants, 33076 Bordeaux, France

### 5th Asian Pan Pacific Congress of Pediatric Gastroenterology and Nutrition

10–13 April, Taipei, Taiwan  
*Further details:* Professor Mei-Hwei Chang, Department of Pediatrics, National Taiwan University Hospital, No 7, Chung-Shan S Road, Taipei, Taiwan

### European Society of Human Genetics

11–13 April, London  
*Further details:* Dr P Farndon, British Society for Human Genetics, Birmingham Maternity Hospital, Edgbaston, Birmingham B15 2TG

### 24th Annual Pediatric Trends

15–20 April, Baltimore, Maryland, USA  
*Further details:* Office of Continuing Medical Education, Johns Hopkins Medical Institutions, Turner 20, 720 Rutland Avenue, Baltimore, MD 21205–2195, USA

### British Paediatric Association

16–19 April, York  
*Further details:* Miss Rosalind Topping, British Paediatric Association, 5 St Andrews Place, Regent's Park, London NW1 4LB

### 2nd European Paediatric Congress

24–27 April, Berlin, Germany  
*Further details:* Congress Management International, 7 Rue de Caumartin, 75009 Paris, France

### Fifth International Paediatric Haematology and Oncology Update Meeting

9–10 May, Edinburgh  
*Further details:* Conference Secretariat, Index Communications Meeting Services, Crown House, 28 Winchester Road, Romsey, Hampshire SO51 8AA

### 29th Annual Advances and Controversies in Clinical Pediatrics

16–18 May, San Francisco, California, USA  
*Further details:* Ashley Carpenter, Office of Continuing Medical Education, University of California San Francisco, MCB-630, Box 0742, San Francisco, CA 94143–0742, USA

### First Meeting of the Pediatric Endocrinology Mediterranean Study Group (PEMS) in conjunction with the First Turkish National Congress of Pediatric Endocrinology

18–21 May, Antalya, Turkey  
*Further details:* Dr H Günöz, Istanbul Tip Fakültesi, Çocuk Kliniği, Çapa 34390, Istanbul, Turkey

### 7th Annual Meeting of the European Society of Pediatric Allergy and Clinical Immunology (ESPACI) – joint meeting with ERS Pediatric Assembly

22–25 May, Odense, Denmark  
*Further details:* Over Arne Høst, Børneafdelingen, Odense University Hospital, DK-5000 Odense, Denmark

### 29th Annual Meeting of the European Society for Paediatric Gastroenterology and Nutrition (ESPGAN)

6–8 June, Munich, Germany  
*Further details:* Congress Organisation Schäfer, Karl-Theodor-Str 64, D-80803 München, Germany

### 2nd International Symposium on Molecular Steroidogenesis

7–11 June, Monterey, California, USA  
*Further details:* Symposium Secretariat, Office of Continuing Medical Education, University of California San Francisco, MCB-630, Box 0742, San Francisco, CA 94143–0742, USA

### 4th International Conference on the Complications of Treatment of Children and Adolescents for Cancer

14–15 June, Buffalo, New York, USA  
*Further details:* Dr Daniel M Green, Department of Pediatrics, Roswell Park Cancer Institute, Elm And Carlton Streets, Buffalo, NY 14263, USA

### 2nd World Congress on Pediatric Intensive Care

23–26 June, Rotterdam, The Netherlands  
*Further details:* Holland Organizing Centre, Parkstraat 29, 2514 JD, The Hague, The Netherlands

### Society for Research into Hydrocephalus and Spina Bifida

10–13 July, Utrecht, The Netherlands  
*Further details:* Dr R Brayston, University Department of Microbial Diseases, City Hospital, Nottingham NG5 1PB

### British Association of Perinatal Medicine – joint meeting with the European Perinatal Congress

10–13 September, Glasgow  
*Further details:* Professor F Cockburn, Department of Child Health, Royal Hospital for Sick Children, Yorkhill, Glasgow G3 8SJ

### American Academy of Pediatrics Annual Meeting

26–30 October, Boston, Massachusetts, USA  
*Further details:* American Academy of Pediatrics, 141 Northwest Point Blvd, Elk Grove Village, IL 60009–0927, USA

### The First International Conference on Health and Culture in Adolescence

24–27 November, Jerusalem, Israel  
*Further details:* Dr E Chigier, c/o Dan Knassim Ltd, PO Box 1931, Ramat-Gan 52118, Israel

## LUCINA

A study of adult patients in Dundee has shown that regular treatment with salmeterol reduces lymphocyte  $\beta_2$  adrenoceptor density and response to salbutamol (*Lancet* 1995; **346**: 201–6). Patients taking salmeterol needed more than twice the dose of salbutamol to achieve the same effect as in those not taking salmeterol.

*Evidence for a viral origin of at least some cases of childhood diabetes is increasing. Nine of 14 (64%) young children with recent onset diabetes had a positive serum polymerase chain reaction test for enterovirus RNA. Only two of 45 (4%) controls had similar positive tests. Nucleotide sequence analysis suggested infection with coxsackie B3 and B4 viruses in the diabetic children (Lancet 1995; 346: 221–3).*

It took doctors in Peshawar, Pakistan just four months to see a series of 100 cases of neonatal tetanus. A case-control study (*International Journal of Epidemiology* 1995; **24**: 643–7) showed two significant factors: the application of ghee (clarified butter) to the umbilical stump, and delivery by an untrained attendant. *Clostridium tetani* was isolated from four of 16 ghee pots used for the babies. Dried cow dung is often used as domestic fuel and the mothers do not wash their hands before applying the ghee. The practice is so deeply ingrained that attempts to stop it are likely to fail. Prevention will depend on education about hygiene, maternal immunisation, and possibly prophylactic antibiotic application to the umbilical stump.

*Screening of donor blood for HIV in Zambia, where 16% of donor blood is seropositive, costs about 85 pence per life year saved or about £50 per case of AIDS prevented and most of the lives saved are of young children (Lancet 1995; 346: 225–7). The benefit to cost ratio is about 3.5 to 1. Continual financial and political support for the screening programme is essential.*

Sudden death after a blow to the chest occurred in 25 Americans aged 3 to 19 years. (*New England Journal of Medicine* 1995; **333**: 337–42). Baseballs, hockey pucks, and softballs were the most common projectiles but injuries from a hockey stick, a shoulder check, and a karate kick were also implicated. There was no structural heart damage and death was presumably due to ventricular arrhythmia. Data are needed about the degree of risk in various sports and the necessity for protective clothing.

*Treatment of troublesome 'strawberry' haemangiomas with systemic steroids or with interferon is unreliable but laser treatment offers hope of better results. Twenty eight German children had laser treatment for 37 lesions with good results (British Journal of Dermatology 1995; 133: 275–81). The flash-lamp-pulsed dye laser seems best suited for most haemangiomas*

*but the Nd: YAG laser reaches to a greater depth and may be used for more extensive lesions.*

The Greeks have the dubious distinction of being Europe's champion smokers. A study in Athens (*Lancet* 1995; **346**: 280–1) in which tobacco smoke exposure was assessed by urinary cotinine measurement has shown that children exposed to tobacco smoke were 3.5 times more likely to have respiratory tract illness than non-exposed children.

*Australian women over 30 years old who had taken the contraceptive pill for nine years or more were much less likely to have pregnancies ending in spontaneous abortion (Human Reproduction 1995; 10: 1397–402). It is thought that this may be because pill use is associated with preservation of ovarian follicles which in turn is associated with fewer trisomic conceptuses. On this basis, of course, pill use might protect against Down's syndrome.*

In a paper published in 1970 it was estimated that, without surgery, mortality from atrial septal defect was about 25, 50, and 90% at ages 30, 50, and 60 years. Ideally the defect should be closed before the age of 25 and, although a recent German study has shown that middle aged patients still benefit from surgery (*New England Journal of Medicine* 1995; **333**: 469–73 and 513–4), perhaps paediatricians should be making a greater effort to find these patients before they become adults.

*A study in Baltimore has shown that children with eczema have less sleep, more difficulty getting to sleep, more night waking, more difficulty getting up for school, and more daytime sleepiness than normal children (Archives of Pediatrics and Adolescent Medicine 1995; 149: 856–60). Trying to ensure adequate sleep is an important aim of treatment for these children.*

Although sending a computer generated telephone reminder message increased clinic attendances in Atlanta, Georgia (*Archives of Pediatrics and Adolescent Medicine* 1995; **149**: 902–5) Lucina has a feeling that telephone ownership would have to increase considerably for such a system to be effective in many parts of Britain.

*Neonatal medication could have unexpected long term effects. Rats given caffeine neonatally were tested as adults with a variety of convulsant drugs and it was shown that their seizure threshold was altered in comparison with control rats (Epilepsia 1995; 36: 743–9). For most convulsant drugs seizure threshold was increased after neonatal caffeine exposure but for one (strychnine) it was decreased. Males seemed in general more susceptible to the changes than females. The implications for clinical practice are unclear but such work appears to raise a general issue about neonatal drug treatment.*

# 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.<sup>1</sup> 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.<sup>2</sup> 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 four 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.

Articles are usually published within five months of the date of final acceptance.

- No free offprints will be provided; they may be ordered when the proof is returned.
- 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.
- The journal is moving towards electronic publication. A guide to submitting an article on disk will be sent when requesting a revised paper or an acceptance. Authors should *not* submit the original manuscript on disk.

## 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 January 1996