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. 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. 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 original manuscript typed in double line space. The journal is now produced electronically and a guide to submitting an article on disk will be sent when requesting a revision or on notification of an acceptance. Authors should not submit the original paper on disk.

• Identifying information should not be published in written descriptions, photographs, or pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Patient data should never be altered or falsified in an attempt to attain anonymity. Complete anonymity is difficult to achieve, and informed consent should be obtained if there is any doubt. For example, masking of the eyes in photographs of patients is inadequate protection of anonymity (for the full statement see the BMJ). 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.

• Authors should avoid abbreviations that are meaningless in any other language.

• 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 reprints 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.

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. Reports of randomised control trials must be accompanied by a structured abstract. For other papers—if it is felt that the abstract would be more helpful to readers in a structured style then it should be submitted 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.

Annotatons

• 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 in double line spacing without ruled lines; when presented on disk they should be in a separate file from the text.

• 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. It is not necessary to provide illustrations on disk.

• Illustrations should be trimmed to remove all redundant areas; the top should be marked on the back.

• Ultrasound scans, radiographs, etc, should be arrowed on an overlay to indicate areas of interest or should be accompanied by explanatory line drawings.

• Authors should avoid diagrams shadowed to give a three dimensional appearance.

• If any tables or illustrations submitted have been published elsewhere, written consent to republication should be obtained from the author and the copyright holder (usually the publisher) and the authors.

• Please note that the cost of reproducing any colour figures will be charged to the authors (please contact the editorial office for costs).

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:F1-3.


Revised January 1997

ARCHIVES OF DISEASE IN CHILDHOOD 1997; 76:84

84

85