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All material submitted for publication is assumed to be submitted exclusively to the *BMJ* unless the contrary is stated. All authors must give signed consent to publication. Priority and time of publication are decided by the Editor, who retains the customary right to style and if necessary shorten material accepted for publication.

Manuscripts will not be acknowledged unless the author encloses a stamped addressed postcard or international reply coupon.

Original articles are usually up to 2000 words long, with no more than six tables or illustrations; they should normally report original research of relevance to clinical medicine and may appear either as Clinical Research papers or in the Papers and Short Reports section. Short Reports are up to 600 words long, with one table or illustration and no more than five references; clinical case histories and brief or negative research findings may appear in this section. Papers for the Practice Observed section should cover research or any other matters relevant to primary care. Medical Practice articles are mostly written by invitation, but we welcome reports of 2000 words about the organisation or assessment of medical work and about sociological aspects of medicine. Talking Point articles are concerned with the organisation, financing, and manpower of health services. Contributions for the Personal View and *Materia Non Medica* columns are always welcome and should contain up to 1150 and 400 words respectively. Letters should normally be of not more than 400 words, have no more than 10 references, and be signed by all authors.

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Authors should keep one copy of their manuscripts for reference. Manuscripts should be typed treble spaced on one side of the paper with a 5-cm margin at the top and left-hand side of the sheet. Three copies should be submitted; if the paper is rejected two will be returned. The authors should include their names and initials, their posts at the time they did the work and their current appointments, and no more than two degrees each. Scientific articles should conform to the conventional structure of abstract, introduction, methods, results, discussion, and references. The abstract should be no longer than 150 words and should set out what was done and the main findings and their implications.

Spelling should conform to *Chambers Twentieth Century Dictionary*. Drugs should be given approved, not proprietary, names, and the source of any new or experimental preparations should be given. Abbreviations should be spelt out when first used in the text. Scientific measurements should be given in SI units, followed, in the text, by traditional units in parentheses; in tables and illustrations values should be expressed only in SI units, but a conversion factor should be given. For general guidance on the International System of Units and some conversion factors see *The SI for the Health Professions* (WHO, 1977). There are two exceptions: blood pressure should be expressed in mm Hg and haemoglobin as g/dl. Full points should not be used after contractions or abbreviations: FRCS, 17 g/dl, Dr, *et al*, etc.

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¹ Soter NA, Wasserman SI, Austen KF. Cold urticaria: release into the circulation of histamine and eosinophil chemotactic factor of anaphylaxis during cold challenge. *N Engl J Med* 1976;294:687-90.

² Osler AG. *Complement: mechanisms and functions*. Englewood Cliffs: Prentice-Hall, 1976.

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A stamped addressed envelope or an international reply coupon *must* accompany the manuscript if acknowledgment of receipt is desired.

(1) Original articles and those submitted for the Practice Observed and Medical Practice sections are normally up to 2000 words long; Short Reports should have no more than 600 words (with one table or figure and up to five references) and letters normally no more than 400 (with up to 10 references). Contributions for the Personal View and *Materia Non Medica* columns should contain up to 1150 and 400 words respectively.

(2) Authors should give their names and initials, their posts at the time they did the work and their current appointments, and not more than two degrees or diplomas each. Each author must sign his consent to publication, and the paper will be assumed to be submitted exclusively to the *BMJ* unless the contrary is stated.

(3) Three copies should be submitted. Two will be returned if the manuscript is rejected.

(4) Typing should be on one side of the paper, with triple spacing between the lines and 5-cm margins at the top and left-hand side of the sheet.

(5) Abstracts should accompany all original articles. They should be no longer than 150 words and should set out what was done and the principal findings and their implications in terms that will be understood by clinicians in other disciplines.

(6) Spelling should conform to that of *Chambers Twentieth Century Dictionary*.

(7) Drugs should be given their approved names not their proprietary names, and the source of any new or experimental preparations should be given.

(8) Abbreviations should be spelt out when first used in the text. Full points are not used in contractions or abbreviations: FRCS, 11 g/dl, Dr, etc.

(9) SI units are used for scientific measurements. In the text they should be followed by traditional units in parentheses. In tables and illustrations values are given only in SI units, but a conversion factor must be supplied. For general guidance on the International System of units, and some useful conversion factors, see *The SI for the Health Professions* (WHO, 1977).

(10) Statistical procedures should be described in the methods section or supported by references.

(11) Tables and illustrations should be separate from the text of the paper. Tables should be simple and not duplicate information in the text of the article.

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(17) Detailed instructions are given on page 6 of this issue.

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