

Instructions to authors

The BMJ has agreed to accept manuscripts prepared in accordance with the Vancouver style¹ and will consider any paper that conforms to the style. More detailed and specific instructions are given below.

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. The editor retains the customary right to style and if necessary shorten material accepted for publication.

Manuscripts will be acknowledged; letters will not be unless a stamped addressed envelope is enclosed.

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 or as Unreviewed Reports, which are 100 words long, contain no tables or figures, one reference, and two authors' names. 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 up to 2000 words on the organisation or assessment of medical work and on 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; preference is given to those that take up points made in contributions published in the journal.

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

Manuscripts, tables, and illustrations

Authors should keep one copy of their manuscripts for reference. Manuscripts should be typed double spaced on one side of the paper with a 5 cm margin at the top and left hand side of the sheet. The pages should be numbered. Three copies should be submitted; if the paper is rejected these will not be returned. After being kept for three months to answer any queries they will be shredded. The authors should include their names and initials, their posts at the time they did the work, 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.

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, 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. Blood pressure, however, should be expressed in mm Hg and haemoglobin as g/dl.

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. 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. Illustrations should be used only when data cannot be expressed clearly in any other way. When graphs or scattergrams 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 or good quality photocopies. 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.

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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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Proofs and reprints

Manuscripts should bear the name and address of the author to whom the proofs and correspondence should be sent. Proofs are not normally sent for letters. Proof corrections should be kept to a minimum and should conform to the conventions shown in *Whitaker's Almanack*. Reprints are available; a scale of charges is included when a proof is sent.

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

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