
Guide to Contributors

The purpose of the *British Journal of Anaesthesia* is the publication of original work in all branches of anaesthesia, including the application of basic sciences. One issue each year deals mainly with material of postgraduate educational value.

Papers for publication should be submitted electronically to the journal website (at: <http://bj.manuscriptcentral.com>). Full instructions are available on this site. If a manuscript is accepted for publication in the *BJA*, the editor responsible for it may request a hard copy of the final revision including the figures and tables. Editorial communications should be addressed to: Professor C. S. Reilly, Editor-in-Chief, *British Journal of Anaesthesia*, Academic Unit of Anaesthesia, Floor K, Royal Hallamshire Hospital, Glossop Road, Sheffield S10 2JF, UK. Tel: +44 (0) 114 226 1087; Fax: +44 (0) 114 226 1462; E-mail: bj@sheffield.ac.uk

Papers

Papers submitted must not have been published in whole or in part in any other journal, and are subject to editorial revision. It is a condition of acceptance for publication that copyright becomes vested in the journal and permission to republish must be obtained from the publisher.

Papers based on clinical investigation should conform to ethical standards as set out in the Declaration of Helsinki and should normally include a statement of approval from an appropriate Ethics Committee. In the case of animal studies it is the responsibility of the author to satisfy the Board that no unnecessary suffering has been inflicted. Studies from the UK should specify the Home Office Licence number; from elsewhere, a statement of approval from an appropriate licensing authority should be provided.

Legal considerations

Authors should avoid the use of names, initials and hospital numbers which might lead to recognition of a patient. A patient must not be recognizable in photographs unless written consent of the subject has been obtained. A table or illustration that has been published elsewhere should be accompanied by a statement that permission for reproduction has been obtained from the authors and publishers.

Preparation of manuscript

Each manuscript (including revised texts) should indicate the title of the paper, and the name(s), and full address(es) of the author(s). Contributors should retain a copy in order to check proofs and in case of loss. On submitting a manuscript electronically, authors will also need to

complete the Conflict of Interest declaration. There should be a clear declaration of any financial or commercial interest which any author may have in the manuscript. The Editor may wish to see raw data if necessary.

Papers in recent issues of *British Journal of Anaesthesia* should be consulted for general and detailed presentation. They are most often subdivided into:

- Title page
- Summary, including Keywords
- Introduction (not headed)
- Methods
- Results
- Discussion
- Acknowledgements
- List of references
- Tables (including legends to tables)
- Figures (including captions)

Title page

There should be a title page, including the name(s) and address(es) of all author(s). The corresponding author's email address and fax number should also be provided. It should be made clear which address relates to which author. Authors' present addresses differing from those at which the work was carried out, or special instructions concerning the address for correspondence, should be given and referenced at the appropriate place in the author list by superscript numbers. If the address to which proofs should be sent is not that of the first-mentioned author, clear instructions should be given in a covering note and not on the title page. The title page should be paginated as page 1 of the paper.

A short running title containing not more than 50 characters and spacing should be included.

Summary

The summary will be printed at the beginning of the paper. It should be in structured format (Background; Methods; Results; and Conclusions) for all original articles (Clinical Investigations and Laboratory Investigations), but not for Reviews, Case Reports, or Commentaries. It should give a succinct account of the problem, in up to 250 words. It may be used as it stands by abstracting journals. References are not used in this section, except in exceptional circumstances.

Three to five key words or phrases (for indexing) should be included below the Summary.

Introduction

The introduction should give a concise account of the background of the problem and the object of the investigation. Previous work should be quoted only if it has a direct bearing on the present problem.

Methods

Methods must be described in sufficient detail to allow the investigation to be interpreted and repeated by the reader. Any modification of previously published methods should be described and the reference given. If the methods are commonly used, only a reference to the original source is required.

Drugs

When a drug is first mentioned it should be given the international non-proprietary name, followed in parentheses by the chemical formula only if the structure is not well known, and by the capitalized proprietary name.

Results

Description of results, while concise, should permit repetition of the investigation by others. Data should not be repeated unnecessarily in text, tables and figures, and unwarranted numbers of digits should be avoided. Significance should be given as values of probability.

Discussion

The discussion should not merely recapitulate the results, but should present their interpretation against the background of existing knowledge. It should include a statement of any assumptions on which conclusions are based.

Acknowledgements

Acknowledgements will be printed in small type. They should be brief, and should include reference to sources of support and sources of drugs not freely available commercially. Individuals named must be given the opportunity to read the paper and approve their inclusion in the acknowledgements, before the paper is submitted.

References

There should be a list of references at the conclusion of the paper.

References must be numbered consecutively in the order in which they are first mentioned in the text, with the exception of review articles, when references should be arranged alphabetically.

References in text, tables and legend should be identified by arabic numbers appearing in the text in superscript, for example 5 or 5⁻⁷ or 5¹⁶ for unrelated references. When a table or figure is first mentioned, its reference must continue the sequence.

Use the style of references adopted by the US National Library of Medicine and used in *Index Medicus*. The titles of journals should be abbreviated.

The names and initials of more than six authors should be abbreviated to three authors followed by *et al.*

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Examples of correct forms of references:

Journals

1. Brown BR jr, Gandolphi AJ. Adverse effects of volatile anaesthetics. *Br J Anaesth* 1987; 59: 14–23

Chapter in a book

2. Hull CJ. Opioid infusions for the management of postoperative pain. In: Smith G, Covino BG, eds. *Acute Pain*. London: Butterworths, 1985; 155–79

Monographs

3. Moore, DC. *Regional Block*, 4th Edn. Springfield, Illinois: Charles C. Thomas, 1979

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General information

Headings in the text. Four possible grades are available, and may be indicated by the following letters of identification.

A Results (bold)

B Lung function studies (italics, ranged left)

C Function. (smaller italics, ranged left)

D Function. Large volumes ... (italics, ranged left, text run on)

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Spelling, etc. British spelling should be used with 'z' rather than 's' spelling in, e.g. organize, organization.

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