

*Annals of the*  
**RHEUMATIC  
DISEASES**

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**SPECIAL ANNOUNCEMENT**

The editor, Dr Doherty, is aware that authors submitting manuscripts before 1 April 1992 might have experienced considerable delays in the processing of their work. Those who have not yet received a decision, or any communication from the Nottingham office, are invited to communicate directly with the editor (Tel: 0602 857 112. Fax: 0602 857 104) so that outstanding problems may be resolved.

Annals of the  
**RHEUMATIC  
DISEASES**

This journal was founded by the Empire Rheumatism Council, now the Arthritis and Rheumatism Council for Research in Great Britain and the Commonwealth

#### Advice to contributors

The *Annals* publishes original work on all aspects of rheumatology and disorders of connective tissue. Laboratory and clinical studies are equally welcome. The following categories apply:

#### Full length original article

Representing a substantial body of laboratory or clinical work. The study should be presented in sections—namely:

- 1 **Title sheet** Stating the title of the paper, the authors, their department(s) and institution(s), and the name, postal address ( $\pm$  telephone/fax No) of the corresponding author.
- 2 **Abstract** No more than 250 words, summarising the problem being considered in the study, how the study was performed, the salient results, and the principal conclusions of the study.
- 3 **Introduction** Brief description of the background that led to the study (current results and conclusions should not be included).
- 4 **Patients/methods** Details relevant to the conduction of the study. *Statistical methods* should be clearly explained at the end of this section.
- 5 **Results** Work should be reported in *SI units*. Undue repetition in text and tables should be avoided. Comment on validity and significance of results is appropriate, but broader discussion of their implication is restricted to the next section. Subheadings that aid clarity of presentation within this and the previous section are encouraged.
- 6 **Discussion** The nature and findings of the study are placed in context of other relevant published data. Avoid undue extrapolation from the study topic. *Acknowledgments*, including financial support and industry affiliations, are given at the end of this section.
- 7 **References** In accordance with the Vancouver agreement these are cited by the numerical system and listed in the order cited in the text, not in alphabetical order by authors' names. (In the text, the reference number may be given between parentheses on the line, not superscript.) All authors should be listed. Journal titles are abbreviated in accordance with the style of *Index Medicus*. For example:

Jones A, Doherty M. The time has come the walrus said. *Ann Rheum Dis* 1992; 51: 434–5.

Muir H. Current and future trends in articular cartilage research in osteoarthritis. In: Kuettner K, ed. *Articular cartilage biochemistry*. New York: Raven, 1986: 423–41.

Responsibility for the accuracy and completeness of the references lies with the author.

- 8 **Tables** Each table should be on a separate sheet, have a heading, and contain no vertical rules.
- 9 **Figures** Legends to figures should be listed on a separate sheet. For photomicrographs include the stain used: magnification should be indicated by a bar marker on the figure. Illustrations should be labelled on the back with the first author's name, numbered in the order that they appear in the text, and have the top indicated. Radiographs are submitted as prints. If appropriate, coloured illustrations may be published, but the cost is charged to the author.

#### Concise report

A brief communication presenting laboratory or clinical work, collected case reports or, exceptionally, single case reports. The format is identical to a full paper and should include an Abstract, Introduction, Methods, Results, and Discussion (for cases, 'Case reports' will substitute for Methods and Results). Concise reports are restricted to no more than 1500 words, 15 references, one table, and two figures.

#### Hypothesis article

Contributions which present interesting theory, discussed in relation to published data, are welcome. It is suggested that authors first discuss the subject and scope of their planned article directly with the editor.

#### Review article

Although these are usually commissioned, authors are invited to discuss directly with the editor possible topics for review.

#### Letter

Comments arising from recent articles published in the *Annals* are welcomed. Original observations relating to short clinical or laboratory studies or single case reports may also be appropriately presented as a letter. Letters are not divided into sections and are limited to no more than 600 words and 10 references; one table and one figure may be included. Instructions for references, tables, and figures are the same as for full length articles.

All submissions must be typewritten on one side of the paper only, using double spacing and ample margins. All abbreviations must be defined. Three copies of articles and letters should be supplied, together with three copies of any tables or figures.

Submissions, which will be accepted only on the understanding that they have not been and will not be published elsewhere and are subject to editorial revision, should be addressed to:

**The Editor,**  
**Dr Michael Doherty,**  
**Rheumatology Unit,**  
**City Hospital,**  
**Nottingham NG5 1PB. (Tel: 0602 857112)**  
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Each author must sign the covering letter as evidence of consent to publication and all authors will be required to transfer copyright of their articles to the journal before publication.

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