EDITORIAL

NOT ALL THE WAY ON THE VANCOUVER STYLE

The Vancouver Style was proposed by 19 British, American and Canadian editors whose first meeting was at the city of Vancouver. Their aim was to provide uniform guidance to those preparing manuscripts for submission to bio-medical journals. The need for uniformity is easily recognized by both authors and editors, for considerable difficulties may arise if a paper is prepared in a format which is different from that adopted by a journal; indeed many journals refuse to accept such manuscripts. The problem of disparity of style is highlighted in the case of a manuscript which has been rejected by one journal and is being prepared for submission to another editor whose needs are substantially different.

The details of the Vancouver proposals have been published widely, for example in the British Medical Journal (1979) 1, 532-535. Guidance is given on the layout of manuscripts, including instructions to typists, on the appropriate content of the several parts of the paper, the use of abbreviations, and on the preparation of tables and illustrations. All of this is broadly in accord with the style at present adopted by British Journal of Anaesthesia and described in detail in our Extended Guide to Contributors published in May 1978 (50, 531-538).

There is, however, one important respect in which British Journal of Anaesthesia does not conform to the Vancouver proposals—the method of citing and listing of references. The Vancouver meeting called for a standard numbered system of referencing in which each reference receives a superscript number according to the order of its appearance in the text; the references are listed in numerical order at the end of the manuscript, each entry on the list comprising the names of the authors, title of the paper, the name of the journal in full, the year of publication, volume number and first and last pages within the volume. British Journal of Anaesthesia prefers the so-called Harvard system in which the names of up to three authors are given within the text together with the year of publication; in the reference list the entries appear in alphabetical order according to the surname of the first author. Further details of our system and the Vancouver system, particularly with regard to the citing of material contained in textbooks and pamphlets, can be found in the publications referred to above.

After careful consideration the Editorial Board of British Journal of Anaesthesia felt, as did the Boards of several other journals, that the Harvard system should be maintained because it seems to offer important advantages over the numbered system. The citing of names within the text may aid the reader in assessing the likely quality of the material referred to. Similarly, the editor and reader-assessor are assisted in their task and the occasional occurrence of an inappropriately cited reference is spotted more easily. The numbered system carries the risk that an error in transcription, "17" entered wrongly as "7" for example, will result in the reference being irretrievably lost within the presentation.

The advantages of the numbered system are that space is saved within the text and that re-drafting of a manuscript for a second editor is facilitated by standardization. We consider, however, that the primary objective of communication is served better by the Harvard system. Although we would wish to afford secretaries and typists every reasonable consideration it is a fact, for the specialist journals at least, that submission to a second editor often necessitates revision of the text so that the occasions on which a rejected manuscript is simply re-addressed should be rare.
Our plan to continue with the Harvard system in this journal is influenced by two additional factors. Publications which adopted the Vancouver proposals in toto did so formally on January 1, 1980, a date referred to optimistically as Standard Style Day. In the period that has elapsed since then we have not become aware of any difficulties for us or for any other journals sharing our views as a result of the disparity. We were also influenced, in a more general way, by the problem which followed the adoption of the S.I. system of units in the 1970s. Although there can be no question of departing from that policy now, it has to be recognized that the changes which occurred at that time, for example with regard to the use of the kilopascal, have not been widely accepted in day-to-day clinical parlance.

If we had decided to adopt the Vancouver system of references there are many reasons why such a change would be irrevocable. Our decision to continue with the Harvard system is not irrevocable and we would welcome constructive comments by any of our readers or contributors who feel strongly on the matter.

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