Violence, including war and all use of small arms, is bad for health. We were vividly reminded of this by the tragedy of 11 September. As a cause of ill health, it is as important as, for instance, infection. It is widely considered in the medical press under many headings, as John has discovered from a single keyword search. I do not regard myself as an expert compared with most of those who have sat up here - I have really only taken up being an editor as a retirement hobby! So what I will briefly say is very general and I hope not too trite. As a concerned member of an IPPNW affiliate who wants to publicize its message, I want to know what you, the audience, want to hear and learn and above all what you have to say. Some of you who have contributed to MCS Inow regard as firm friends, and being greedy, hope for more! But the health effects of weapons, and in particular small arms are exerted in many fields. Papers appear in all the main general journals - BMJ, Lancet, JAMA. David Medding's papers that appeared in the BMJ a couple of years ago are models to which few of us can aspire: and competition for space in these journals is intense, so the quality of material and standard of presentation has to be very high. There are many other journals related to specific aspects - military medicine, trauma, social medicine, public health, psychiatry, on the psychology underlying violence, and all of these will surely consider wider preventive aspects. As well as hard data, which as David showed is hard to acquire, many journals have opinion and viewpoint sections, and by no means least there are the correspondence columns. If you are very lucky you could even be asked for editorials. We in Medact have built up a good relationship with the BMJ and The Lancet. Then of course there are IPPNW's designated journals, MCS and MGS. Please send us so much material that John and I won't have to fight for it!! To be serious again, whomever you write for, please try to follow the format that the journal uses. With today's word processing, this is much easier. Look at the journals' Instruction to Contributors before you put pen to paper. Above all, take care with the references. As an editor, I spend more time in getting them right then all the rest together. I apologise to non-medics who don't know what the Vancouver system is. Your paper is more likely to be accepted if the editor can see at the start that he or she will not have to spend a lot of time on minor technicalities. Some of the material we have heard is numbing and could cause denial, as Jack will mention. However, I hope the meeting overall will inspire you to contribute somewhere. So when you have heard the rest of the panel, and are full of motivation provided by the wonderful organisation of this meeting - get writing and good luck.

Thank you.

Douglas Holdstock Chair’s afterword:

John Loretz:

Douglas mentioned the difficulty of getting articles into the major journals simply as a matter of space limitation and their article budgets, which is certainly true. One of the things that is starting to address that problem a little bit is the presence of more and more online journals which
often allow for a more expansive publication. The BMJ I think is probably the leader in online medical journals at this point, and has just an incredible presence on the world wide web. There are also some new journal centers like biomed central, which allows groups of editors to almost come together around a journal idea and publish a journal without having to do a paper edition at all. So there are things happening out there that are going to make it more and more possible to get good research out in front of the medical profession without necessarily having to go through the rigors of pleasing a print journal editor, who has a budget of 60 pages.