This week in BMJ

All communications should be addressed to The Editor, *BMJ*

Editor
Stephen Lock

Art department
Derek Virtue

Book reviews
Ruth Holland

BMA affairs
Gordon Macpherson
Linda Beecham

Correspondence
Jane Smith

Editorials
Richard Smith

Editorial secretary
Meg Fogg

General office
Leslie Moore
Andrew Woodward

Information office
Ann Shannon

News
Tony Delamothe
Stella Lowry

Obituaries
Liz Crossan

Original articles
Tony Smith

Subediting department
Sue Burkhart
Tony Camps Linney
Sharon Davies
Diana Blair-Fish
Margaret Cooter

Publishing director
Anthony Smith

Advertisement manager
Bob Hayzen

International sales
Maurice Long

Publishing manager
Derek Parrott

US second class postage paid at Rahway, NJ. Postmaster: send address changes to: BMJ, c/o Mercury Airfreight International Ltd Inc, 2323 Randolph Avenue, Avenel, NJ 07001, USA.
US subscription $146.

Published by the proprietors, the British Medical Association, Tavistock Square, London WC1H 9JR, Telephone 01 387 4499, and printed by Pulman Web Offset Ltd. Typesetting by Bedford Typesetters Ltd, Bedford. Registered as a newspaper.

Prevention of osteoporosis

Osteoporosis is an enormous public health problem, causing thousands of fractures each year in the elderly. Women are more at risk than men because the fall in oestrogen produced after the menopause generates increased loss of bone mineral. Oral oestrogen supplements are helpful but have to be taken regularly and present problems of compliance. They may also cause gastrointestinal side effects and a non-physiological ratio of oestradiol to oestrone resulting from their enterohepatic circulation.

If oestrogen replacement is needed it may well be best to give it as a subcutaneous depot implant, which avoids most of the problems of oral oestrogens. Savvas *et al* (p 331) have compared the effects of oral and subcutaneous oestrogens given over the past eight years in their clinic to 37 and 41 women, respectively; they also studied a control group of 36 untreated postmenopausal women.

They show that bone mineral content (assessed from bone density) was better preserved in the women receiving subcutaneous oestrogens than in those given oral treatment and the controls, and this improved response was associated with higher serum oestradiol and lower follicle stimulating hormone concentrations than in the women given oral treatment, suggesting a closer approach to the premenopausal hormonal state.

The authors argue that oestrogen replacement should be seen as the "cornerstone of prevention of osteoporosis" and that the advantages of using the subcutaneous route are worth careful consideration.

Salt and blood pressure

Salt and blood pressure is a topic that arouses strong feelings among medical researchers. Some believe that dietary salt is an important cause of variations in blood pressure, but others challenge that.

On p 319 the Intersalt Cooperative Research Group reports the results of a study of 10 000 men and women aged 20-59 in 32 countries. Their heights, weights, and blood pressures were measured together with the sodium and potassium content of a 24 hour urine collection. Data were also collected on alcohol intake, drug treatment, and so on. Sodium excretion ranged from 0·2 mmol/24 h in the Yanomamo Indians in Brazil to 242 mmol/24 h in the north of China. It was shown to be related to the rise in blood pressure with age but not to median blood pressure or to the prevalence of hypertension.

On p 329, by contrast, the Scottish heart health study provides some data on variations within a community. These showed that age, body mass, pulse rate, and alcohol consumption came ahead of salt intake as predictors of blood pressure.

Together, these data seem likely to add fuel to the controversy rather than settling it; on p 307 Professor J D Swales discusses some of the implications.

INSTRUCTIONS TO AUTHORS

The BMJ has agreed to accept manuscripts prepared in accordance with the Vancouver style (BMJ, 6 February 1988, p 401) and will consider any paper that conforms to the style. More detailed and specific instructions are given below.

The following include the minimum requirements for manuscripts submitted for publication.

All material submitted for publication is assumed to be submitted exclusively to the *BMJ* unless the contrary is stated.

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

Papers will normally be refereed and may be statistically assessed before acceptance.

Authors should give their names and initials, their posts at the time they did the work, and one degree or diploma. All authors must sign their consent to publication.

Three copies should be submitted. If the manuscript is rejected these will be shredded.

Typing should be on one side of the paper, with double spacing between the lines and 5 cm margins at the top and left hand side of the sheet.

Abbreviations should not be used in the text.

Drugs should be given their approved names, not their proprietary names, and the source of any new or experimental preparations should be given.

SI units are used for scientific measurements, but blood pressure should continue to be expressed in mm Hg.

Statistical procedures should be described in the methods section or supported by references.

Tables and illustrations should be separate from the text of the paper. Tables should be simple and should not duplicate information in the text of the article.

Photographs should be trimmed to remove all redundant areas and should be no larger than 30×21 cm (A4); the top should be marked on the back of each print.

Abstracts should accompany all original articles. They should be up to 150 words long and should set out what was done, the principal findings, and their implications.

References must be in the Vancouver style and their accuracy checked before submission. They should be numbered in the order in which they appear in the text.

Letters to the editor submitted for publication must be signed personally by all authors, who should include one degree or diploma.

The editor reserves the customary right to style and if necessary shorten material accepted for publication and to determine the priority and time of publication.

Detailed instructions are given in the *BMJ* dated 2 January 1988, p 48.

Instructions to authors

The BMJ has agreed to accept manuscripts prepared in accordance with the Vancouver style[1] 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 and obituaries 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. 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 incorporating the use of published checklists.[2] 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. All 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 why and the main findings and their implications.

Drugs should be referred to by 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, but blood pressure should continue to be expressed in mm Hg.

Statistical methods should be defined in the methods section of the paper and any not in common use should be either described in detail or supported by references. General guidelines on the use of statistical methods and on the interpretation and presentation of statistical material have been published.[3,4] 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, scattergrams, or histograms are submitted the numerical data on which they are based should be supplied; in general, data given in histograms are converted into tabular form. 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. An internal scale marker should be included on the photomicrograph. 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.

References, proofs, and reprints

References should be numbered in the order in which they appear in the text. At the end of the article the full list of references should give the names and initials of all authors (unless there are more than six, when only the first three should be given followed by *et al*). The authors' names are followed by the title of the article; the title of the journal abbreviated according to the style of *Index Medicus* (see "List of Journals Indexed," printed annually in the January issue of *Index Medicus*); the year of publication; the volume number; and the first and last page numbers. References to books should give the names of any editors, place of publication, publisher, and year.

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.

Information from manuscripts not yet in press, papers reported at meetings, or personal communications may be cited only in the text, not as formal references. Authors must verify references against the original documents before submitting the article.

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* 1988;**296**:401-5.

2 Gardner MJ, Machin D, Campbell MJ. Use of check lists in assessing the statistical content of medical studies. *Br Med J* 1986;**292**:810-2.

3 Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. *Br Med J* 1983;**286**:1489-93.

4 Gardner MJ, Altman DG. Confidence intervals rather than P values: estimation rather than hypothesis testing. *Br Med J* 1986;**292**:746-50.