

This week in BMJ

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Cancer in workers in the nuclear industry

Prompted by continuing uncertainty over the magnitude of the risk of cancer associated with repeated exposure to low levels of ionising radiation, the Ministry of Defence commissioned a study of workers engaged in atomic weapons research at Aldermaston and associated establishments. On p 757 Beral *et al* present the results. As found in other studies of workers in the nuclear industry, overall mortality was lower than the national average. Mortality from cancer was generally similar in employees who were monitored for exposure to external radiation and those who were not. Mortality from cancers of the lung and prostate, however, was raised in small groups of workers who had experienced above average exposure and had also been monitored for internal contamination by radionuclides such as plutonium, uranium, and tritium. The finding of an increased risk of prostatic cancer in these people agreed with the results of a study of employees of the United Kingdom Atomic Energy Authority, suggesting that there may be a specific occupational hazard in a small group of workers in the nuclear industry. No increase in risk of lung cancer was detected in that study or in workers

at the Sellafield plant of British Nuclear Fuels. Data from all three studies, covering most workers in the nuclear industry in Britain, are currently being amalgamated to allow more precise estimation of the magnitude of the risk of cancer associated with exposure to low level ionising radiation.

When should children be vaccinated against MMR?

To evaluate the success (or otherwise) of the new programme of vaccination against measles, mumps, and rubella it will be necessary to have a baseline against which to measure any changes in prevalence of antibody to these viruses. This is provided by Morgan-Capner *et al* (p 770), who tested serum from nearly 9000 people of all ages for antibodies to measles, mumps, and rubella.

From an analysis of their data by age group the authors derive the best age for vaccination. For measles and mumps it is early in the second year of life. Although rubella is acquired later (two thirds of children are negative for rubella antibody on school entry), the authors claim that maximum benefit will be conferred by vaccinating early.

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. Each reference should include the names and initials of each author (or, if more than six, the first three followed by *et al*), the title of the article, the title of the journal (abbreviated according to the style of *Index Medicus*), the year, the volume, and the first and last page numbers. References to books should give the names of any editors, the place of publication, the publisher, and the year.

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.