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Oestrogen replacement therapy and risk of endometrial cancer

Epidemiological studies in the United States have reported a substantially increased risk of endometrial cancer after long term and high dose treatment with conjugated oestrogens. These studies have used a retrospective case-control design, and methodological problems could have exaggerated the reported risk estimates. On p 147 Persson *et al* report a prospective study evaluating the effects of giving oestrogenic compounds alone or in conjunction with progestogens to over 23 000 women for more than three years. Their results verify those of previous studies and provide evidence that added progestogens can avert an increased risk of endometrial cancer in women taking oestrogens.

Bleeding varices: don't write off the elderly

At least a quarter of patients presenting for the first time with bleeding oesophageal varices do not leave hospital alive. The advent of endoscopic sclerotherapy has probably increased long term survival, and this comparatively non-invasive procedure, which is tolerated equally well by young and old, is now being used increasingly as the preferred treatment. Hosking *et al* (p 152) have examined the results of an active sclerotherapy programme in treating elderly patients and report that those over 65 do just as well as younger people. Though the aetiology of the liver disease in the elderly differs, survival is dependent on the severity rather than the nature of the underlying disease. Hosking *et al* conclude that patients should not be denied active management of variceal bleeding on the basis of age alone either for the initial bleed or for

follow up management. Early diagnosis and treatment are essential and emergency access to endoscopy services must be readily available.

Cervical cancer in immunosuppressed women

Immunosuppressed patients have an increased risk of developing premalignant and malignant conditions, including those of the genital tract. Alloub *et al* (p 153) investigated the prevalence of cervical intraepithelial neoplasia and different types of human papillomavirus in a group of women with renal allografts and their matched controls. They found that the women with allografts had a higher prevalence of intraepithelial neoplasia and also human papillomavirus type 16/18 infection, which is known to be associated with higher grades of preinvasive and invasive lesions of the genital tract. The authors recommend regular colposcopic examination of women with allografts.

The prostate: a preventable cause of renal failure

Blockage of the urinary tract by an enlarged prostate is a preventable cause of kidney damage. Prostatic disease carries with it recognisable symptoms, and ballooning of the urinary tract caused by obstruction can easily be detected. Too often, however, the condition is recognised only at an advanced stage of renal failure, when damage to the kidney is permanent and dialysis may be unavoidable. In a study of 19 such cases Sacks and coworkers (p 156) examined the possibility that progressive renal damage could, in part, be averted by better identification of patients at risk and more careful screening of renal function in men with untreated prostatism.

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 are the minimum requirements for manuscripts submitted for publication.

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

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.

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.

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 7 January 1989, p 40.