

This week in BMJ

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Untreated asymptomatic bacteriuria in girls

It is well established that treating young women who have asymptomatic bacteriuria may do more harm than good: the bacterial strains that are knocked out by antibiotics may be replaced by more virulent ones that produce symptoms. On p 853 Hansson *et al* describe the use of multilocus enzyme electrophoresis to give better details of the course of asymptomatic bacteriuria caused by *Escherichia coli*. In their 54 subjects a change of strain was uncommon; when it occurred in nearly half the cases it followed medical interference such as courses of antibiotics or voiding cystourethrography.

Some subjects with asymptomatic bacteriuria, however, will need antibiotics for other reasons. If so, doctors should choose ones that do not change the strains of urinary bacteria. The study of Hansson *et al* (p 856) suggests that in this respect erythromycin is preferable to penicillin.

Survival of HIV in liquid disinfectants

Previous reports on the activity of disinfectants against HIV are based on laboratory experiments with the virus in liquid medium. Dried virus, however, also remains infectious for several days, and in clinical practice HIV is invariably surrounded by organic protein. On p 862 Hanson *et al* describe their tests of disinfectants under more challenging but clinically

realistic conditions. They found alcohols to be much less effective and glutaraldehyde to have a narrower margin of safety than previously thought. Their results emphasise the need for caution when basing infection control practices solely on laboratory experiments, which do not take into account conditions in practice.

Self referral to accident and emergency department

Some patients attend accident and emergency departments for another opinion on a problem for which they have already consulted their general practitioner. Little is known about this small but potentially important group of patients. These attendances might be expected to be sporadic and inappropriate, concerning problems that are fairly minor. On p 859 Jones and McGowan report the results of a six month prospective survey of 180 patients who had deliberately chosen to attend an accident and emergency department in preference to reconsulting their general practitioner. Many attendances were for minor problems, but over a quarter of patients were admitted to hospital, some with serious disease, and two children died. Most attendances occurred during the working day, and the patients attending within 24 hours after seeing their general practitioner were most likely to be admitted. The attendances were not sporadic, and some practitioners were overrepresented. These patients should always be seen by a doctor, and feedback to individual practices about these attendances would be useful for reviewing performance.

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.

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.