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Sexual characteristics of men in England and Wales

Obtaining reliable information about people's sexual behaviour is notoriously difficult. Nevertheless, these data are urgently needed for use in predicting the course of the AIDS epidemic. On page 1137 Forman and Chilvers report the sexual behaviour of 480 white men aged from 15 to 49 living in England and Wales and included in an interview survey. Men born more recently tended to have had a greater number of heterosexual partners and to have been younger at first intercourse than older men, and the age at first intercourse was strongly related to social class. Less than 2% of men reported having had homosexual intercourse.

Hypertension, antihypertensive drugs, and diabetes

Diabetes and hypertension are frequently associated. Deciding how they might be associated—by a causal mechanism or a shared genetic predisposition—is complicated by reports that some antihypertensive drugs may adversely affect carbohydrate metabolism. In this issue we publish two studies from Uppsala examining the effects of antihypertensive drugs on the development of diabetes.

In the first Skarfors *et al* (p 1147) followed up hypertensive men for nine years after antihypertensive treatment was begun and compared their rate of developing diabetes with that of normotensive men.

They found that the hypertensive men were more likely to develop diabetes, and that those who did so had higher fasting serum insulin concentrations before treatment than the hypertensive men who remained normoglycaemic. The authors conclude that diabetes may be caused by antihypertensive drugs, particularly in those who already have abnormalities of insulin secretion.

In the second study Pollare *et al* (p 1152) looked at the effects in hypertensive patients of metoprolol and atenolol on the metabolism of carbohydrates and lipids and on the insulin response to an intravenous glucose load. Both drugs produced metabolic changes in a diabetic "direction." This finding may partially explain the failure of some large studies to show that intervening with β blockers reduces the incidence of coronary heart disease.

Tranexamic acid for upper gastrointestinal haemorrhage

Might inhibitors of fibrinolysis affect upper gastrointestinal haemorrhage? Although early trials of such agents claimed benefits, recent attention has shifted to H_2 receptor antagonists. On page 1142 Henry and O'Connell present a meta-analysis of six randomised trials of the antifibrinolytic drug tranexamic acid, which suggests that it reduces deaths from upper gastrointestinal bleeding. The authors recommend that well designed trials of adequate size are now warranted to assess the effects of tranexamic acid on this condition.

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.