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Sedation with isoflurane in ventilated patients

Often drugs are needed to alleviate the distress and pain of critically ill patients. Although many drugs are available, all have disadvantages when given continuously to patients with varying degrees of impaired organ function. On p 1277 Kong *et al* show that isoflurane, a fluorinated inhalational anaesthetic, effectively sedates patients receiving mechanical ventilation for up to 24 hours. Compared with an intravenous infusion of midazolam isoflurane provided a better quality of sedation and speed of recovery from sedation than did an intravenous infusion of midazolam, without any observed complications.

Smoking and leanness

Smokers are generally thought to be leaner than non-smokers of the same age, which makes sense metabolically as smoking increases resting energy expenditure. Other behavioural factors, however, such as diet and exercise may interact with smoking in the regulation of body weight. Marti *et al* (p 1287) have analysed data from a large Finnish study and shown that in their population smoking was no longer associated with leanness. This change was due mainly to an increased clustering of unhealthy habits, including smoking, high consumption of alcohol and saturated fats, and physical inactivity—especially in younger middle aged men. The authors suggest that health education directed at young smokers should place more emphasis on correcting other features of an unhealthy lifestyle.

Local hyperthermia and the common cold

Although many people believe that inhaling steamy air is good for colds, rarely has this sort of treatment been scientifically assessed. On p 1280 Tyrrell *et al* report a controlled trial in which fully humidified air at 43°C was delivered to the nasal mucosa. A single treatment for 20 minutes improved patients' colds more rapidly than did treatment at 30°C. The result was confirmed with more intense treatment on volunteers with colds induced by a rhinovirus. Daily treatments lasting 10 minutes, however, did not help. The treatment had little or no effect on multiplication of the virus and presumably reduced the secretory and inflammatory response of the nasal mucosa.

Diarrhoea and malnutrition

Persistent diarrhoea is an important cause of sickness and death in developing countries. Why an episode of acute diarrhoea becomes persistent in some children is not known, but identifying risk factors might help in preventing and treating the condition. Bhandari *et al* (p 1284) undertook a case-control study of children in which they related antecedent nutritional state to the development of persistent diarrhoea. They found that if children were underweight before developing diarrhoea it was more likely to become persistent. Preventing malnutrition and providing intensive nutritional support in cases of acute diarrhoea in malnourished children may therefore reduce the risk of persisting and complications.

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.