

This week in BMJ

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Maximising oxygen delivery to tissues

Therapeutic manoeuvres aimed at improving the function of one organ system may lead to deterioration in another. The use of positive end expiratory pressure ("PEEP") in critically ill patients illustrates this point. Improvements in blood oxygenation may be outweighed by appreciable reductions in cardiac output resulting in a net fall in the delivery of oxygen to the body tissues. This is particularly important when tissue consumption of oxygen is dependent on delivery. Singer and Bennett (p 1352) describe the application of a simple, reliable, and comparatively non-invasive technique—namely, continuous monitoring of descending aortic blood flow with an oesophageal Doppler probe. They show how it can be used to optimise positive end expiratory pressure for maximal oxygen delivery and to readily confirm that other uses of positive end expiratory pressure do not have too deleterious an effect on cardiac output.

Improved formula for oral rehydration solution

Oral rehydration treatment for preventing and treating acute diarrhoeal dehydration has been regarded as one of the important scientific breakthroughs of this century. One limitation of the present formulation of oral rehydration solution is that it does not reduce the volume, frequency, or duration of diarrhoea; it may even increase the stool volume. This makes it less acceptable to patients, who may be tempted to take useless and often harmful drugs. An improved formula that would also reduce the duration and severity of diarrhoea would meet an important need. On page 1355 Dr Patra and his colleagues report the results of a trial of an oral rehydration solution containing glucose and alanine that considerably reduces

the severity of symptoms and the need for fluid of severely dehydrated patients with diarrhoea associated with *Vibrio cholerae* and enterotoxigenic *Escherichia coli*.

First myocardial infarctions in Asian and white patients

Compared with Britain's white population migrants from the Indian subcontinent have fewer risk factors for ischaemic heart disease. Despite this, however, they suffer appreciably more, and more severe, myocardial infarctions than the white population. On page 1347 Hughes *et al* compare the extent of coronary atheroma and myocardial damage at first infarction in British Asian and white patients and examine the possible role of diabetes in coronary artery disease in Asians. They found that Asian patients had more vascular disease and larger infarctions than white patients. Among Asians, however, they found no difference between the degree of atheroma in patients who had either diabetes or impaired glucose tolerance and those who were normoglycaemic.

Non-attendance at outpatient appointments

Patients who do not turn up for outpatient appointments, perhaps one quarter of the total, are a source of irritation to doctors and managers. Fecklessness is often blamed for this. The study of non-attendance reported by Frankel *et al* (p 1345) shows that the administrative arrangements for appointments may be an important factor. This is encouraging: if the main problem were patients' apathy then improvements would be difficult to achieve. Changing administrative arrangements is a comparatively simple task.

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.

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.

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