This week in BMJ

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Antenatal prophylaxis with anti-D immunoglobulin

A small proportion of women will become sensitised to the Rh antigen while pregnant, and for them postnatal prophylaxis will be useless. Should women at risk therefore be given anti-D immunoglobulin antenatally? Widespread use has been limited—both by cost and by fears that an immunologically active foreign blood product might have adverse effects, particularly on the incidence of pre-eclampsia, which may be induced by previous exposure to foreign blood. On p 1671 Thornton *et al* provide more data from the Yorkshire antenatal anti-D immunoglobulin trial. The reduction in rhesus sensitisation found in first pregnancies persisted into the second and sometimes third pregnancies even though treatment with antenatal anti-D immunoglobulin was not repeated. No appreciable adverse effects were found, and although the incidence of pre-eclampsia was lower in the trial group than in two control groups the difference was not significant. Though the incidence of sensitisation was reduced, the widespread use of antenatal anti-D immunoglobulin cannot occur until problems of supply are overcome.

Damp, mould, and health

The impact of poor housing conditions on health is extremely difficult to show with accepted scientific methodology. On p 1673 Platt *et al* report the findings of a large scale investigation into the relations between dampness, mould growth, and symptomatic ill health among residents of local authority housing estates in Edinburgh, Glasgow, and London. Children and adults living in damp or mouldy dwellings were more likely to report respiratory symptoms and a greater total number of symptoms than those in dry dwellings. There was also a significant dose-response relation between the severity of dampness and mould and the number of symptoms. Controlling for possible confounding factors, such as household income, cigarette smoking, unemployment, and overcrowding did not alter their findings. The authors conclude that damp and mould have an adverse effect on health, particularly among children— findings that have obvious implications for social policy.

Neuropsychological consequences of solvent abuse

There is some evidence that habitual abuse of solvents and other volatile substances can damage the nervous system. Most of those who abuse solvents, however, do so fairly infrequently, and little is known about the risks in these more typical cases. On p 1679 Chadwick *et al* report the results of a study on the risk of neuropsychological damage due to volatile substance abuse in a sample of children identified from the general population of secondary school pupils. These children showed a five point deficit in intelligence quotient and were more impulsive than a control group matched for age, sex, school, and ethnic background. The deficit, however, was not maintained when differences between groups in background social disadvantage were taken into account, and the relations between scores on neuropsychological testing and various aspects of the children's history of abuse were generally either weak or unsystematic. Although volatile substance abuse remains potentially lethal, these findings suggest that the frequency and form of the practice among secondary school pupils are unlikely to result in neuropsychological damage.

Inhibin: a new circulating marker of hydatidiform mole?

Inhibin is a glycoprotein hormone produced in the ovary and testis which inhibits the secretion of pituitary gonadotrophins, preferentially follicle stimulating hormone. Several recent reports have shown that the placenta is another site of inhibin production, suggesting that inhibin may be useful as a clinical marker of conditions related to pregnancy. The need for chemotherapy in the management of gestational trophoblastic disease is usually determined by measuring serum concentrations of human chorionic gonadotrophin, though it may take more than four weeks after primary evacuation before a decision can be made. Yohkaichiya and coworkers (p 1684) show that inhibin is a product of molar tissue and that measuring circulating concentrations may provide a sensitive marker, enabling the doctor to begin chemotherapy earlier in patients with persistent trophoblastic disease.

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.

SI units are used for scientific measurements, but blood pressure should continue to be expressed in mm Hg.

References must be in the Vancouver style and their accuracy checked before submission.

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.

Detailed instructions are given in the *BMJ* dated 7 January 1989, p 40.