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Predictors of coronary heart disease

Few data from long term studies are available on the efficacy of serum cholesterol concentration, blood pressure, and cigarette consumption as predictors of coronary heart disease. Now Pekkanen *et al* (p 81) report on a sample of the Finnish cohorts of the seven countries study, comprising 1520 middle aged men free of clinically evident heart disease at outset in 1959 who have been followed up for 25 years. During this period the risk of dying of coronary heart disease varied from 12% in non-smokers with low blood pressure and low serum cholesterol concentrations to 75% in smokers with high blood pressure and high serum cholesterol concentrations. This sort of information may have greater use in public health education campaigns than more abstract estimates of the increased short term relative risk of coronary heart disease.

Social conditions, lifestyle, and mental distress in Norway

About 10-20% of the population feel some sort of mental distress, mainly depression. For the sake of prevention and prediction it is therefore of major interest to find determinants of and correlates to these psychological-psychiatric problems. On p 85 Hansen and Jacobsen report the results of a cross sectional study correlating the prevalence of mental distress, based on three questions posed in a self administered questionnaire for screening for coronary heart disease, with social conditions and lifestyle. Financial situation in a family during childhood and current lifestyle (smoking and alcohol) were among the variables most strongly correlated with present mental distress. The study indicates the benefit of including a

few questions about mental distress in surveys mainly aimed at somatic problems, thereby making it possible to study the epidemiology of mental problems in large populations.

Moles and cancer chemotherapy

Children who are treated successfully for cancer by chemotherapy may later develop large numbers of moles (benign melanocytic naevi). This finding, reported on p 88 by Hughes *et al*, may be no more than a clinical curiosity, but prolonged follow up will be required before a final verdict is possible on whether these chemotherapy induced skin lesions are indeed entirely benign.

Risk of degenerative hip disease in long distance runners

The question whether habitual jogging and running promotes, delays, or does not affect the onset of degenerative hip disease remains open. Based on comparatively few studies (some of them cross sectional), the joint protective properties of long term exercise have recently been emphasised more than the potential risks of very intense physical training. On p 91 Marti and colleagues report evidence for a possible role of excessive running in the aetiology of degenerative hip disease. In a study of former elite athletes they found significantly more radiological signs of degenerative hip disease in runners than in bobsleigh riders and normal healthy people. Certainly until more is known they believe that athletes who habitually perform long distance running should be considered at possible risk of premature osteoarthritis of the hip.

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 accepted 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.

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.