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Leukaemia in young people living near nuclear installations: Hinkley Point

Several research studies have shown that leukaemia seems more common in children living near nuclear installations than in the general population, though the reasons for this association remain uncertain. On p 289 Ewings *et al* add another chapter to the story with a report of a raised incidence of leukaemia in people under the age of 25 living around Hinkley Point nuclear power station. As was the case with studies elsewhere in Britain the findings cannot be explained on current understanding of the effects of exposure to radiation—unless a large release of radiation had occurred of which the Central Electricity Generating Board has no record.

Ciprofloxacin resistant coagulase negative staphylococci

Coagulase negative staphylococci are an increasingly common cause of serious infections. Most of the infections are thought to be endogenous, and the inadequacy of conventional typing systems has hampered studies of their epidemiology. Using several methods of typing, Oppenheim *et al* (p 294) investigated an outbreak of bacteraemia due to a coagulase negative staphylococcus that was highly resistant to ciprofloxacin in a leukaemia unit where ciprofloxacin was being widely used. The high degree of resistance to

ciprofloxacin was unusual and is of concern in view of the widespread use of this drug in hospitals and the community. It was encouraging, however, that the strain disappeared after the drug was withdrawn.

Hospital and community psychiatric services and use of inpatient beds

There is currently much debate about the best way of changing psychiatric services so that they are more responsive to the needs of the people they serve. The term "community psychiatry," though much abused, reflects this need for change by emphasising that most psychiatric patients need help in familiar settings. On p 298 Tyre *et al* examine the effects of an integrated approach in which hospital services are linked with community ones in Nottingham. This process was stimulated by dividing psychiatric resources into sectors, by some additional funding, and by initiatives to assess patients away from conventional hospital settings. Admission rates showed little change during 1976-80 but fell significantly after the new service was introduced and at a faster rate than those in England as a whole. The mean duration of admissions also fell, leading to a 38% reduction in bed occupancy. The main implications are that community oriented psychiatry, though far from cheap, can be accompanied by a planned reduction in numbers of beds if the essential links with the hospital service are maintained.

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 to 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.