This week in BMJ

All communications should be addressed to The Editor, *BMJ*

Editor
Stephen Lock

Art department
Derek Virtue

Book reviews
Ruth Holland

BMA affairs
Gordon Macpherson
Linda Beecham

Correspondence
Jane Smith

Editorials
Tony Smith

Editorial secretary
Susan Minns

General office
Leslie Moore
Andrew Woodward

Information office
Ann Shannon

News
Tony Delamothe

Obituaries
Liz Crossan

Original articles
Stella Lowry
Trish Groves

Subediting department
Diana Blair-Fish
Sue Burkhart
Tony Camps-Linney
Margaret Cooter
Sharon Davies
Deborah Reece
Barbara Squire

Publishing director
Anthony Smith

Advertisement manager
Bob Hayzen

International sales
Maurice Long

Publishing manager
Derek Parrott

US second class postage paid at Rahway, NJ. Postmaster: send address changes to: BMJ, c/o Mercury Airfreight International Ltd Inc, 2323 Randolph Avenue, Avenel, NJ 07001, USA. US (direct) subscription $164.

Published by the proprietors, the British Medical Association, Tavistock Square, London WC1H 9JR. Telephone 01 387 4499, and printed by Pulman Web Offset Ltd. Typesetting by Bedford Typesetters Ltd, Bedford. Registered as a newspaper.

Long term comparison of hydrochlorothiazide and verapamil in hypertension

Over the past years several new drugs have been introduced to treat hypertension, thus providing alternative options for treatment. The recommendation of a new agent or a modification of the commonly used approach to antihypertensive treatment presupposes that the new drug had been proved to be superior, or at least equivalent, to the standard treatment.

On p 881 Holzgreve *et al* present a double blind, randomised multicentre study in 369 hypertensive patients. The thiazide diuretic hydrochlorothiazide, a gold standard in antihypertensive treatment, was compared with the calcium antagonist verapamil. During the one year trial verapamil controlled more patients than hydrochlorothiazide in all regimens used. Furthermore, adding verapamil to hydrochlorothiazide resulted in higher rates of response than adding hydrochlorothiazide to verapamil. The number of major adverse effects leading to withdrawal from randomised treatment was low for both drugs. Thus the results suggest that in doses currently used in mild to moderate hypertension the sustained release form of the calcium antagonist verapamil is more effective than hydrochlorothiazide in a substantial number of hypertensive patients.

Deprivation as an epidemiological method of assessing population mortality

Analysis of social class has so far provided the main basis for describing health differentials in relation to social factors. This measure does, however, have severe limitations and has been subject to much recent criticism. On p 886 Carstairs and Morris describe areas on a scale from affluence to deprivation. They showed that there were vast differences in the mortality of populations classified on this basis and suggest that the more adverse conditions shown to exist in Scotland may partly explain the higher mortality there than in England and Wales. The near universal use of the postcode to provide an area reference on records of health and death opens up possibilities for using methods of analysis based on area, and these seem to offer a powerful tool for epidemiological analysis and to provide an alternative to the measure of social class.

Risk of hip fracture

Hip fractures are an important cause of illness and death in the elderly, and a major issue in public health is whether supplementation of calcium in the diet will prevent them. The only reported prospective study of dietary calcium and hip fractures, in the United States, showed that the risk of fracture increased as intake of dietary calcium decreased. Wickham *et al* (p 889), in the first prospective study in Britain, followed a large cohort of elderly people who had been surveyed in 1973-4 by the Department of Health and Social Security and identified subsequent cases of hip fracture among them. Their findings show that dietary calcium is unrelated to the risk of subsequent hip fracture and also that physical activity in the elderly is protective.

Prognosis and severity of myocardial infarction over 15 years

Mortality from coronary heart disease has been declining for some years in the United States. On p 892 Hopper *et al* report a large study from Australia designed to see whether the prognosis of patients with acute myocardial infarction admitted to the coronary care unit at the Royal Melbourne Hospital had altered from 1969 to 1983. If there had been any change they wanted to see whether it could be explained by changes in the age distribution of the patients or the severity of their infarcts. They found that mortality in men, both in hospital and after 12 months, fell over the 15 years. In women, however, who were on average six years older and had more severe infarcts than men, hospital mortality remained constant while 12 month mortality decreased. Although in the later years patients were older, they had less severe infarcts. The authors conclude that the improved prognosis of patients was greater than could be explained by the lower severity of their infarctions, especially among men, who comprised 80% of all patients.

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.