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Reducing the incidence of infection after caesarean section

Over 4000 women a year in England and Wales who have had a caesarean section develop serious postoperative infections, and these are accompanied by unpleasant symptoms and make it more difficult for women to look after their new babies. This maternal morbidity also has consequences for maternity services' resources because women with postoperative infections need more treatment and stay in hospital for longer than average. Although prophylactic antibiotics are not used widely in obstetric units in England and Wales, Mugford and colleagues (p 1003) present evidence suggesting that their wider use could result in halving the incidence of infection after caesarean section and that the hospital costs of postnatal care would also be reduced.

Early mobilisation and outcome in acute sprains of the neck

Acute neck sprains (whiplash injuries) are commonly seen in accident and emergency departments and by general practitioners. In most patients there is little objective evidence of injury and little to guide the prognosis. Most reports relate to establishing the validity of the diagnosis and have ignored the effect of treatment on outcome. Recently, early mobilisation has been shown to be effective in reducing the severity of early symptoms, but its long term effect has not been analysed. McKinney followed up a cohort of patients with acute neck sprains for two years and analysed the effect of early mobilisation on long term outcome (p 1006). He found that patients did better when advised to mobilise soon after the accident than when given physiotherapy.

A year's survey of organ donation

The suggestion that intensive care staff are not asking relatives for consent to organ donation, resulting in a shortage of organs for transplantation, has been refuted by Bodenham *et al*. They studied all patients fulfilling the criteria for brain stem death in one major referral centre over 12 months and collected data on the presenting diagnosis, complications, and patterns of organ donation. On p 1009 their results show that many organs were unsuitable for donation, while failure to request organ donation was rare. If the centre is typical of others the introduction of legislation on required request to overcome the shortage is unlikely to improve the supply of donor organs.

Dipstick haematuria and bladder cancer in men over 60

Bladder cancer is the fourth commonest malignancy in men. On p 1010 Britton *et al* describe a study in which more than 500 men over 60 were screened for dipstick haematuria in an attempt to identify those patients with occult urinary bleeding. One in seven had dipstick haematuria on a single test and a further one in 11 had dipstick haematuria when testing their urine once a week for 10 weeks. Of 87 men with dipstick haematuria who agreed to investigation, four had a bladder tumour and seven had evidence of epithelial dysplasia. With a means of early detection and the increasing availability of ultrasonography and flexible cystourethroscopy, investigation of these patients is now simple and safe. Such screening programmes, however, would have obvious implications for the urological service.

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.

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.