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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.

Treatment protocols: better than free choice?

Health authorities tend to favour the development of treatment protocols. The main reason is one of economics—to improve treatment efficiency. But are protocols really as effective as the alternative: treatment freely chosen by a clinician? Clinical trials consist of one or more strict protocols. On p 1069 Karjalainen and Palva report the results of a population based study in which the survival of patients with multiple myeloma in the area of the trial was compared with that of patients in an area that did not participate in the trials. The trial area covered 65% of the total population of Finland and the reference area the other 35%. During the trial but not before the patients in the trial area had a significant survival advantage. Karjalainen and Palva conclude that, in addition to the regimens used, the strict protocols used in trials have an important positive effect on end results, seen as improved survival in all the patients in the trial area. Their results favour systematic treatment protocols, although the willingness of clinicians to follow trial schedules may be much greater than their willingness to follow other kinds of protocols.

Hospital admissions and shipyard closure

Do company closures, job changes, and unemployment constitute a threat to health? Many data are now available to show that psychological well being is reduced, sometimes to a considerable extent. Our

knowledge of somatic health effects, however, is far more limited. On p 1073 Iversen *et al* present the results of a controlled follow up study of 887 shipyard workers who had been employed at a major Danish shipyard that closed in 1983. The study was based on data on hospital admissions over eight years, including the five years before the closure. The results show a sharp drop in the number of accidents and a small increase in cardiovascular disease. The closure resulted in a change in the workers' living conditions, which apparently influenced their morbidity as measured by hospital admissions.

Pharmacists' role in drug misuse and AIDS

Containing the spread of HIV infection depends crucially on reducing risk behaviours. Community pharmacists can do much to reduce the risk arising from the sharing of injecting equipment by drug misusers—for example, chemist shops are on every high street and are therefore a readily accessible source of sterile needles and syringes. On p 1076 Glanz *et al* present findings of a national survey of community pharmacies, exploring their current and potential participation in activities aimed at preventing the spread of AIDS among misusers of injected drugs. Despite widespread concern about possible negative consequences of drug misusers frequenting their premises there seems a considerable willingness to supply equipment for injecting and disseminate advice and information.

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 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.