

# This week in BMJ

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## Overview of use of calcium channel blockers

Calcium channel blockers have been used to treat hypertension, angina, and arrhythmias. Might they also be useful in acute myocardial infarction? Many trials have looked at this possible use, with conflicting results. On p 1187 Held *et al* report an overview of 22 trials covering about 18 000 patients with suspected or definite acute myocardial infarction and six trials covering 1100 patients with unstable angina. They found no beneficial actions ascribable to calcium channel blockers in these patients.

## Organ donation from intensive care units

The plight of those awaiting suitable organs for transplantation has recently received intense media attention. There is a serious shortage of cadaveric donor organs. Since Jennett estimated in 1981 that there were 4000 brain stem deaths annually in the United Kingdom it has been widely assumed that demand could be satisfied if a greater proportion of available organs could be harvested. Until now the number of brain stem dead potential donors was not known. On p 1193 Gore and colleagues report the results of a confidential audit of all deaths in intensive care units over three months. Disturbingly, the audit showed that possible and confirmed brain stem deaths are only half and one third respectively of the much quoted 1981 figures (United Kingdom 4000, England 3400). But the yield of actual donors of solid organs from confirmed brain stem deaths has trebled from 17% in the late 1970s to 51% today. Failure to discuss

organ donation with relatives of brain stem dead potential donors occurred in very few cases (6% of families) and permission was given by 70% of families.

## Do we need a national screening programme for diabetic retinopathy?

Diabetic retinopathy is one of the most important causes of blindness in the developed world and is the most important cause during the years of adult working life. On p 1198 Rohan *et al* review the evidence and show that blindness due to diabetic retinopathy can be reduced by about half by screening and early treatment. They estimate that a national screening programme could prevent 260 new cases of blindness in diabetics under the age of 70 each year. The medical case for screening is clear, but who will take up the responsibility for implementing such a programme?

## Dietary advice for patients with cirrhosis of the liver

Patients with advanced cirrhosis of the liver often show signs of protein malnutrition, yet protein restricted diets, needed because of portosystemic encephalopathy, threaten to impair further their nutritional state. On p 1202 in an elegant study of nitrogen balance Swart *et al* show that the efficiency of nitrogen metabolism can be improved by giving patients an extra late evening meal, just before bedtime. Their idea is that this late meal reduces the early onset of nocturnal amino acid breakdown for gluconeogenesis.

## 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.