

This week in BMJ

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An aspirin a day?

Recently clinical trials in Britain and the United States reported contradictory findings on the regular use of aspirin in the primary prevention of myocardial infarction. Paganini-Hill *et al* (p 1247) followed up a cohort of 8881 women and 5106 men living in a California retirement community for 6½ years and looked for any association between the daily use of aspirin and the incidence of cardiovascular diseases and cancer. Aspirin may have had a protective effect against acute myocardial infarction in men, but the risk of ischaemic heart disease was almost doubled in men and women who used aspirin daily compared with those who did not use it. The incidence of kidney cancer was raised among those who took aspirin daily compared with those who took it less often. Aspirin has been shown to benefit those with a history of cardiovascular disease (secondary prevention): the results of this study and other prospective studies suggest that its role in primary prevention is much less clear.

Perinatal transmission of HIV in Zambia

Unlike in Europe and the United States, where women infected with HIV are predominantly drug users, most women infected with HIV in Africa are heterosexual, of reproductive age, and without symptoms. Hence for information on maternofetal transmission of HIV we rely on the experience of Africa. On p 1250 Hira *et al* report the results of a study from Zambia, where the

prevalence of HIV-I is high. They found an overall rate of perinatal transmission from infected mothers of 39% and an overall mortality of infected children at two years of 44%. Breast feeding by infected mothers did not seem to have any effect on the babies nor did live vaccines. The high rate of transmission and the poor prognosis in the children require immediate action in the form of screening and education.

Treatment of respiratory failure in infants and young children

Current treatment for respiratory failure includes the use of additional inspired oxygen and positive airway pressure. The application of positive airway pressure ventilation is invasive, entailing the use of complex equipment in an intensive care unit and the skills of highly trained staff. Previous applications of negative extrathoracic pressure (the "iron lung") were considered to be effective, but their use declined because of technical problems. The paediatric department at the Brompton Hospital, London, has developed a new system (the "Perspex lung") for applying negative extrathoracic pressure to infants and young children with respiratory failure that has overcome previous problems. On p 1253 Samuels and Southall show that it is effective and safe in improving oxygenation in uncontrolled trials in 88 patients with respiratory failure. The system can be easily used by nurses and parents outside intensive care units, which has obvious implications for district general hospitals and developing countries.

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.