

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 Burkhardt
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

© British Medical Journal 1989.
All Rights Reserved. No part of this
publication may be reproduced,
stored in a retrieval system, or
transmitted in any form or by any
other means, electronic,
mechanical, photocopying,
recording, or otherwise, without
prior permission, in writing, of the
British Medical Journal.

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.

Epidural analgesia and rate of forceps delivery

Previous studies have suggested that epidural analgesia may impair the release of endogenous oxytocin during the second stage of labour, leading to a reduction in uterine activity and an increased requirement for assisted delivery. To assess the effect of giving oxytocin in such patients Saunders *et al* (p 1423) performed a randomised, double blind, placebo controlled trial of oxytocin on primiparous women using epidural analgesia. Active treatment was associated with a shorter second stage of labour, a reduction in the rate of forceps deliveries, and less perineal trauma. This approach may help to improve the likelihood of spontaneous delivery in women using epidural analgesia during labour.

Hypernatraemic dehydration in a large hospital for the mentally handicapped

Medical and nursing staff responsible for the care of patients who are mentally and physically handicapped must have as their primary concern the need to ensure that patients attain their full intellectual and physical potential within the limits imposed by severe disability. The need to ensure adequate intakes of such basic needs as food and water has received little attention. That this may be necessary is highlighted by the report by Macdonald *et al* on p 1426. They found both severe life threatening hypernatraemic dehydration and

undernutrition in a large hospital for the mentally handicapped. In this hospital nursing resources were inadequate and the provision of fluids limited, and the condition of patients whose access to fluids and food was also constrained by severe mental and physical handicap was precipitated into hypernatraemic dehydration by intercurrent infection. Once identified, the problem of hypernatraemic dehydration was successfully treated by the hospital management team, the problem of undernutrition being currently addressed. Medical and nursing staff in hospitals for the mentally and physically handicapped and the mentally ill, including psychogeriatric units, should be alerted to the problems identified in this paper.

Risk of breast cancer after legal abortion

Many epidemiological studies have indicated increased risk of breast cancer in young women who had had an abortion induced in the first trimester. Most were retrospective and based on information from interviews or questionnaires, or both, in studies referring to cases. On p 1430 Lindefors Harris *et al* present results based on information from 49 000 legal abortions in the first trimester in women aged below 30 during 1966-74 in Sweden. These were reported by the operating gynaecologist at the time of the abortion, according to Swedish law. Contrary to most earlier studies their study did not show any overall increased risk of breast cancer after a first trimester induced abortion in young women.

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.

Photographs should be trimmed to remove all redundant areas and should be no larger than 30×21 cm (A4); the top should be marked on the back of each print.

Abstracts should accompany all original articles. They should be up to 150 words long and should set out what was done, the principal findings, and their implications.

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.