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Mortality among users of oral contraceptives: 20 years follow up in a cohort study

Much has been published about the various benefits and risks of oral contraception, but the balance of the different effects can be assessed adequately only within a cohort study contrasting the use of oral contraceptives with the use of other methods of controlling fertility. On p 1487 Vessey *et al* describe the pattern of mortality among the 17 000 women taking part in the Oxford-Family Planning Association contraceptive study. Despite the size of the study and an average follow up period of nearly 16 years only 238 deaths had occurred. Accordingly, though the overall relative risk of death in the oral contraceptive users as compared with women using a diaphragm or an intrauterine device (0.9) gave no cause for concern, it was subject to considerable statistical uncertainty (95% confidence interval 0.7 to 1.2). The findings, however, point to an appreciably lower overall risk of death from circulatory disorders among pill users (relative risk 1.5; 95% confidence interval 0.7 to 3.0) than was reported in 1981 in the Royal College of General Practitioners oral contraception study (relative risk 4.2) 95% confidence interval 2.3 to 7.7).

Snoring and passive smoking in children

Snoring has been associated with hypertension, heart disease, and stroke and is a symptom of the sleep apnoea syndrome. In children it has been associated with excessive daytime somnolence, hyperactivity, and behavioural changes. As yet few data are available regarding the prevalence of snoring in children. On p 1491 Corbo *et al* report the results of a survey by questionnaire in Italian children aged 6-13 years. They also asked questions about various respiratory symptoms and parental smoking. They found that snoring was quite common and that it was associated with rhinitis, cough and sputum production, previous tonsillectomy, and passive parental smoking. The risk of habitual snoring increased significantly with the number of cigarettes smoked by parents indicating another adverse effect of smoking on children's health.

Leukaemia treatment and psychosexual function

Total body irradiation and bone marrow transplantation are established treatments for certain types of leukaemia. In women almost all develop ovarian failure and amenorrhoea. To assess the physical, psychological, and psychosexual impact of sudden loss of ovarian function Cust *et al* (p 1494) sent a questionnaire to 46 such patients. Of the responders, almost all reported some symptoms, vaginal dryness being the most common. This profoundly affected sexual function, and anxieties about sterility, femininity, and appearance were common and reduced self confidence.

Almost half reported that they had changed their social habits and restricted their social activities. Hormone therapy cured over four fifths, an 82% cure rate, and when necessary vaginal dryness was relieved by increasing the dose of oestrogen. These women are vulnerable to the effects of sudden oestrogen deprivation at a time of physical stress. Access to a gynaecologist and endocrinologist soon after treatment would be extremely valuable, and there is an urgent need for the establishment of such a multidisciplinary service.

Body weight, smoking, and mortality in British men

A U-shaped curve for the relation between body mass index and mortality has been described by Wannanthee and Shaper (p 1497) in 7732 middle aged men drawn from general practices in 24 British towns as part of the British regional heart study. The high mortality in very lean men was largely due to non-cardiovascular causes, especially diseases that are strongly associated with cigarette smoking. In obese men deaths were largely due to cardiovascular causes. Lean men were twice as likely to be heavy smokers as obese men, and in men who had never smoked the lowest mortality was seen in lean men, and thereafter mortality increased with increasing body mass index. Former smokers had lower mortalities than current smokers, strongly emphasising that the benefits of stopping smoking clearly outweigh the problems associated with the weight gain seen in former smokers.

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.

SI units are used for scientific measurements, but blood pressure should continue to be expressed in mm Hg.

References must be in the Vancouver style and their accuracy checked before submission.

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.

Detailed instructions are given in the *BMJ* dated 7 January 1989, p 40.