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Early diet of preterm infants and development of allergic or atopic disease: randomised prospective study

Special preterm formula milks are increasingly fed to low birthweight infants. There is some concern, however, that feeding neonates formulas based on cows' milk could increase their risk of developing allergy or atopic disease. In addition, such infants may have enhanced exposure to dietary antigens and might be expected to be at a high risk of later allergy. Lucas *et al* (p 837) have conducted the first randomised prospective trial on the effect of such formulas on preterm infants. They found that the incidence of allergy was no different in infants initially fed on human milk or preterm or term formulas, although those with a family history of atopic disease were at an increased risk of developing allergic reactions, especially eczema, when fed on preterm formula rather than human milk.

Pregnancy and urinary tract infections in childhood

Women with reflux nephropathy are at risk of developing complications during pregnancy. On p 840 Martinell *et al* describe the outcome of pregnancy in women in Gothenburg followed up continuously since their first recognised urinary tract infection in childhood. The study group comprised 19 women with

renal scarring (32 deliveries), 22 without (33 deliveries), and 65 matched controls (65 deliveries). In women with reflux nephropathy the incidence of bacteriuria was higher than that in the controls; women with persisting vesicoureteric reflux were especially prone to pyelonephritis. The incidence of bacteriuria was increased also in women without renal scarring. The incidence of pre-eclampsia, however, was not significantly higher than that in the controls, neither were there differences in birth weight, Apgar score, or preterm deliveries. Blood pressure analysed during first pregnancies showed a significant increase during the third trimester in women with renal scarring compared with that in controls.

Mortality in elderly patients admitted for respite care

The risk of death in elderly people who are temporarily admitted to hospital so that their carers can have a rest has caused concern. Howarth *et al* (p 844) have examined the outcome in 474 patients aged 70 or more who were admitted to many types of hospital in different parts of the country over 12 months. The mortality in those who died in hospital was 3.4% (16 patients, 2.7% of all admissions) compared with 4.9% (23) for those awaiting admission. This relatively low mortality probably reflects improved standards of geriatric care, but the selection of patients whose medical condition is stable is also important. These results should reassure elderly patients, their carers, and the general public that such short stays in hospital are not associated with increased mortality.

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 6 January 1990, p 38.