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Urbanisation and blood pressure

The critical aetiological agents responsible for essential hypertension remain controversial. Longitudinal studies of migration allow observation of the rate at which environmental agents influence blood pressure and increase the chance of identifying the agents responsible, being less encumbered by the genetic component of the disorder's evolution. On p 967 Poulter *et al* report the results of a study of blood pressure of migrants from a low blood pressure population in western Kenya. Higher blood pressures were observed in the migrants compared with controls within one month of migration, and the difference in diastolic pressure increased over two years. The dietary sodium:potassium ratio, body weight, and possibly stress are suggested to be important in predicting changes in blood pressure and essential hypertension.

Oxpentifylline treatment of venous ulcers of the leg

Venous ulcers of the leg are a common cause of illness in the community and are expensive to treat, costing the NHS an estimated £1200 for each unhealed ulcer a year. Currently no pharmacological treatment has been proved to be of value in treating this condition. Colgan *et al* (p 972) randomised 80 patients with clinical evidence of venous ulceration of the leg to receive either oxpentifylline or a placebo for up to six

months in addition to locally standardised compression bandaging. They found that the proportion of healed ulcers was significantly higher in the patients treated with oxpentifylline. In addition, ulcer area significantly improved with the drug treatment, whereas the outcome was variable with placebo. These results confirm a report that oxpentifylline might be effective in healing venous ulcers of the leg when added to a regimen of compression bandaging.

Relation between dose of bendrofluazide, antihypertensive effect, and adverse biochemical effects

Treating hypertension with thiazides has been criticised because of adverse biochemical effects, including an increase in total cholesterol and low density lipoprotein cholesterol concentrations and a decrease in high density lipoprotein cholesterol concentrations. On p 975 Carlsen *et al* report the results of a trial of different doses of bendrofluazide. They found that biochemical effects were related to dose and that the lowest dose was almost as effective as higher doses at reducing blood pressure but produced only one biochemical effect—namely, an increased urate concentration. Previous trials have used too large doses, thus overestimating the influence of adverse effects. The authors recommend that minimum doses of thiazides should be used in daily practice and future clinical trials.

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.