This week in BMJ

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Day hospital treatment for acute psychiatric illness

Although it is stated policy of the Departments of Health and Social Security that acutely ill psychiatric patients should be treated in a day hospital rather than be admitted for inpatient care, there is little published evidence that this treatment is feasible and effective. On p 1033 Creed *et al* describe a trial in which 102 of 175 patients presenting to a district service for admission were randomly allocated to either inpatient or day hospital treatment. Two thirds of those randomly allocated to the day hospital were successfully treated, and the outcome in terms of reduction of psychiatric symptoms and improvement in social performance was similar to that of those allocated to inpatient care. The findings suggest that improvement may be more rapid with inpatient treatment but that it may be more lasting with day treatment. Probably other psychiatric day hospitals might not be able to allocate such a high proportion of acutely ill patients unless they had high staffing levels needed to allow acutely ill patients to be treated in this way.

Hours, volume, and type of work of preregistration house officers

A study commissioned by the Department of Health showed that during 1987-8 house officers on average worked 97 hours a week. The relevance of this finding was disputed by the Minister for Health, Mrs Virginia Bottomley, on the basis that the study had been conducted before the latest initiatives on junior doctors' hours had been launched. Leslie *et al* (p 1038) describe a study of junior doctors' hours undertaken in February 1989, using independent observers to record doctors' activities. They found that preregistration house officers worked for 83-101 hours each week, and the study also highlighted the problem of an increased workload associated with increasing cross cover—the solution to reducing hours envisaged by the Department of Health. The results of the study led to the creation of three additional preregistration posts in medicine (an increase of 18%). This action seemed to achieve a balance between the house officers' hours of work and their workload when on call and to improve the clinical service to patients.

Screening for carcinoma of prostate by digital rectal examination in a randomly selected population

Cancer of the prostate is an increasing health problem in many countries. Because it causes no symptoms in its early stages attention has been focused on early detection and treatment. Evaluations of screening programmes have been reported, but none has been in a randomly selected population. Pedersen *et al* (p 1041) studied the prevalence of prostatic cancer detected by digital rectal examination in a high risk population. Each patient was examined independently by a general practitioner and a urologist. Carcinoma of the prostate was suspected by one or both doctors in 45 cases and subsequently confirmed by cytological investigation in 13. The study also investigated the acceptability of the screening test and any adverse effects, such as psychological trauma, when cancer was detected. The authors found that screening could be organised as an integrated part of the routine work of the health service, though the question remains whether it would prolong survival.

Intrauterine growth retardation and umbilical artery blood flow

Most normal fetuses that are small for their gestational age and classified as growth retarded are probably healthy. Only those that are small because of placental insufficiency are likely to be at risk. No reliable test is available to differentiate between fetal smallness due to placental insufficiency and that due to other causes. Burke *et al* (p 1044) measured umbilical artery blood flow in singleton pregnancies in which the fetal abdominal circumference was below the fifth centile for gestation. No perinatal deaths occurred among 119 physically normal babies with normal flow, but two midtrimester abortions and three stillbirths occurred among 50 women with normal babies with abnormal flow. The numbers of caesarean sections for fetal distress and of preterm deliveries were low with normal flow but were greatly increased with abnormal flow. They conclude that intrauterine growth retardation associated with normal umbilical artery blood flow is largely a benign condition.

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 6 January 1990, p 38.