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Births in Great Britain resulting from assisted conception, 1978- 87

With the growth of assisted conception as a treatment for infertility the health of the resulting children is becoming an increasingly important issue. The characteristics at birth of 1581 children conceived by in vitro fertilisation or gamete intrafallopian transfer are reported on p 1229. These represent most births in 1978-87 resulting from assisted conception in residents of England, Wales, and Scotland. Overall, 23% of the deliveries were twins, triplets, or higher order births compared with 1% among pregnancies conceived naturally. This high frequency of multiple births is the main determinant of the outcome of the pregnancies and of the health of the children at the time of birth. About a quarter of the deliveries were preterm and almost a third of the children were of low birth weight compared with 6% and 7%, respectively, in all England and Wales; the increased risk of both conditions was largely due to the high frequency of multiple births. Perinatal and infant mortality was higher than in the country as a whole, again because multiple births were unduly common. Continued monitoring of the children resulting from assisted conception is necessary before firm conclusions can be drawn about their risk of congenital malformations or about their long term health.

Kidney stones and hypertension

Over the years there have been suggestions that hypertension might predispose people to the formation

of kidney stones, but the data have been scarce. On p 1234 Cappuccio *et al* present the results of a study of 688 male workers at the Olivetti factory in Naples. After controlling for age, body mass index, renal function, and serum urate and calcium concentrations they found that hypertensive subjects were twice as likely to have a history of urolithiasis as normotensive subjects, although the causal mechanism remains speculative.

Signs of illness preceding sudden unexpected death in infants

It has been suggested that some signs of illness in infants may indicate that they are at risk of sudden unexpected death. Gilbert *et al* (p 1237) conducted a prospective study of parental reporting of major and minor signs of illness in babies who had died suddenly and unexpectedly compared with live controls who were matched for age, time of year of interview, and area of residence. Overall, signs of illness were more common in the babies who had died than in controls, although major signs, considered to indicate serious illness, were equally common in both groups during the week before the death of the index baby. Even so, parents of the babies who had died had consulted their general practitioner significantly more often during that week whether or not their baby had had major signs of illness. The authors speculate that this may have been due to parents noticing specific subtle signs, or more severe signs that the doctors did not appreciate. A better understanding of the reasons for consulting a general practitioner may make it possible to identify some babies who are at risk of sudden unexpected death.

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.

Abbreviations should not be used in the text.

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.