

This week in BMJ

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Dietary intake and plasma lipid levels

The relation between diet and plasma lipid concentrations within a population remains contentious, but most recommendations include a reduction in total fat intake and an increase in carbohydrate intake. On p 1297 Thorogood *et al* present data from the Oxford vegetarian study comparing diet, as assessed by a four day record, with blood lipid concentrations. The study group included health conscious people, some of whom ate meat or fish and others who were either vegetarian or vegan. The results suggest that people can select a healthy diet whether or not they eat meat. Most of the subjects had a low intake of saturated fat but had compensated for this by increasing their unsaturated fat intake rather than their carbohydrate intake, leaving their total fat intake fairly high—perhaps a more palatable alternative.

Percutaneous cholecystolithotomy: the first 60 patients

Interest in less invasive methods of treating cholecystolithiasis is increasing, but extracorporeal shock wave lithotripsy and treatment that dissolves gall stones are not suitable for all patients. On p 1310 Chiverton *et al* report their experience of adapting the techniques and methods of percutaneous nephrolithotomy to the percutaneous removal of gall stones. They successfully treated patients with stones of all sizes and compositions as well as patients whose gall bladders were not functioning because of obstruction of Hartmann's pouch. Of the first 60 patients, 56 had their stones extracted successfully; there were four failures of access. Seven patients had postoperative complications, and two are known to have had recurrences so far. This method of treating cholecysto-

lithiasis should complement extracorporeal shock wave lithotripsy and open surgery just as percutaneous nephrolithotomy does in the management of renal calculi.

Dietary factors and the risk of developing insulin dependent diabetes in childhood

People who are genetically predisposed to insulin dependent diabetes are thought to have the disease triggered by environmental risk factors, which cause an autoimmune response that destroys B cells. Experiments in animals indicate that foods and food additives may be such risk factors. On p 1302 Dahlquist *et al* describe a study of food habits in children who had recently developed diabetes and matched controls. Significantly linear dose response trends for odds ratios for insulin dependent diabetes were found for frequency of intake of solid foods high in protein, nitrosamines, nitrates or nitrites, and carbohydrates. Although the results must be interpreted with caution, they may indicate a causal relationship between high intakes of such foods and diabetes.

Has the prevalence of asthma increased in children?

The surprising increase in mortality from asthma among 5-34 year olds between the mid-1970s and mid-1980s prompted Burney *et al* to examine trends in the prevalence of respiratory conditions for cohorts of children living in England and born between 1961 and 1981 (p 1306). Their results suggest that there has been a true increase in morbidity that is not due simply to changes in diagnostic fashion. The reasons for the increase are so far unknown but underline the importance of understanding the aetiology of asthma.

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.

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.

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