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Dynamic contrast enhanced computed tomography for identifying pancreatic necrosis

Precise identification of the site and extent of necrosis in and around the pancreas is important for patients with severe pancreatitis who need to have necrotic and often infected material debrided surgically. On p 1425 Larvin *et al* report on the role of dynamic computed tomography of the pancreas before and after injection of an intravenous bolus of radio-opaque contrast medium. Sixty patients with clinically severe acute pancreatitis had contrast enhanced computed tomography during 26 months. The authors found a close correlation between low enhancement in the pancreas and the finding of necrotic tissue at laparotomy or necropsy. They suggest that all patients should undergo enhanced computed tomography before surgical debridement as this facilitates less invasive procedures.

An endometrial factor in unexplained infertility

Clinicians are often unable to identify a definite cause of infertility in some patients, even after completion of all available diagnostic tests. The function of the endometrium as an independent factor in such unexplained infertility has now been studied by Graham *et al* (p 1428). They took endometrial biopsy specimens from 27 women with unexplained infertility and examined them using immunocytochemistry and a

monoclonal antibody, D9B1, which recognises a distinct and novel secretory product of the human endometrium. The secretion of this epitope was found to be reduced and delayed in women with infertility compared with the pattern found in a control group of women with normal fertility. These differences remained significant even in the presence of normal concentrations of circulating progesterone, thus suggesting that this endometrial abnormality is due to primary dysfunction of the endometrium.

Treatment of low back pain of mechanical origin

Patients with low back pain often claim considerable improvement after manipulative treatment by alternative practitioners, including chiropractors. Meade *et al* (p 1431) conducted a randomised trial of chiropractic and hospital management. They studied methods used in day to day practice, in which the type, duration, and number of treatments were at the discretion of the chiropractors and hospital teams. Chiropractic was appreciably more effective, particularly for patients with chronic severe pain, and the benefit lasted for at least two years. The effectiveness might be explained by the use of low amplitude, high velocity manipulation and the fact that chiropractors gave their treatments over a longer period than the hospital teams. Chiropractic seemed to be cost effective. The authors believe that the recognition of appropriately trained and experienced chiropractors and the provision of chiropractic within the NHS should be considered.

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.