This week in BMJ

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Why are so few patients randomised to prospective breast conservation trials?

Prospective clinical trials frequently take longer to complete than originally predicted. In a study to investigate the rate of recruitment to early breast trials Jack *et al* (p 83) looked at one year's cohort of patients with early breast cancer referred to the breast unit, Longmore Hospital, Edinburgh. Forty three per cent of patients who initially were thought suitable for conservation management were after further assessment and discussion treated by mastectomy. Over half of the original group were excluded from the prospective trials for various reasons, and of the remaining eligible patients, one third declined. Despite the best efforts of those concerned, recruitment to prospective trials may be affected by various factors whose magnitude may not have been predicted at the time the trial was first planned.

Interaction between bedding and sleeping position in the sudden infant death syndrome: a population based case-control study

Overheating and the prone sleeping position are two of the many factors that have been described as possibly contributing to the sudden infant death syndrome. On p 85 Fleming *et al* report a study of sudden unexpected infant deaths in a geographically defined population in Avon and Somerset. The total thermal resistance of the clothing plus bedding was calculated and was significantly greater for the infants who had died than for control infants. The control infants were matched for age and their parents were interviewed within 72 hours of the index baby's death. The infants who had died were more likely to have slept prone and to have had the heating on all night than the matched controls. The differences in total thermal resistance for bedding plus clothing were greatest for infants aged more than 70 days. Reduced heat loss in the prone position may exacerbate the effects of overwrapping and the authors suggest that infants who do not have gastro-oesophageal reflux and were not born before term should be put to sleep on their sides or backs. Parents should be encouraged to check whether their baby feels hot or cold and to adjust the bedding accordingly.

Sources of stress in women junior house officers

Stress and depression levels in female doctors have been reported as higher than in other professional groups. If this is so the sources of this distress need to be investigated. On p 89 Firth-Cozens reports a questionnaire study of 70 women junior house officers that showed levels of stress and depression considerably higher than those in other occupational groups and community samples. Almost half the subjects reached the criterion for clinical depression. This confirms previous studies that showed no differences in perceptions of general stressors within the role. The principal stressor was found to be conflict between career and personal life. Sexual discrimination by senior doctors and sexual stereotyping were present but not seen as the cause of high levels of stress, while prejudice from patients and other staff was both frequent and stressful. These results support the need for changes in the career paths of women doctors.

Asymptomatic myocardial ischaemia in diabetics

Coronary artery disease is an important complication of diabetes, representing the ultimate cause of death in more than half of all diabetics. Patients with diabetes have an increased risk of developing silent myocardial infarctions and several studies have shown an excess mortality from coronary heart disease in diabetic populations. Koistinen (p 92) studied the prevalence of angiographically confirmed silent coronary artery disease with active myocardial ischaemia in a diabetic population and compared it with that of a non-diabetic control group of patients of similar age and sex. He found silent coronary artery disease in 12 out of 136 diabetics but only one out of 80 controls (in whom the coronary artery narrowing was insignificant). Non-invasive screening of diabetics, however, does not seem to be justified because of a low pretest probability of the disease and inaccuracy of the available test methods.

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.