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Siblings of opposite sex as a risk factor for child mortality

Studies of epidemics of measles in Guinea-Bissau have found a higher mortality when the disease was contracted from siblings of the opposite sex, but no data are available for other infectious diseases. Aaby and Mølbak (p 143) conducted a retrospective study of pairs of twins in an urban and a rural area. Twins of mixed pairs had a higher postneonatal mortality than twins of pairs of the same sex. A prospective case-control study of twins and other children aged less than 4 showed that those whose older siblings nearest in age were of the opposite sex had a higher postneonatal mortality than those with a sibling of the same sex. The authors conclude that a difference in sex between siblings tends to increase severity of infection. Further studies of the underlying mechanisms seem warranted.

Monitoring growth in children taking steroids

Until recently it was not possible to measure the growth suppressive effect of oral steroids in children under controlled conditions. Now, however, we have knemometry, a method of measuring growth of the lower leg, which has been established as an accurate and reliable tool for monitoring short term linear growth in children. On p 145 Wolthers and Pedersen report a randomised, double blind crossover study investigating short term growth in a group of children with mild asthma during treatment with small doses of prednisolone given twice daily. Pulmonary function

and other possible growth influencing factors were kept constant throughout. The authors found that treatment with 2.5 and 5.0 mg prednisolone daily resulted in a similar and significant reduction in growth velocity of the lower leg and therefore conclude that small doses of prednisolone given twice daily inhibit linear growth in children with mild asthma. They also believe that, by virtue of measuring changes in a physiological variable, knemometry may have the potential of being the first non-invasive method of assessing systemic side effects of exogenous steroids in children

Infertility in Aberdeen

The demand for infertility services is growing in the United Kingdom, but no one is quite sure whether this reflects an increased incidence of infertility or raised expectations because remarkably little is known about the epidemiology of infertility. On p 148 Templeton *et al* report their findings among women in Aberdeen. In a questionnaire study of 894 women aged 46-50 years they achieved a response rate of 86%. Among the 766 women who replied, 602 had had no trouble in having children, 56 (7%) had chosen not to have children, and 108 (14%) had experienced infertility, taking longer than two years to conceive. Sixty eight had primary infertility and 40 secondary infertility; 64 eventually conceived, but 27 never became pregnant at all. Sixty seven women had attended a hospital clinic for their infertility—a higher proportion than in some other countries. Although this study says nothing about whether the incidence of infertility is rising, the authors expect the proportion of women attending infertility clinics to rise as expectations rise.

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.