This week in BMJ

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Shortfall of equipment for neonatal intensive care

Plans to implement the government's reforms of the NHS are now well advanced. At present, units are negotiating contracts with district health authorities. Many clinicians find this difficult as much of the information required is not available. On p 201 Fenton and Field identify a major shortfall in essential equipment for neonatal services in the Trent region. This has probably resulted from a long term failure to implement an adequate replacement programme owing to financial constraints. A similar situation is likely to exist in other specialties, and they point out that expenditure related to equipment represents a major element of running costs. Unless these shortfalls are remedied they will act as outstanding debts and place some NHS units at a particular disadvantage in the proposed market for health services.

Patterns of physical activity among 11 to 16 year old British children

Appropriate physical exercise is considered to be important, but little is known about the amount of exercise taken by British schoolchildren. Armstrong *et al* studied the patterns of physical activity among 266 children aged 11 to 16 by monitoring their minute by minute heart rate for three 12 hour periods during normal school days. They also monitored 212 of the children for 12 hours on a Saturday. Over half of the girls and more than one third of the boys had no 10 minute period in which their heart rate was above 139 beats/minute during the three days of monitoring. During the monitoring on a Saturday 112 girls and 65 boys had no 10 minute period in which their heart rate was in this range. British children clearly have surprisingly low levels of habitual physical activity. Many of the children monitored seldom experienced the intensity and duration of physical activity that appropriately stress the cardiopulmonary system.

Sexual transmission of hepatitis C virus

Although the classification and early descriptions of clinical non-A non-B hepatitis were based primarily on cases associated with transfusion, this mode of transmission probably accounts for only 5-10% of cases. Other routes of transmission include intravenous drug use, treatment with certain blood products, mother to child transmission, and occupational exposure to blood, most often as a result of accidental inoculation with contaminated needles. In many cases, however, no obvious source of transmission is found, so that the importance of sexual transmission has been an open question. On p 210 Melbye *et al* report the results of a cohort study of 259 homosexual men which focused on the importance of sexual transmission of hepatitis C virus—the recognised cause of most non-A non-B hepatitis in the developed world. Using a newly developed assay directed against hepatitis C virus antibody, these investigators found little evidence of sexual transmission, and figures for prevalence of antibody and seroconversion to hepatitis C virus were much lower than those to hepatitis B virus and HIV. Futhermore, antibodies to hepatitis C virus disappeared in some cases after several years of infection, not necessarily as a consequence of impaired immunity but rather as a natural occurrence in resolving disease.

Prolonged blood pressure reduction by a new orally active renin inhibitor

In an exploratory study van den Meiracker *et al* (p 205) investigated the effects of two single intravenous doses and one single oral dose of the novel renin inhibitor RO 42-5892 on plasma renin activity and angiotensin II concentration and on 24 hour ambulatory blood pressure in nine hypertensive patients. With both intravenous and oral doses renin activity fell to undetectably low values, and angiotensin II concentration fell by 80-90% with intravenous doses and by 30-40% with the oral dose. Angiotensin II concentration was back to baseline values six hours after the intravenous dose and remained low for at least eight hours with the oral dose. Blood pressure fell rapidly with both doses and the effect of the inhibitor on blood pressure lasted longer than its effect on angiotensin II. The results indicate that RO 42-5892 is orally active and has a prolonged antihypertensive effect that seems to be at least partly independent of the suppression of circulating angiotensin II.

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.