This week in BMJ

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Short course chemotherapy for tuberculous lymphadenitis in children

Tuberculous lymphadenitis in childhood continues to be a common problem in developing countries. There is still no widely accepted strategy for its management. On p 359 Jawahar *et al* report a collaborative clinical trial which was conducted by the Tuberculosis Research Centre of the Indian Council of Medical Research, Madras, South India, that studied the efficacy of a short course chemotherapy regimen of six months in treating this disease. Patients were followed up for 36 months after treatment. The response to treatment was favourable, compliance was good, and adverse reactions were negligible. The study has shown that childhood tuberculous lymphadenitis can be successfully treated with a six month short course chemotherapy regimen.

Screening high risk patients for colorectal cancer in a family cancer clinic

Close relatives of patients who develop colorectal cancer or who have multiple cancers within the family are at increased risk of developing colorectal cancer. At present the survival rate after surgery for colorectal cancer is only 50%, but most cancers of the colon develop in premalignant polyps and with appropriate screening a proportion of polyps or early malignancy may be detected in patients at high risk. On p 366 Houlston *et al* describe the establishment of a genetic clinic offering counselling and screening for relatives of patients with colorectal cancer. In four years 715 relatives were seen and their risks estimated from the family history. Screening by colonoscopy or faecal occult blood tests was offered, depending on risk, and 90% of patients accepted. Screening of the breasts and pelvis was indicated in some families. Faecal occult blood testing was unsatisfactory in the high risk group, but a high proportion of polyps and five cancers were detected by colonoscopy. Family history can be used to identify patients at increased risk of cancer and to target screening.

Symptoms of low blood pressure

Doctors in the United Kingdom usually look with considerable disdain on those countries, such as Germany, that regard constitutional hypotension as a disease category. In a population study in the United Kingdom, however, Wessely *et al* (p 362) found that systolic blood pressures which are regarded as beneficial were associated with feeling tired, faint or dizzy. They did not suggest treatment but concluded that perhaps doctors should be less sceptical of Continental practices.

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.

Photographs should be trimmed to remove all redundant areas and should be no larger than 30×21 cm (A4); the top should be marked on the back of each print.

Abstracts should accompany all original articles. They should be up to 150 words long and should set out what was done, the principal findings, and their implications.

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. Each reference should include the names and initials of each author (or, if more than six, the first three followed by *et al*), the title of the article, the title of the journal (abbreviated according to the style of *Index Medicus*), the year, the volume, and the first and last page numbers. References to books should give the names of any editors, the place of publication, the publisher, and the year.

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 7 January 1989, p 40.