

# This week in BMJ

All communications should be addressed to The Editor, *BMJ*

**Editor**  
Stephen Lock

**Art department**  
Derek Virtue

**Book reviews**  
Ruth Holland

**BMA affairs**  
Gordon Macpherson  
Linda Beecham  
Tony Delamothe

**Correspondence**  
Trish Groves

**Editorials**  
Jane Smith

**Editorial secretary**  
Susan Minns

**General office**  
Leslie Moore  
Andrew Woodward

**News**  
Richard Smith

**Obituaries**  
Liz Crossan

**Original articles**  
Stella Lowry

**Subediting department**  
Jacqueline Annis  
Diana Blair-Fish  
Tony Camps-Linney  
Margaret Cooter  
Carole Greenall  
Deborah Reece

**Editorial registrars**  
Fiona Godlee  
Alison Walker

**Publishing director**  
Anthony Smith

**Advertisement manager**  
Bob Hayzen

**International sales**  
Maurice Long

**Publishing manager**  
Derek Parrott

© British Medical Journal 1990.  
All Rights Reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any other means, electronic, mechanical, photocopying, recording, or otherwise, without prior permission, in writing, of the British Medical Journal.

US second class postage paid at Rahway, NJ. Postmaster: send address changes to: BMJ, c/o Mercury Airfreight International Ltd Inc, 2323 Randolph Avenue, Avenel, NJ 07001, USA.  
US (direct) subscription \$180.00.

Published by the proprietors, the British Medical Association, Tavistock Square, London WC1H 9JR, telephone 071 387 4499 (editorial fax 071 383 6418).  
Printed by BPC Business Magazines (Pulman) Ltd, Milton Keynes.  
Typesetting by Bedford Typesetters Ltd, Bedford. Registered as a newspaper.

## Unemployment and mortality in Finland

Although the relation between unemployment and mortality has been well established in several studies, it is still not clear whether unemployment is causing excess mortality or whether some background variables cause both unemployment and mortality. On p 407 Martikainen reports the results of a Finnish study based on the census records for 1980 concerning all 30-54 year old wage earner men. Mortality in this population was analysed for the period 1981-5. The study found a strong positive relation between unemployment and mortality which could only partly be explained by demographic, social, and health variables preceding unemployment. The excess mortality among unemployed men was highest in accidental and violent causes of death (relative mortality 2.51), though deaths from circulatory diseases were also prominent (relative mortality 1.54). Long duration of unemployment clearly accentuated the relation. This sort of information, together with other studies, supports the arguments that unemployment has an independent causal effect on mortality.

## HIV and tuberculosis in Zambia

Increases in the numbers of new cases of tuberculosis have been reported in many developing countries. In the light of the interaction between the organisms responsible for tuberculosis and for AIDS Elliott *et al* report the prevalence of HIV infection among patients with tuberculosis in Lusaka, Zambia (p 412). They found a 60% prevalence of HIV antibody; the highest percentages of patients affected were in women aged 14-24 and men aged 25-34. Even in the presence of HIV infection tuberculosis responds well to treat-

ment, but when pulmonary tuberculosis occurs in the presence of HIV the sputum smear is an unreliable tool for diagnosis.

## Where do cancer patients wish to die?

Most patients with cancer and their families have a time when they know the illness is terminal. Currently 27% of such patients die at home. On p 415 Townsend *et al* report a prospective study that found that their own home was the preferred place of final care for 17 of the 18 patients who died there, whereas 22 of 32 patients who died in hospital had stated a preference to die elsewhere. Had circumstances been more favourable two thirds of patients would have preferred to die at home. With additional community support many more could have been cared for at home.

## Perinatal mortality rates in isolated general practitioner maternity units

There has been a continuing controversy over the safety of delivering in both consultant and isolated general practitioner units. Large prospective controlled trials are not feasible, and analysis of comparable groups provides the best evidence. Sangala *et al* (p 418) analysed the outcome of a large number of comparable deliveries and found that the isolated general practitioner units had a higher perinatal mortality rate when the results were analysed by intended place of delivery at the time of onset of labour or diagnosis of intrauterine death. Parity did not affect the results despite many nulliparous women delivering in the isolated units.

## 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.

**Abbreviations** should not be used in the text.

**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.