This week in BMJ

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Unawareness of hypoglycaemia and inadequate hypoglycaemic counterregulation

Unawareness of hypoglycaemia in insulin dependent diabetes mellitus became topical recently with the suggestion that patients receiving human insulin may be at particular risk. Long before human insulin was introduced, however, certain diabetic patients were recognised as being particularly susceptible to hypoglycaemic coma without warning. Unawareness of hypoglycaemia is attributed in textbooks as a manifestation of diabetic autonomic neuropathy. Certain diabetic patients produce inadequate amounts of glucagon and adrenaline during hypoglycaemia, and this inadequate counterregulatory response has been suggested to be due to autonomic neuropathy. On p 783 Ryder *et al*, using an extensive battery of tests of autonomic function, found a convincing lack of association between diabetic autonomic neuropathy and either a clinical history of hypoglycaemic unawareness or inadequate glucose counterregulation during an insulin infusion test. Their patients with inadequate counterregulation had a diminished pancreatic polypeptide response to hypoglycaemia, which had previously been thought to reflect autonomic neuropathy in the vagal supply to the pancreas. Ryder *et al* suggest instead that this response reflects diminished activity of a central glucoregulatory centre, perhaps in the hypothalamus, which fails to trigger the autonomic nervous system activity that normally occurs during hypoglycaemia.

Bone mineral loss in young women with amenorrhoea

Osteoporosis is increasingly being recognised as a consequence of oestrogen deficiency. Many studies have recorded bone rarefaction as women pass through the menopause, and it is those menopausal women who are most deficient in oestrogen who are most prone to osteoporotic fracture. On p 790 Davies *et al* show that oestrogen deficiency at any age may be associated with bone rarefaction and a risk of fracture. In a study of 200 women with amenorrhoea they found an average reduction in vertebral bone density of 15%, the reduction varying with the duration of amenorrhoea and the severity of the oestrogen deficiency. Fifty seven patients had suffered a fracture, and their bone density was significantly lower than that in the remainder. Davies *et al* have therefore identified a subgroup of young women presumably at increased risk of clinical osteoporosis.

Postoperative analgesic requirements in patients exposed to positive intraoperative suggestions

There is evidence that patients under general anaesthesia may be affected by intraoperative sounds in the operating theatre. These effects may be beneficial, neutral, or adverse and are usually displayed as an alteration of subconscious behaviour in the postoperative period. On p 788 McLintock *et al* report on 60 women who had undergone hysterectomy with general anaesthesia. They found that patients who had been exposed to positive intraoperative suggestions played through a personal stereo system chose to use one quarter less morphine, which was delivered through a patient controlled analgesia device, during the first postoperative day than patients who had been played a blank tape. Because of the potential benefits of reduced opioid consumption the authors recommend that more patients should be offered this technique as part of their anaesthetic management.

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.