

# This week in BMJ

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## Home treatment for acute psychiatric illness

Home treatment of patients with chronic relapsing psychiatric illness has not been evaluated recently in Great Britain. On p 1021 Dean and Gadd report a service in Birmingham that provides a total psychiatric service by using home treatment principles. Over two years 65 of 99 patients were managed by home treatments alone. Social characteristics of the patient and characteristics of the referral (assessment occurring out of hours or at a hospital or police station) were significantly related to the location of treatment; thus a 24 hour on call assessment service increases the likelihood of success of home treatment.

## Epidemiology of cryptogenic fibrosing alveolitis

Cryptogenic fibrosing alveolitis is a serious respiratory disease with a substantial mortality; the annual number of deaths from the disease now make up more than a third of those due to asthma. Nevertheless, as its name implies, the cause of cryptogenic fibrosing alveolitis is unknown, and its epidemiology has been little studied. On p 1017 Johnston *et al* present evidence that mortality from the disease in England and Wales has not only doubled in the past decade but is higher in men and in industrialised regions. These findings suggest that environmental factors may be important

in its aetiology. In an accompanying paper (p 1015) Scott *et al* report a case-control study of the effects of occupational and domestic exposure to dust in the aetiology of cryptogenic fibrosing alveolitis. This study showed that people with the disease were more likely to have worked with wood or metal dust, to have lived in a house heated by a wood fire, or to have worked with cattle. These data therefore suggest strongly that environmental exposure to dust has a role in the aetiology of this previously underinvestigated disease and highlight the need for more research.

## A new antenatal screening test for Down's syndrome?

Measurement of activity of urea resistant neutrophil alkaline phosphatase may be a useful antenatal screening test for fetal Down's syndrome. Cuckle *et al* collected blood samples during pregnancy from 72 women whose fetuses had been diagnosed as having Down's syndrome and from 156 controls and measured enzyme activity cytochemically (p 1024). Measurement of urea resistant neutrophil alkaline phosphatase activity yielded a detection rate of 79%, which makes it a more discriminating test than that for human chorionic gonadotrophin concentration. The test is not ready for routine use: more information is needed on its performance earlier in pregnancy and it needs to be automated.

## 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 6 January 1990, p 38.