

# This week in BMJ

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## Accidents in preschool children

Accidents in children cause anxiety for parents not only because of the injuries sustained but also because of concern and perhaps guilt that they could have prevented the incident. Accidents may also cause concern for the doctors and nurses who treat the child because of the need to consider possible neglect or deliberate injury. None the less accidents in children are common and it is useful for parents and doctors to know how often they occur, at what age children are most at risk, and from what type of accident. On p 16 Sellar *et al* report accidents in preschool children in the Oxford region. They found that on average 1 in 88 children each year were admitted to hospital after an accident, a figure which is consistent with data from elsewhere. Children rarely have several hospital admissions for accidents—for example, 97% (17 254/17 724) of children followed up for one year from their first admission had no further admissions for accidents and only 22 children had three or more such admissions within a year in a population of about 163 000 children under the age of 6.

## Smoking and alcohol absorption

Alcohol and tobacco are often consumed together, yet little is known of their pharmacokinetic interactions. Because alcohol is absorbed more rapidly from the small intestine than from the stomach the rate of alcohol absorption is dependent on the rate of gastric emptying. Using a randomised crossover study, Johnson *et al* (p 20) have examined the effects of cigarette smoking on alcohol absorption and gastric emptying in healthy volunteers. Cigarette smoking reduced peak blood alcohol concentrations, alcohol absorption, and the rate of gastric emptying. There was a highly significant correlation between the rate of gastric emptying and both alcohol absorption and peak blood alcohol concentrations. The rate of gastric emptying explained a large part of the considerable interindividual variation in alcohol absorption and peak blood alcohol concentrations that occurred after a standardised dose. Use of tobacco and other drugs that

affect gastric emptying may result in considerable intraindividual variation in alcohol absorption and peak blood alcohol concentrations, and this has important social and medicolegal ramifications.

## Trying to predict outcome of HIV infection

Although it has been known for several years that the outcome of HIV infection is highly variable in terms of time to disease after infection, the factors that define outcome are still unclear. One specific factor first noted in 1985 is that the humoral immune response to the major core protein of HIV (p24) declines in patients who later progress to AIDS. On p 23 Cheingsong-Popov *et al* report the results of a study of a large cohort of haemophilic patients whose precise date of infection with HIV is known to analyse the contribution of the first immune response to p24 at seroconversion to future progression of HIV disease. They show that patients with low titres of p24 antibody at seroconversion progress to AIDS more rapidly than those with high titres. This suggests that the host's initial immune response may influence the outcome of HIV infection, although the precise mechanism is still obscure.

## General practitioners and hospital intrapartum care

Recent papers have fuelled continuing controversy about general practitioner obstetrics. A survey of units in England and Wales shows that it continues to be practised over much of the country, though the numbers of deliveries are often small. Smith and Jewell (p 13) identified differences between the different categories of general practitioner unit, particularly the extent to which general practitioners participate in running the units. The decision to concentrate efforts in integrated units may have contributed to the decline in general practitioner obstetrics.

## 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 5 January 1991, p 40.