This week in BMJ

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Survival of nearly drowned children

American studies suggest that the unconscious nearly drowned child with fixed dilated pupils always does badly, but little research has been done in Britain. Kemp and Sibert (p 931) studied 330 children who drowned or nearly drowned in the British Isles. Most children admitted to hospital unconscious with reactive pupils fully recovered, as did a third of children admitted unconscious with fixed dilated pupils. The authors suggest that the cold water in Britain, which induces hypothermia, may improve the prognosis in nearly drowned children. They recommend that resuscitation should not be abandoned until children are rewarmed.

Disappearing lesions associated with epilepsy

Small mass lesions associated with epilepsy that resolve spontaneously are known in India, where more than 200 cases have been described, but are almost unknown elsewhere. On p 933 Kennedy and Schon describe four cases of such lesions seen during one year at a neurological unit, which suggests that the condition may be commoner in the United Kingdom than previously realised.

Diagnostic algorithm for referrals to neonatal cardiac centres

Neonates with critical congenital heart disease need early supportive treatment if they are to arrive at a specialist centre in a reasonable state. Drugs and ventilation (usually of more benefit than "immediate" or "emergency" surgery) are almost always available at the referring hospitals, but the problem is to choose the appropriate management when the diagnosis is uncertain. On p 935 Franklin *et al* describe a diagnostic algorithm for over the phone referral of these neonates, which (unusually for such algorithms) they have subjected to a three phase evaluation—a conventional phase, a structured phase, and a validation phase—to achieve real life credibility. They found that structuring the referral consultation substantially improved diagnostic accuracy but that the algorithm would have been accurate in no fewer than 78% of cases (158/203). Furthermore, had the algorithm dictated management supportive treatment would have been appropriate in 91% of cases (185/203). The algorithm looks promising in reducing the morbidity and mortality of neonates with critical heart disease by aiding in therapeutic decisions before transit.

Are GPs' premises adequate for minor surgery?

Although there has been much discussion about minor surgery performed by general practitioners, little attention has been given to the approval of facilities for surgery. Family health services authorities are now responsible for ensuring suitability, but no criteria are available for judging this. On p 941 Zoltie and Hoult describe the criteria used by Leeds Family Health Services Authority for approving premises and report the results of an inspection based on these criteria. Two thirds of practices had adequate facilities for surgery, but the inspection highlighted two aspects about which general practitioners should be especially vigilant—namely, record keeping and expiry date of adrenaline.

Australian court ruling on passive smoking

Legal battles on smoking continue world wide. The latest, on the effects of environmental tobacco smoke, is being fought to the end by the tobacco industry in Australia—at a cost of over $A5m. In February the Morling judgment on involuntary passive smoking entered the history books, and on p 943 Chapman and Woodward give the details of this battle royal between the Tobacco Institute of Australia and the Australian Federation of Consumer Organisations. The judgment is likely to have profound implications for implementing smoke free workplaces and for cigarette sales.

INSTRUCTIONS TO AUTHORS

The BMJ has agreed to accept manuscripts prepared in accordance with the Vancouver style (BMJ, 9 February 1991, p 338) 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.