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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 BPCC Business
Magazines (Pulman) Ltd,
Milton Keynes.

Typesetting by Bedford Typesetters
Ltd, Bedford. Registered as a
newspaper.

Distinguishing haemorrhage from infarction in acute stroke

The management and prognosis of the acute stroke syndrome vary with whether the causative lesion is haemorrhage or an infarction. So the correct diagnosis must be reached as soon as possible. This is particularly crucial in developing countries, where cerebral haemorrhage accounts for a far higher proportion of cases of stroke than in the West. Distinguishing cerebral haemorrhage from infarction, however, is difficult clinically. On p 1565 Pongvarin *et al* describe the Siriraj stroke score, including a validation study based on simple clinical variables—level of consciousness, headache, vomiting, diastolic blood pressure, and atheroma markers. The overall accuracy of the score as judged against the pathological type of stroke was 90.3%. The method is reliable and simpler and cheaper than other techniques and may be particularly applicable in developing countries.

Radiocaesium in the Western Isles

Before the Chernobyl nuclear accident radiocaesium in humans was assumed to have come from fallout after testing nuclear weapons. People living in the Western Isles of Scotland, however, have been reported to have higher caesium-137 concentrations than those living on the mainland, although the reason for this was unclear. In a larger study Isles *et al* confirm that islanders have raised ¹³⁷Cs concentrations (p 1568), although the radiation risk is less than that from the body's naturally occurring potassium-40. They suggest that part of the excess comes from the Sellafield reprocessing plant. Discharges from Sellafield are carried up the west coast by the gulf stream and most of the islanders' livestock graze on coastal plains. There is little health risk, but it is interesting that radioactivity discharged from Sellafield can be incorporated into the food chain several hundreds of miles away.

Efficacy of physiotherapy exercises for back pain

Physiotherapy exercises are widely used for treating back pain, but there is little firm evidence for their efficacy or benefit over other treatments. On p 1572 Koes *et al* examine all published randomised controlled trials of physiotherapy exercises for back pain. They report that the methods used and the analysis in these studies were generally poor and that the results are inconsistent. No conclusion can be drawn about the effect of exercise therapy, and further rigorous trials are required to evaluate treatment for back pain.

Complications at birth in relation to psychosis in adult life

The role of genetic factors in the aetiology of schizophrenia and the "functional" psychoses has been established, but the nature of environmental contribu-

tions is obscure. To investigate the suggestion that brain damage at or around the time of birth contributes to the later onset of psychosis Done *et al* identified patients admitted to psychiatric care from the 17 000 people born 3-9 March 1958 (the British perinatal mortality survey sample). They found (p 1576) that patients with a schizophrenic illness did not have a greater mean risk of perinatal death than the population in general, but there was some evidence of increased liability for those suffering with affective psychosis, perhaps related to decreased gestation length.

GP fundholding and financial risk

One of the problems which practices that have opted for fundholding status will have to overcome is balancing the funds available in a given year with the needs for services among their patients. On p 1582 Crump *et al* quantify the potential impact of random variation in demand for inpatient services on the yearly task of financial planning. A computer simulation modelled demand for the inpatient procedures which general practitioners can purchase for 100 years. The results showed considerable variation in the costs that might fall on the fund, even for larger practices. The authors doubt that general practitioners will be able to plan their finances with any certainty.

Will doctors use management information systems?

The reorganisation of the NHS has produced a rush to install computerised management information systems into hospitals. Experience from industry, however, shows that many systems do not meet users' needs and become disused. On p 1587 Mumford argues that relevance of the system to users is critical for success. Unless doctors spend time defining their clinical information needs and ensure that these needs are met by the computer system much money will be wasted. Participation by doctors at the design stage may also mean that the emphasis of the system will be on clinical rather than accounting needs.

Women and scuba diving

Although women currently represent only 12-14% of the sports scuba divers in the United Kingdom compared with 33% in the United States, increasing numbers of women in the United Kingdom are taking up this pursuit, either professionally or for leisure. It is important, therefore, that doctors have the information necessary adequately to advise women on the risks associated with diving, especially with regard to decompression sickness and during pregnancy and while taking the contraceptive pill. On p 1590 Cresswell and Leger-Dowse look at the current knowledge on diving and the risks to women obtained from both animal studies and retrospective surveys, many of them from the United States, where female divers and pilots have been employed by the armed services since the mid-1970s. They conclude that a coordinated, long term, broad based survey is needed to form the basis of informed advice to women divers.

Balancing Act

ESSAYS TO HONOUR
STEPHEN LOCK

THE KEYNES PRESS

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Published April 1991

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Available from:
British Medical Journal (Keynes Press),
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FORTHCOMING EVENTS

COMING EVENTS

British Medical Association Yorkshire Regional Office—"Ready? Steady? Go? with the BMA," advice for preregistration house officers, 31 July, Leeds. Details from Mrs C M Cummings at the regional office, Sterling House, Northside Business Park, Sheepscar, Leeds LS7 2BB. (Tel Leeds 458745.)

Health Services Management Unit—Conference for students and trainees "New horizons," 3 September, London. Details from the unit, Devonshire House, Precinct Centre, Oxford Road, Manchester M13 9PL. (Tel 061 275 2908.)

CONCERN—Conference "Homelessness and the mentally ill," 8 October, London. Details from Dr Weller's secretary, CONCERN, 52 Friern Barnet Road, London N11 3BP. (Tel 081 368 1288 ext 2210 during working hours.)

National New Parent Infant Network—Conference "National NEWPIN: the positive partnership," 11 October, London. Details from Norma Halse, NEWPIN, Sutherland House, 35 Sutherland Square, Walworth, London SE17 3EE. (Tel 071 252 5542.)

"The senile individual and the welfare society"—International conference on the social dimension of senile dementia, 18-20 November, Copenhagen. Details from the secretariat, Aeldrepaedagogisk Center, 5 Hellasvej, DK 7620 Lemvig, Denmark.

Radiological Society of North America—77th scientific assembly and annual meeting, 1-6 December, Chicago. Details from the society, 104 Wilmot Road, Suite 300, PO Box 825, Deerfield, Illinois 60015-0825, USA.

Association for Research in Nervous and Mental Disease—Course "Molecular and cellular approaches to the treatment of brain disease," 6-7 December, New York. Details from Dr Ivan Bodis-Wollner, Box 1052 ARNMD, 1 Gustave Levy Place, Mt Sinai Hospital, New York, NY 10029, USA.

German Society of Clinical Chemistry—13th International conference on biochemical analysis, 5-8 May 1992, Munich. Details from Biochemische Analytik 92, Mymphenburger Strasse 70, D-8000 München 2, Germany.

Hellenic Medical Society—Second world conference "Current diagnostic and therapeutic themes," 12-16 May 1992, Athens. Details from the conference secretariat of the Hellenic Medical Society of Great Britain, PO Box 955, London SE1 9RW.

LECTURES

*For attending lectures marked * a fee is charged or a ticket is required. Applications should be made first to the institutions concerned.*

Monday 1 July

St George's Hospital Medical School Department of Gynaecology—At Lecture Theatre D, 12 30 pm, Enid Vincent: Maternity services in 1995.

Wednesday 3 July

INSTITUTE OF ORTHOPAEDICS—At Courtauld Lecture Theatre, Middlesex Hospital, 6 pm, Dr C B Wynn Parry: Early indications for surgery in the rheumatoid hand. 7 pm, Mr T G Wadsworth: Surgery of the rheumatoid hand, wrist, and elbow.

ROYAL POSTGRADUATE MEDICAL SCHOOL—At Stamp Lecture Theatre, 10 15 am, medical staff round.

Thursday 4 July

INSTITUTE OF MECHANICAL ENGINEERS—At IMechE's London headquarters, 1 Birdcage Walk, 6 pm, Professor John Paul: Biomechanics of human movement. * (071 222 7899 ext 213.)

BMA MEETINGS

*Members proposing to attend meetings marked * are asked to notify in advance the honorary secretary concerned.*

Division meetings

Aldershot and Farnham—At Postgraduate Centre, Cambridge Military Hospital, Thursday 4 July, 7 pm, joint meeting with RAMC, speaker Dr A Rostom: "Cancer in the elderly: to treat or not to treat." * (Followed by supper.)

Bath District—At Department of Veterinary Surgery, University of Bristol, Thursday 4 July, 8 30 pm, joint meeting with the Mid-West Veterinary Association, Mr Ray Bradley: "Bovine spongiform encephalopathy"; Dr David Bateman: "Creutzfeldt-Jakob disease and similar related conditions." * (Preceded by buffet supper 7 30 pm.)

Bury St Edmunds—At Oxburgh Hall, Norfolk, Saturday 6 July, 10 45 am, summer outing, private guided tour of the property. * (Partners welcome.)

Crewe—At Mr and Mrs George Rawsthorne's home, The Crofts, Wrenbury Road, Aston, Sunday 7 July, 12 noon, annual family barbecue. *

Hastings—At Postgraduate Centre, Royal East Sussex Hospital, Monday 1 July, agm.

North Warwickshire—At The Courtyard, Nuneaton, Wednesday 3 July, 7 30 for 8 pm, buffet meal followed by Professor Elaine Murphy: "Psychogeriatrics in the community." *

York—At Gimcrack Rooms, York Racecourse, Friday 5 July, 7 30 for 8 pm, summer ball. * (Guests invited.)

GUIDELINES FOR PAPERS SUBMITTED TO THE BMJ

General points

- All material submitted for publication is assumed to be submitted exclusively to the *BMJ* unless the contrary is stated.
- All authors must give signed consent to publication.
- The editor retains the customary right to style and if necessary shorten material accepted for publication.
- Type all manuscripts (including letters and obituaries) in double spacing with 5 cm margins at the top and left hand of the sheet.
- Number the pages.
- Give the name and address of the author to whom correspondence and proofs should be sent.
- Do not use abbreviations.
- Express all scientific measurements (except blood pressure) in SI units
- Keep one copy of the manuscript for reference.

Points specific to each section

PAPERS, PRACTICE OBSERVED, EDUCATION & DEBATE

Papers report original research relevant to clinical medicine. They are usually up to 2000 words long with up to six tables or illustrations (short reports are up to 600 words with a maximum of one table or illustration and five references).

Practice Observed covers matters relevant to primary care.

Education & Debate include reports (up to 2000 words) on the organisation or assessment of medical work and on sociological aspects of medicine or the organisation, financing, and staffing of health services.

- Give the authors' names and initials, their posts when they did the work, and one degree each.
- Articles should generally conform to the conventional format of structured abstract (maximum 250 words), introduction, methods, results, discussion, and references.
- Include a paragraph (maximum 150 words) for the This Week in *BMJ* page.
- Send three copies (if the paper is rejected these will not be returned; after three months they will be shredded).
- Whenever possible give numbers of patients or subjects studied (not percentages alone).
- Any article may be submitted to outside peer review and assessment by the editorial committee as well as statistical assessment; this may take up to eight weeks.
- Manuscripts are usually published within three months of the date of final acceptance.

LETTERS

- Should normally be a maximum of 400 words and 10 references.
- Must be signed by all the authors.
- Preference is given to those that take up points made in articles published in the journal.
- Authors do not receive proofs.

MATERIA NON MEDICA

- Should be a maximum of 400 words.
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MEDICINE AND THE MEDIA

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OBITUARIES

- Should normally be a maximum of 250 words.
- Authors should summarise the person's career in a separate paragraph and not repeat these details in the main text.
- Authors do not receive proofs.

PERSONAL VIEW

- Should be a maximum of 1150 words.

Tables

- Should be on separate sheets of paper from the text.
- Should not duplicate information given in the text of the article.
- Whenever possible, when relevant, numbers of patients or subjects studied should be given (not percentages alone).
- If a table has been published previously written consent to republication must be obtained from the copyright holder (usually the publisher) and the author(s).

Figures

- Should be used only when data cannot be expressed clearly in any other way.
- Should not duplicate information given in the text of the article.
- The numerical data on which graphs, scattergrams, and histograms are based should be supplied.
- Whenever possible, when relevant, numbers of patients or subjects studied should be given (not percentages alone).
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LINE DRAWINGS

- Should be in Indian ink on heavy white paper or card, with any labelling on a separate sheet; or should be presented as photographic prints or good quality photocopies.

FIGURES THAT ARE NOT LINE DRAWINGS

- Should usually be prints, not negatives, transparencies, or x ray films
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- Should be trimmed to remove all redundant areas.
- The top should be marked on the back.
- Photomicrographs should include an internal scale marker.
- Labelling should be on copies, not on the prints.
- Patients shown in photographs should have their identity concealed or give written consent to publication.
- Staining techniques for photomicrographs should be stated in the legend.

References

- Should be numbered in the order in which they appear in the text.
- Should give the names and initials of all the authors (unless there are more than six, when the first six should be given followed by *et al*); the title of the article or chapter; *and* the title of the journal (abbreviated according to the style of Index Medicus), year of publication, volume number, and first and last page numbers *or* the names of any editors of the book, title of the book, place of publication, publisher, and year of publication, and first and last pages of the article.
- Information from manuscripts not yet in press, papers reported at meetings, or personal communications should be cited in the text, not as formal references.

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- Corrections to proofs should be kept to a minimum and should conform to the conventions shown in *Whitaker's Almanack*.
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