ment. Similarly, pregnant women often require supplements of iron and folate in the last trimester to meet their high requirements for these nutrients.

When he was professor of nutrition and dietetics at Queen Elizabeth College, University of London, Professor A S Truswell took a full part in the discussions that have led to this paper. We thank him for the help that he gave us in preparing it before he left England to become professor of nutrition at the University of Sydney, Australia. We are also indebted to Dr D H Buss of the Ministry of Agriculture, Fisheries and Food. He, too, played an essential part in our discussions from the beginning, and in addition was responsible for the final calculations in the tables.

References


How to do it . . .

Talk to a reporter

TONY SMITH

British Medical Journal, 1979, 1, 531-532

Doctors are mostly ambivalent about the press, radio, and television—and the reasons for their vacillation between admiration and loathing were well illustrated recently with the birth of the test-tube baby Louise Brown. The technical achievement was generally described clearly and accurately, so satisfying the natural curiosity of readers, listeners, and viewers; but there was also a disgraceful siege of the hospital for weeks on end, with reporters competing for exclusive rights to interview the parents (and other potential parents)—some using lies and confidence trickery in an attempt to extract confidential information from hospital staff.

Of course the public has a legitimate interest in hearing about medical advances, and often the best way for the story to be presented is with a "human interest" angle; but most doctors have heard horror stories about smooth-talking reporters who try to discover the identity of a patient who has a right to privacy, and many fear that if they talk to the press they may find an incautious comment given headline treatment.

Ask for time

How, then, should a doctor respond when his telephone rings and he finds a reporter (from the press, radio, or TV) wanting to talk about a news story—either an incident concerning a particular patient or a technical advance of some kind? My first piece of advice is to ask for time. Few of us are practised enough at public speaking to think on our feet, and I find it invaluable to ask for a few minutes to put my thoughts together. In fact, I usually make a few notes of what I want to say. A 10-20 minute pause will give you time to check a few facts (what exactly is the incubation period of mumps?), possibly have a quick chat with a colleague, and, if you are in any doubt, to take advice. (What sort of advice? You may want to ask your hospital secretary whether he is issuing a press statement, and if so would he prefer doctors to refer all callers to him; or you may wish to discuss confidentiality with your defence society. If there is any possibility of litigation you should almost certainly say nothing without having first checked with the legal experts.)

So after 10 minutes the reporter rings back. At this point you may have decided to make no comment either on legal advice or because the subject (such as, say, AIDS in lesbians) is one which you'd prefer to avoid for fear of getting egg on your face. Don't explain why; simply apologise for wasting his time and say that having had time to think you have decided not to comment. Mostly, however, you'll want to do what you can to answer the questions. But next find out on what basis you are talking. Is the reporter simply seeking background information, talking off the record? Is he wanting attributable statements that will appear (or be heard) with your name attached? Or is he sounding you out for a possible interview on TV or radio? The distinction is important, and it is up to you to ask, not the reporter to explain. If he is asking you for attributable comments on a news story then you should ask him to read out exactly what is going to be printed. If he tells you that he is still putting the story together, then ask him to phone you later with the
final version, including your comment, to make sure that it still sounds right in context.

**Studio punch-ups**

He may be wanting you to come and talk in a sound or TV studio. Karl Sabbagh has already explained how TV features are made. In general, my advice on the studio punch-ups with a doctor, a lawyer, a sociologist, a trade-union official, two coal-miners, and a dog is—leave them to the experts. Talking one-to-one with a reporter is fair enough: multipanel discussions usually leave the participants angry and frustrated.

On the whole, however, talking to reporters can be fun—intellectually stimulating and worth while. But please don't talk about something outside your range of current knowledge—what you learnt about virology in medical school is not good enough 12 years later. Don't criticise another doctor's treatment—he's seen the patient and you haven't. Don't say that anyone concerned is a fool unless you've met him or her and you're certain. Don't seem to assume that patients are invariably ignorant, lazy, and wrong and that doctors are always conscientious, polite, considerate, and right. And don't answer any questions you don't want to answer.

Then, with any luck, you'll get to know your reporter and he'll come to you again and learn to rely on you—and you on him. Once that occurs you'll be able to forget all the horror stories.

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**Style Matters**

**Uniform requirements for manuscripts submitted to biomedical journals**

*International Steering Committee of Medical Editors*

*British Medical Journal, 1979, 1, 532-535*

On 5 February 1979 the second meeting of the International Steering Committee of Medical Editors was held in Montreal. The committee approved the proposals for a uniform style for submitted manuscripts contained in the original Vancouver document with some minor amendments. The revised version is published here, and many journals will begin to introduce the system later this year.

The editors of several journals (including the founder journals listed in Appendix 1) have agreed to receive manuscripts prepared and submitted in accordance with the requirements described here. Authors must also consult the instructions printed in the journal to which they plan to submit their manuscripts for information as to what clinical or scientific material is suitable for that particular journal and the types of papers that may be submitted—for example, original articles, review articles, case reports, and brief reports. In addition, the journal's own instructions contain important information concerning acceptable languages, length of articles, approved abbreviations besides those listed in this document, number of copies of manuscripts to be submitted, and requirements for transfer of copyright.

The material in this document will be revised at intervals. Inquiries and comments originating in North America should be sent to Edward J Huth, MD, *Annals of Internal Medicine*, 4200 Pine Street, Philadelphia, PA 19104; those originating in other regions should be sent to Stephen Lock, MA, MB, *British Medical Journal*, British Medical Association, Tavistock Square, London WC1H 9JR, United Kingdom.

Reprints of these instructions will be available to editors of biomedical journals free of charge and to authors at a cost of 50p (including postage) from the Editor, BMJ. A full list of all participating journals will be published later this year.

**Summary of requirements**

Type manuscript double-spaced, including title page, abstract, text, acknowledgments, references, tables, and legends. Each manuscript component should begin on a new page, in this sequence: title page; abstract and key words; text; acknowledgments; references; tables: each table, complete with title and footnotes, on a separate page; legends for illustrations. Illustrations must be good quality, unmouted glossy prints usually 12·7 x 17·3 cm (5 x 7 in) but no larger than 20·3 x 25·4 cm (8 x 10 in).

Submit the required number of copies of manuscript and figures (see journal's instructions) in heavy-paper envelope. Submitted manuscript should be accompanied by covering letter, as described under "Submission of manuscripts," and permissions to reproduce previously published materials or to use illustrations that may identify subjects.

Follow journal's instructions for transfer of copyright. Authors should keep copies of everything submitted.

**Preparation of manuscript**

Type manuscript on white bond paper, 20·3 x 26·7 cm or 8 ½ x 11 in or ISO A4 (212 x 279 mm) with margins of at least 2·5 cm (1 in). Use double spacing throughout, including title page, abstract, text, acknowledgments, references, tables, and legends for illustrations. Begin each of the following sections on separate pages: title page, abstract and key words, text, acknowledgments, references, individual tables, and legends. Number pages consecutively, beginning with the title page. Type the page number in the upper right-hand corner of each page.

Manuscripts will be reviewed for possible publication with the...