Editor
Alastair F Wright, MBE, MD, FRCGP, FRCPsych (Hon)
Glenrothes

Deputy Editor
Alec Logan, FRCGP
Motherwell

Senior Assistant Editor
Lorraine Schembri, BSc

Assistant Editor
Clare Williams, BA

Editorial Board
Tom Fahey, MD, MSc, MFPHM, MRCGP
Bristol

David R Hannay, MD, PhD, FRCGP, FFPHM
Newton Stuart

Michael B King, MD, PhD, MRCP, FRCGP, MRCPsych
London

Ann-Louise Kinmonth, MSc, MD, FRCP, FRCGP
Cambridge

Tom C O'Dowd, MD, FRCGP
Dublin

Denis J Pereira Gray, OBE, MA, PRCGP
Exeter

Surinder Singh, BM, MSc, MRCGP
London

Blair Smith, MBChB, MEd, MRCGP
Aberdeen

Lindsay F P Smith, MClinSci, MD, MRCP, FRCGP
Ilchester

Ross J Taylor, MD, FRCGP
Aberdeen

Colin Waine, OBE, FRCGP, FRCPath
Bishop Auckland

John F Wilmot, FRCGP
Warwick

Statistical Adviser
Graham Dunn, MA, MSc, PhD

Editorial Office: 14 Princes Gate, London SW7 1PU (Tel: 0171-581 3232, Fax: 0171-584 6716).
E-mail: info@rcgp.org.uk
Internet home page: http://www.rcgp.org.uk

Published by The Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU.
Printed in Great Britain by Hillprint Ltd, Bishop Auckland, Co Durham DL14 6JQ.

Research papers this month

Female urinary incontinence

Urinary incontinence (UI) is a common health problem among women. Many treatment options have been shown to be effective in the management of this condition, with several options suitable for primary care. From the results of their follow-up study of the treatment of women with UI, Seim *et al* confirm that the management of female UI in general practice is effective also in the long term.

Long-term effect of treatment of female incontinence in general practice

Lagro-Janssen *et al* note that little is known of the long-term effects of conservative treatment of female urinary incontinence (UI) in general practice. The aim of their study was to evaluate the long-term effect of treatment, such as pelvic floor exercises and bladder training, as managed by the GP. They conclude that, despite a decline in the effect of treatment in the long term, the majority of women were satisfied with their treatment.

Evaluation of death registers in general practice

General practitioners do not routinely receive information about deaths of patients whose death certificate they haven't completed. In this study, Stacy *et al* developed and evaluated a system for producing death registers for GPs. Both GPs and practice managers found the death registers valuable, and report the demonstrable benefits with regard to administration, bereavement care, and medical audit.

Assessment of management in general practice

Van den Hombergh *et al* observe that a systematic description of the domain of practice management, as well as a valid method to assess it, are necessary for research and assessment. In this study, the authors developed a valid visit method to assess practice management, and the validity was studied systematically. This method could be an important contribution to the introduction of continuous quality improvement in general practice.

Why patients consult when they cough

Although the cough is the most common symptom presented to a GP, little is known about why someone decides to consult with a cough. Cornford carried out interviews with a group of subjects who had recently had a cough but had not consulted, and those who had, to investigate how they made sense of their illness. For consulting patients, cough breached the 'taken for granted' property of health that the non-consulting subjects with a cough were able to maintain, and, to non-consulting patients, cough was seen as a trivial illness.

Career outcomes for doctors completing training after 1990

The aim of Johnson *et al*'s questionnaire survey was to obtain information about the career paths of doctors who had completed general practice vocational training since 1990, and to compare the results with previously published data on those finishing before 1990. The results show that, although doctors are taking longer to reach their final career destination, the career paths taken are no different from those of earlier cohorts.

Potential for suicide prevention in primary care

The GP is often the frontline professional in dealing with possible suicide cases, and the role of the GP may be crucial in determining whether or not a suicide occurs. In this case control study by Haste *et al*, the authors found that females at risk of suicide are more likely than males to have been diagnosed and treated for mental illness. They also conclude that the General Practice Research Database is a potentially useful tool for research into relatively uncommon events in general practice.

The UMDS MSc in general practice

The United Medical and Dental School's MSc in general practice is one of the longest running courses of its kind. In this study, Calvert and Britten measured the extent to which graduates felt they had achieved 16 intended outcomes derived from the course objectives, and recorded current academic activities, such as teaching and research. They found that the graduates are making a significant contribution to their discipline and are unanimous in describing the course as an important event in their personal development.

© *British Journal of General Practice,* 1998, **48,** 1725-1729.

INFORMATION FOR AUTHORS AND READERS

Papers submitted for publication should not have been published before or be currently submitted to any other publisher. They should be typed, on one side of the paper only, in double spacing and with generous margins. A4 is the preferred paper size. The first page should contain the title only. To assist in sending out papers blind to referees, the name(s) of author(s) (maximum of eight), degrees, position, town of residence, address for correspondence and acknowledgements should be on a sheet separate from the main text.

Original articles should normally be no longer than 2500 words, arranged in the usual order of summary, introduction, method, results, discussion and references. Letters to the editor should be brief — 400 words maximum — and should be typed in double spacing.

Illustrations should be used only when data cannot be expressed clearly in any other way. Graphs and other line drawings need not be submitted as finished artwork — rough drawings are sufficient, pro-vided they are clear and adequately annotated.

Metric units, SI units and the 24-hour clock are preferred. Numerals up to nine should be spelt, 10 and over as figures. One decimal place should be given for percentages where baselines are 100 or greater. Use the approved names of drugs, though proprietary names may follow in brackets. Avoid abbreviations.

References should be in the Vancouver style as used in the Journal. Their accuracy must be checked before submission. The figures, tables, legends and references should be on separate sheets of paper. If a questionnaire has been used in the study, a copy of it should be enclosed.

Four copies of each article should be submitted and the author should keep a copy. Rejected manuscripts will be discarded after three months. Two copies of revised articles are sufficient. A covering letter should make it clear that the final manuscript has been seen and approved by all the authors.

All articles and letters are subject to editing.

Papers are refereed before a decision is made.

Published keywords are produced using the RCGP's own thesaurus.

More detailed instructions are published in the January issue.

Correspondence and enquiries
All correspondence should be addressed to: The Editor, British Journal of General Practice, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Telephone (office hours): 0171-581 3232. Fax (24 hours): 0171-584 6716. E-mail: journal@rcgp.org.uk.

Copyright
Authors of all articles assign copyright to the Journal. However, authors may use minor parts (up to 15%) of their own work after publication without seeking written permission provided they acknowledge the original source. The Journal would, however, be grateful to receive notice of when and where such material has been reproduced. Authors may not reproduce substantial parts of their own material without written consent. However, requests to reproduce material are welcomed and consent is usually given. Individuals may photocopy articles for educational purposes without obtaining permission up to a maximum of 25 copies in total over any period of time. Permission should be sought from the editor to reproduce an article for any other purpose.

Advertising enquiries
Display and classified advertising enquiries should be addressed to: Advertising Sales Executive, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Telephone: 0171-581 3232. Fax: 0171-225 3047.

Circulation and subscriptions
The British Journal of General Practice is published monthly and is circulated to all Fellows, Members and Associates of the Royal College of General Practitioners, and to private subscribers. The 1998 subscription is £130 post free (£147 outside the European Union, £19.50 airmail supplement). Non-members' subscription enquiries should be made to: World Wide Subscription Service Ltd, Unit 4, Gibbs Reed Farm, Ticehurst, East Sussex TN5 7HE. Telephone: 01580 200657, Fax: 01580 200616. Members' enquiries should be made to: The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Telephone: 0171-581 3232.

Notice to readers
Opinions expressed in the British Journal of General Practice and the supplements should not be taken to represent the policy of the Royal College of General Practitioners unless this is specifically stated.