are identical but only that there are substantial changes for both in social life, and that, taken together with the findings on mental state, the disability is comparable.

(4) *Value of counselling*—Your sceptical correspondent is surely curiously naive in his view that a good wife will in any case give the husband the succour he needs. It was one of the main points of the paper that wives (not all of whom might have been regarded as good wives) were not in fact aware of precisely what help they should be providing. It is no business of doctors to teach people to be good wives, but it is their business to offer appropriate information, encouragement, and support. There is in fact no good evidence as to the effects of counselling wives after physical illness, nor indeed is there good evidence that counselling patients or a variety of other established procedures affect rehabilitation. There are, however, reasonable *prima facie* grounds for suggesting counselling and then for evaluating it.

Dr Kinnell will no doubt be eager to read our further reports, two of which are in the course of publication (*Journal of Psychosomatic Research*), and to await the findings of two current studies directed at a much more detailed examination of family reactions and at evaluation of three procedures of routine rehabilitation. I trust that we will eventually be able to persuade him that serious illnesses do have consequences for families and that the prevention and reduction of distress should be the concern of doctors.

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Uniform style for biomedical journals

SIR,—The International Steering Committee of Medical Editors' Declaration of Vancouver (20 May, p 1334) dealing with uniform requirements for authors submitting manuscripts to biomedical journals is an admirable document. Unfortunately the committee's brave attempt to reduce the number of reference styles from two to one is likely to reduce or ruin the document's chances of success, since many editors of journals in the life sciences prefer the name/date system to the numbering system stipulated by the Vancouver group. The figure cited in your leading article (p 1302) of two-thirds of American biomedical journals using the numbering system must be based on a highly selected sample of journals. One fact has to be faced by any group of editors attempting to reform reference styles: neither the numbering system nor the name/date system is going to bow out and leave the field to the opposing system for a long time to come, if ever.

Although it would, of course, be ideal if all journals followed the same system for references, it is unrealistic to expect that this will happen in the foreseeable future. The ELSE/Ciba Foundation workshop recognised this when it produced a set of reference suggestions¹ suitable for publications using either of the two main systems for references. In fact, the layout shown in the Vancouver document could itself be made suitable for both systems if one small but vital change were introduced—that is, instead of the date appearing at the end of the reference it should be placed after the authors' names, as in this example:

Adam A E, John J 1978 Prevention of major mental handicap. *Journal of Child Health* 90:21-29

The reason for this is that in the name/date system it is important for the date to appear

immediately after the authors' names, while in the numbering system it makes no difference where the date is placed. As the American National Standard (ANSI Z39.29-1977) and the draft International Standard (ISO DIS 690) on bibliographic references both allow for flexibility in the sequence of elements in references, even the strongest supporters of the numbering system could legitimately allow the date to be placed immediately after the authors' names.

It is true that *Index Medicus* at present places the date at the end of reference entries, but this should not be taken as an immutable law or model. The National Library of Medicine has told the Ciba Foundation that transposing the publication date in references would create no insuperable technical problem and that *Index Medicus* would be happy to acknowledge that reference formats other than its own are entirely adequate. If the influential editors represented on the International Steering Committee decided to recommend that dates should be printed immediately after authors' names in reference lists it seems likely that *Index Medicus* will consider changing its own system. And if authors were asked to follow the "master typescript" method proposed by the ELSE/Ciba Foundation workshop,¹ the other problems produced by differing requirements for references would also disappear.

Incidentally, the Vancouver requirements for references, as least as printed in the *BMJ*, are not following the *Index Medicus* form properly. In *Index Medicus* there are no commas between the authors' surnames and their initials. Also, among the examples of references to books there is a reference to a lecture by R S Yalow; since this does not qualify as "publication," surely the details should not appear in a list of references but should instead be cited in the text as "unpublished work," as recommended in the Vancouver document itself.

One small complaint—the *ELSE Manual* referred to in the section on abbreviations is cited incorrectly. The full title is *Writing Scientific Papers in English: an ELSE-Ciba Foundation Guide for Authors*.²

Finally, may I congratulate the committee on producing a document that for everything other than references should prove very useful for authors as well as for editors?

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¹ Ciba Foundation Workshop, *Earth and Life Science Editing*, 1978, No 8. In press.

² O'Connor, M, and Woodford, F P, *Writing Scientific Papers in English: an ELSE-Ciba Foundation Guide for Authors*. Amsterdam, Elsevier/Excerpta Medica/North-Holland, 1975 (paperback edn, Pitman Medical, 1978. In press).

Vacuum pipelines for anaesthetic pollution control

SIR,—We agree with Drs D W Bethune and J M Collis (13 May, p 1283) that the use of piped vacuum for scavenging introduces a potential hazard to the patient, but we believe that our design is such that the hazard is eliminated.

As described and illustrated in our paper¹ the six bypass holes in the extraction hood are arranged in a ring round the suction pipe so that it is impossible for more than about

half of them to be accidentally blocked. With the flow limited to 40 l/min by a restricting orifice in the wall fitting, in accordance with BSS 4957/73, the suction is limited to 1 cm H₂O, which, as we pointed out, is insufficient to lift the Heidbrink valve so that no suction is applied to the patient. If half the holes in the hood were blocked the suction in the hood would rise to 2 cm H₂O, but that applied to the patient would be only 1 cm H₂O, which is within the limits laid down by DHSS HC(76)38.

We therefore believe the system to be perfectly safe, and two years' experience of its use in all our theatres has so far confirmed this belief. If, however, an extra precaution is required, a simple spring-loaded valve could be fitted on the inspiratory side of the circuit.

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¹ Davenport, H T, et al, *British Medical Journal*, 1976, 2, 1219.

The postcoital test: what is normal?

SIR,—The study on the normal range in the postcoital test reported by Mr G T Kovacs and his colleagues (1 April, p 818) and the ensuing correspondence raise a number of important issues.

It has already been pointed out by Mr R F Harrison (29 April, p 1137) that the value of the postcoital test as a screen for the cervical factor, anatomical abnormalities, and psychosexual problems cannot be refuted by the data presented in the study. It is a potentially useful test provided it is correctly performed at the appropriate time of the menstrual cycle and interpreted in relation to the semen analysis.^{1 2} In the group reported no information is given of how the ovulatory phase of the menstrual cycle was confirmed; nor are the data of the physical properties of the cervical mucus presented. In a recent publication comparing the fractional postcoital test and semen analysis with a detailed statistical analysis of the data Tredway et al³ showed a significant correlation between the number of sperm in mucus taken at the level of the internal cervical os and the semen analysis. Given good quality oestrogenic mucus, dilution with saline is neither necessary nor appropriate and, indeed, may create artefacts which could be relevant to the findings presented in the study by Mr Kovacs and his co-workers. Furthermore, the precise percentages recorded can hardly be credited when one is dealing with such small numbers. However, there are some circumstances in which rigid implementation of the postcoital test, instead of identifying problems associated with sperm delivery at the cervical mucus, might indeed create psychosexual difficulties.⁴

It would be a retrograde step if the conclusions of this small study, which is based on inadequate data without any recent semen analysis and with no confirmation that the tests had been done at the preovulatory phase in the cycle, should result in a nihilistic attitude towards what is a potentially useful and non-invasive test. The presence of more than 15 actively motile sperm per high-power