alternative to contraception, I am sure that Minerva will appreciate the naivety of that belief. Liberal abortion laws in fact lead to greater use of contraception, not less, as is shown by the decrease in the number of conceptions in England and Wales since 1968.²

I hope this helps to dispel some of Minerva's doubts about a law (not an amendment) allowing the woman to make the abortion decision. A liberal abortion law forces no one to do anything against their will—neither the woman nor the doctor. A restrictive law on the other hand. . . .

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¹ Cook, R J, *People*, vol 5, No 2, April 1978. London, International Planned Parenthood Federation.

² Yarrow, A, *Journal of Maternal and Child Health*, 1978, 3, 178.

*Minerva said nothing about "the myth that women would use abortion as an alternative to contraception," but she is concerned that the numbers of abortions in the United States has grown so rapidly since 1973 that there is now one termination for every 2.8 live births.—ED, *BMJ*.

Uniform style for biomedical journals

SIR,—I would take issue with Mr Roger Hole (3 June, p 1483), who regards reference to work which is "in the press" as at worst dishonest, and at best bad form. To fail to quote the source of what may be a significant statistic or an important innovative technique is at best unhelpful to the reader and at worst may be plagiarism of another author. To expect that all the details be given of such work in another paper is incompatible with the demand which most editors make for brevity.

Certainly, "in the press" should be used only for a statement of fact, not for an expression of hope or a declaration of intent. It must, therefore, bear all the authors' names, full title, journal name, and, if possible, year and volume number. The reader interested to obtain details may then request a preprint from the authors. Few papers accepted by the specialist monthlies are published in less than six months, and a year or more of dead-time is not uncommon for some American journals in my own specialty. Once work has reached this degree of completion it is unhelpful to readers and unfair to authors to continue to quote it as an unpublished observation or a personal communication.

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Cytological diagnosis of cows' milk protein intolerance

SIR,—I have been attempting to devise a relatively simple technique for the diagnosis of cows' milk protein intolerance (CMPI). As a baseline study I have had the jejunal/duodenal fluid of children with various conditions examined by a cytologist. These included children in whom ultimately no pathological condition was found. I undertook the investigations in the hope that cells shed or migrating from the lamina propria would show a consistent pattern in CMPI.

Children who were apparently normal and

those with coeliac disease, giardiasis, small stature, and diarrhoea of unknown cause did not have eosinophils or histiocytes in the lumen of the gut. However, of the 14 patients studied, four had histiocytes in the aspirated small-bowel fluid. Of these, three have, I believe, CMPI and the fourth had extensive infestation with larvae of *Strongyloides stercoralis*, perhaps with mucosal ulceration.

Does the presence of histiocytes support a diagnosis of CMPI? The passage across the gut wall of milk protein could evoke a local immune response, by several mechanisms, with the histiocyte carrying out phagocytosis.^{1 2} In two of the patients with CMPI there were no histiocytes after 4 h of fasting but only when challenged with a milk feed of 5-10 ml (in one at 2 h and in the other at 3 h post challenge); the third patient with CMPI had histiocytes in the fasting specimen.

A more extensive study is being prepared. Also it is necessary to ensure that other gastrointestinal disorders are not characterised by the presence of shed histiocytes into the lumen of the small bowel.

I wish to express my gratitude to Dr A O N Husain and members of his staff in the department of cytology for their assistance.

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¹ Eastham, E J, and Walker, W A, *Pediatrics*, 1977, 60, 477.

² Walker, W A, and Hong, R, *Journal of Pediatrics*, 1973, 83, 517.

Patients' responses to barium x-ray studies

SIR,—I quite agree with Dr Jenifer Wilson-Barnett (20 May, p 1324) that patients often feel acute anxiety during diagnostic and technical procedures, and an investigation carried out in this department last year showed, as might have been expected, that levels of anxiety and depression are greater for patients waiting for barium-meal examination or investigations involving injections than for plain radiography. One of the reasons is that often they do not know what to expect and imagine the procedure is going to be far worse than it proves.

Dr Wilson-Barnett has shown that explaining the procedure of a barium enema before-

hand resulted in reduced anxiety. Unfortunately in a busy hospital it is nobody's specific job to explain procedures in advance, even if it takes only five minutes for each patient. To overcome this problem to a limited extent we devised appointment forms for each of the main procedures incorporating a brief explanation (which was then tested for comprehensibility by the Flesch method¹). I append as an example the one for barium-meal examination.

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¹ Ley, P, et al, *Journal of the Institute of Health Education*, 1972, 10, 47.

Recurrent vasculitis with beta-haemolytic streptococcal infections

SIR,—In cases such as that reported by Drs S B Lucas and J Moxham (20 May, p 1323) of systemic vasculitis associated with β -haemolytic streptococcal infection it is important to know whether prophylactic treatment can prevent future episodes of vasculitis. We have been studying a patient in whom regular penicillin has had this effect.

The patient, a man now aged 49, has been obese since childhood and had extensive areas of subcutaneous fat excised from the thighs 18 years ago. Following this lymphatic drainage was impaired. From 1973 he had numerous episodes of erythematous and sometimes purpuric nodular lesions on the legs, often associated with fever, delirium, and transient haematuria. There was usually a focus of cutaneous streptococcal infection—for example, paronychia or an area of cellulitis on one leg. During attacks blood cultures were repeatedly negative but there was polymorph leucocytosis and an erythrocyte sedimentation rate of 45-70 mm in 1 h, and C_{1q}-binding immune complexes were detected in serum. Biopsy of a purpuric papule showed vasculitis. Intradermal tests with killed bacteria gave a strong Arthus-type reaction with a β -haemolytic streptococcal preparation (biopsy of the test site showing acute vasculitis).

For the past eight months the patient has taken penicillin V 250 mg twice daily and used povidone-iodine bath antiseptic.

Dear

An appointment has been made for you to have a BARIUM MEAL examination on at

The purpose of this examination is to show up the stomach and food-passages by drinking a white mixture called barium. A series of X-ray pictures is then taken. You should not be in the Department more than an hour.

Sometimes we need to take more X-rays. You may be asked to come back later the same day and possibly also the next day. We shall tell you if this is necessary when we see you.

WHAT YOU MUST DO: Please have nothing to eat or drink for six hours before you come.
DO NOT even have a cup of tea or glass of water.

Please let us know if you cannot come.

Yours faithfully

X-RAY DEPARTMENT

Appointment form for barium-meal examination.