its height. As your leader implies, the long-term follow-up has considerably diminished this enthusiasm and a conservative policy is now rightly more frequently adopted.

I believe that stenotic mitral valves should almost never be replaced, that patients with some degree of mitral incompetence may have little disability for many years after commissurotomy, and that even heavily calcified mitral valves can be successfully treated by simple valvotomy.²

Lastly, although the relevant merits of open and closed valvotomy have not yet been firmly established, the risk of unnecessary valve replacement with all its attendant evils must be increased when an open operation is done.

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¹ Belcher, J R, *Thorax*, 1973, 28, 608.

² Smith, G H, and Belcher, J R, *British Heart Journal*, 1970, 32, 198.

Uniform style for biomedical journals

SIR,—I wonder whether Mr Roger Hole (3 June, p 1483) was objecting to "unpublished work" or "personal communications" rather than "in press" papers. The first two should certainly be barred from reference lists. Professor W B Jennett (24 June, p 1699) is, of course, right about "in press" papers being perfectly acceptable. If the journal's name can be given (and preferably the title of the paper) any interested reader can eventually find a paper of this kind. But referees should perhaps examine reference lists of manuscripts they are reviewing and then ask to see copies of papers listed as being "accepted" or "in press"—as suggested by Professor S Saxov at a recent conference of editors (Editerra Fourth General Assembly, joint meeting with ELSE).

MAEVE O'CONNOR

*.*Since "in press" implies that the paper has definitely been accepted for publication in a specific journal the name of that journal should always be given in such references. But since, as pointed out by Professor Jennett, the interval between acceptance and publication is often long, the date and volume number cannot be given without risk of inaccuracy.—ED, *BMJ*.

SIR,—In response to your leading article (20 May, p 1302) I have the following comment and proposal to make. One great advantage of the Harvard system is that creditability of a quoted observation can be readily assessed. Thus I find myself frequently having to look at the list of references to see just who proved what and when when reading the journals using the number system. The Harvard system saves a great deal of time and also refreshes my memory of important observations made by others. As such, it more closely reflects a scientific discussion between colleagues or at "grand rounds," where one quotes Harvey, Osler, Salk, etc, but never 13, 41, 57, and sq forth. To be continually reminded by the Harvard system by whom a certain observation was made is a positive learning experience which I believe we cannot afford to lose for sake of uniformity. The argument that the head of a unit's name might appear too far down the list and may be deleted in subediting

may be dealt with by placing the head of a unit's name in a constant position (for instance, second or third position) or alternatively by limiting the number of authors for any given article.

G TEVAARWERK

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*.*The placing of the name of the head of a unit at the end of a list of authors is often deliberate, indicating that he exercised only a supervisory role while the previously named authors bore the chief responsibility for the work reported and should be given the credit for it. Neither the Harvard nor the numerical system, however, rules out the possibility of mentioning by name the head of the unit ("Professor Smith's team (Jones, Brown, Robinson, *et al*, 1977) . . .") or the department ("at St Swithun's¹⁰ . . .").—ED, *BMJ*.

Standardisation and safety

SIR,—Among the benefits of standardisation, we are told, not the least is that of safety. How safe then is a new anaesthetic apparatus recently supplied to this department by a well-known manufacturer? The gauges are calibrated as follows:

Oxygen, high pressure	..	kPa × 100
Oxygen, low pressure	..	lb/in ² and kg/cm ²
nitrous oxide, low pressure	..	lb/in ² and kg/cm ²
nitrous oxide, high pressure	..	"full at varying temperatures"
vacuum		kPa and mm Hg
blood pressure	..	mm Hg
Manley ventilator, pressure	..	cm H ₂ O
Manley ventilator, tidal volume		ccs
Rotameters		cc/min
Cylinders, tested to		2000 lb/sq in (psi)
nitrous oxide		900 litres, of which 100 gallons weighs 30 oz
oxygen		1360 litres
carbon dioxide		450 litres, of which 100 l weighs 0.182 kg (6½ oz)

No sane comment seems possible, but do other specialties enjoy such variety?

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Drug treatment card

SIR,—Experience with the use of this card in the way described in my article on the Aldeburgh record system (10 September 1977, p 683) has suggested that the division of drugs into those for maintenance therapy and those for episodic treatment is impracticable. It is better to enter all drugs in chronological order, ignoring the division between those for short- and long-term use. Each drug should carry a reference number, which can then be used on the repeat prescription card or the continuation notes if appropriate.

Any drug given for long-term use should be recorded on the flow sheet described in the article. This will make it clear whether the patient is currently on any long-term therapy and if so in what dose. In due course the design of the drug treatment card will be amended; meanwhile the present card can be used as suggested above.

Those seeking information about the record system or "starter pack" of background data cards and questionnaires should now contact

the Central Information Service for General Medical Practice, 14 Princes Gate, London SW7 1PU (*not* the Cardew Stanning Foundation as stated in the article). Those wishing to purchase cards can still do so from: F W Pawsey and Son, Dales Road, Ipswich, Suffolk.

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Oesophagitis as a side effect of emepromium

SIR,—I read Mr S L Stanton's article on drugs acting on the bladder and urethra (17 June, p 1607) with interest but was disappointed that oesophagitis was not mentioned as a possible side effect of emepromium bromide. This adverse reaction to the drug is now well recognised and has recently been highlighted by the Committee on Safety of Medicines.¹

Two patients have recently been admitted to this hospital with severe oesophagitis causing complete dysphagia. Both had been taking emepromium 200 mg thrice daily at the time of onset of their symptoms, both had endoscopically proved mid and distal oesophagitis, and one had an ulcer at 30 cm. Whether the oesophagitis is due to direct mucosal injury by the drug or a result of increased gastro-oesophageal reflux by an anticholinergic mechanism is not certain.

Three other patients treated with emepromium in this department have developed dysphagia of such severity that treatment has had to be stopped. I would therefore suggest that this drug be used with caution.

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¹ Committee on Safety of Medicines, *Current Problems*, No 3, 1978.

Genital infections and cervical carcinoma

SIR,—In your leading article (1 April, p 807) you discuss the significance of herpes simplex virus infections in cervical carcinoma and its prevention. Although herpesvirus has been considered carcinogenic and shown to be a common genital infection, the possible significance of other accompanying infections should be borne in mind.

In the past five years herpesvirus cultures from cervical mucus have been performed from patients admitted to our venereological clinic for vaginal infections. Thirty-seven patients with positive cultures were followed up with vaginal smears. Cytological findings were negative in 35 of the women and atypical in one. Biopsy in this atypical case produced no evidence of cervical carcinoma stage 0. These figures do not exceed what can be found in large mass examinations.¹ However, the observation time of 1-5 years is short and cytological and clinical manifestations might require a longer time to develop.

We also followed up another series of 162 patients who had been infected with neisseriae in 1954-5 and were still residing in the receiving area of the hospital. These patients were all traced in the gynaecological cytology register. Patients with positive smears had been referred for gynaecological examination