needle puncture,^{6,7} and to demarcate solid lesions for biopsy?

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¹ Christopherson, W M, and Mays, E T, *Journal of the National Cancer Institute*, 1977, **58**, 167.

² Morley, J E, et al, *South African Medical Journal*, 1974, **48**, 695.

³ McCarthy, C F, et al, *Gut*, 1969, **10**, 904.

⁴ Goudie, E G, Myers, J B, and Morley, J E, *South African Medical Journal*, 1974, **48**, 203.

⁵ Conn, H O, *Gastroenterology*, 1974, **67**, 375.

⁶ Geist, D C, *Archives of Surgery*, 1955, **71**, 867.

⁷ Conn, H O, *Gastroenterology*, 1975, **68**, 817.

"The Scientific Journal"

SIR,—The only logical conclusion to be drawn from Dr Michael O'Donnell's comments about *The Scientific Journal: Editorial Policies and Practices* (2 April, p 886) is that he read neither the preface nor the rest of the book (in violation of a cardinal rule for book reviewers) before presuming to make a judgment. Let us examine specific statements of his.

(1) "Doctors in search of practical advice [about writing] will have to dig harder to find it in Lois DeBailey's book..." The stated purpose of the book was to provide guidelines for editors of scholarly journals, not to provide practical advice to physicians about how to write articles. It is therefore inappropriate to evaluate the book, as Dr O'Donnell has, in reference to another book with a different purpose and different audience. An intelligent reader would not, in fact, have to "dig" very hard at all to find a great deal of practical advice on the stated subject; all he need do is spot-check the labelled text or consult the table of contents or the detailed index. He will find practical advice regarding the administrative and editorial responsibilities of the editor and his staff; all aspects of the reviewing system for various genres of manuscript (including book reviews); advertising; copy-editing; journal cover, page identification, masthead; indexing; and binding practices.

(2) Although Dr O'Donnell alleges the book "has too many gaps," he does not indicate the scope or contents of the book and cites only two presumed gaps: inadequate treatment of libel and copyright. The preface clearly states that "we claim no...pretense at completeness. We hope, however, that the present treatment will...stimulate further exploration of the subject." A book designed as the preface states this one was could not—and should not—give a detailed explication of complex libel and copyright laws for every country in the world. Had these topics been covered comprehensively, Dr O'Donnell would, in fact, have been justified if he pointed to an imbalance in treatment and emphasis.

(3) "This neutered approach, hereby christened the However Syndrome, often leads to banality..." Clichés aside, what Dr O'Donnell calls "neutered" consists of a descriptive analysis of certain issues (again, as announced in the preface) when rigid prescription was not desirable. The passage he considers "banal" offers the practical advice to editors to maintain a uniform format for each issue but dictates no fixed order of journal components. Are we to conclude from his objection to the "neutered approach" that he wants dogmatic rules?

(4) "Occasionally," writes Dr O'Donnell, "when the text seems to rebel against the bland consensus, the syndrome leads to highly questionable dogma." He does not explain how the "However Syndrome" can lead to dogma. Dr O'Donnell's idea of dogma: "Although a catchy editorial title may attract attention, the title should above all be informative." He maintains that "if the title catches the eye and gets the reader to read the informative editorial beneath, it has done its job." Assuming that catching a reader's eye is getting him to read the material is naive; many a reader passes over a cute

but cryptic title. And what about problems of indexing and retrievability? Are editors to ignore these? Such a position reeks of irresponsibility.

(5) Does he, or does he not, want rules? Dr O'Donnell cannot seem to make up his mind. First he complains about a descriptive rather than a prescriptive approach to certain topics and then he decries the publication of what he considers to be dogma. "Above all," he writes, "[the editor] tries not to live by rules alone..." Quoting, once again, from the preface of *The Scientific Journal*: "Because we are aware there is no 'right' policy on most editorial matters, we have tried not to prescribe rules, but have, instead, explored various facets of the problems that confront the editor in his daily work." Implicit in the text throughout the book is the recognition that different types and purposes of different journals will require varying policies and practices.

(6) The ambiguity continues. Having just stated that "writing, editing, or driving...are no occupations for slavish rule followers," Dr O'Donnell proceeds to recommend six threadbare rules from Orwell, four of which begin with "never."

Several other reviewers and many distinguished editors and publishers, who have adopted *The Scientific Journal* as a standard reference book, obviously disagree with Dr O'Donnell. His remarks seem, in fact, to disclose more about the state of his own knowledge of the subject and of the art of book reviewing than they do about *The Scientific Journal*. Valid criticism of a book is useful, but unsupported—and unsupportable—statements based on inadequate reading of a book are a disservice.

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Dextrostix-Eyetone system for blood glucose measurement

SIR,—We agree with Dr M A Preece and Mr R G Newall (16 July, p 152) that the Dextrostix-Eyetone system (DES) is practical and quite accurate for the measurement of the blood glucose concentration not only for the insulin test, but also for the routine control of diabetic patients. We think, however, that the standard incubation time for Dextrostix as recommended by the manufacturer (60 s) is not always the best. In order to get the best correlation with the glucose-oxidase method the incubation time must be different under different conditions.

We measured blood glucose with the glucose-oxidase method and the DES in 96 blood samples from diabetic patients with blood glucose values ranging from 3.9 to 19.4 mmol/l (70 to 350 mg/100 ml). Every sample was measured three times with DES, each one with a different incubation time, 60 s (recommended by the manufacturer), 65 s and 70 s. Although prolonged incubation gives higher glucose values, the correlation between the glucose-oxidase values and the corresponding DES values for each incubation

time was highly significant; the correlation coefficient at 60 s was 0.94, at 65 s 0.95, and at 70 s 0.96, the P values for all three correlations being <0.001.

On the other hand, using the paired *t* test to compare glucose-oxidase values with DES values we got the results shown on the accompanying table. Thus it is clear that while there is a significant difference between the glucose values measured by the glucose-oxidase method and the DES with 60 s and 65 s incubation there is no such difference with 70 s incubation.

We have noticed that the "best" incubation time may vary from batch to batch of Dextrostix and may be influenced by the temperature in the laboratory and other unknown factors. So it is our practice to test every new batch and the same batch frequently in order to determine the appropriate incubation time for the best correlation with the glucose-oxidase method. Doing this for the past three years we have used incubation times ranging from 55 to 80 s and we have always obtained very good results. Using the appropriate incubation time DES becomes a very accurate method not only for glucose measurements in everyday practice but also for the diagnosis of diabetes by the oral glucose tolerance test.

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SIR,—We thank Dr A M Bold and his colleagues for their comments (13 August, p 459) on our paper (16 July, p 152) on the use of the Dextrostix-Eyetone system during the insulin tolerance test.¹ Their two main points cover adequate training and regular quality control procedures.

We emphasised the former point in our paper and we certainly endorse the latter. At the time of our studies there was no suitable quality control procedure for the Dextrostix-Eyetone system in the UK. However, a Dextrostix calibration and control set is now available from Ames Company. This consists of a calibration standard and three control solutions containing known quantities of glucose. The set is designed to calibrate and control Dextrostix when used with the Eyetone or Ames reflectance meter. A control solution is also available for Dextrostix when used visually.

Not only will this quality control procedure overcome the principal objection raised by Dr Bold and his colleagues, but it should also help to eliminate the carelessness observed by them.

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Comparison of glucose-oxidase values with DES values after different incubation times

	Glucose-oxidase value	DES value after incubation for		
		60 s	65 s	70 s
Mean $\pm$ SE (mmol/l)	8.98 $\pm$ 0.44	7.83 $\pm$ 0.42	8.24 $\pm$ 0.44	8.73 $\pm$ 0.46
<i>t</i>		7.93	5.19	1.66
P		<0.001	<0.001	>0.05

Conversion: SI to traditional units—Glucose: 1 mmol/l $\approx$ 18 mg/100 ml.