

## Discussion

Self-administration of analgesic was extremely popular with patients; less expectedly, it was also welcomed by the nursing staff. Free access to analgesics did not result in excessive consumption (mean dose of pethidine 595 mg in 24 hours), although some patients certainly took more than would have been conventionally prescribed. The mean analogue score for the overall rating of the intensity of the pain experienced was low (pethidine 27.9, buprenorphine 32.6) and less than that recorded by women after "painless" childbirth with epidural analgesia.<sup>8</sup> Comparable linear analogues for intramuscular postoperative analgesia regimens using doses of 20 mg of papaveretum yielded considerably higher pain scores.<sup>9</sup>

Individual consumption of analgesic varied widely, in terms of both total dose and dose per kilogram. Some of this biological variation can be attributed to differences in the amount of pain perceived, which correlates with personality,<sup>10</sup> while some is probably attributable to different sensitivity to the drugs. No standard intramuscular regimen could be expected to cope with these differences. Self-administration may be expected to minimise those side effects that can be attributed to overdose with either drug.

The failure to detect any significant difference in the rating of side effects may be due to the numbers studied. Such differences as were detected were in favour of buprenorphine, which even scored higher for euphoria. If this drug's low dependence potential is confirmed this will encourage its increasing use.

The relative potency suggested on the basis of this trial is at variance with the amounts of the drugs supplied per ampoule, and giving an ampoule of buprenorphine (0.3 mg) on the assumption that it is equianalgesic with 100 mg of pethidine would result in a relatively higher dose of buprenorphine.

The actual delivery of intravenous drugs by self-demand requires some care. The drugs should not be injected into an infusion line unless a unidirectional valve prevents retrograde injection up the tubing. Without this, several doses may accumulate in the tubing if the infusion is blocked at the needle. A suitable disposable valve is obtainable from Vygon Ltd.

## References

- <sup>1</sup> Sechzer, P H, *Anesthesia and Analgesia . . . Current Researches*, 1971, **50**, 1.
- <sup>2</sup> Forrest, W H, Smethurst, P W R, and Kienitz, M E, *Anesthesiology*, 1970, **33**, 363.
- <sup>3</sup> Keeri-Szanto, M, *Canadian Anaesthetists' Society Journal*, 1971, **18**, 581.
- <sup>4</sup> Evans, J M, et al, *Anaesthesia*, 1976, **31**, 847.
- <sup>5</sup> Evans, J M, et al, *Lancet*, 1976, **1**, 17.
- <sup>6</sup> McCarthy, J, et al, *IERE Conference Proceedings*, Applications of Electronics in Medicine. London, Institute of Electronic and Radio Engineers, 1976.
- <sup>7</sup> Revill, S I, et al, *Anaesthesia*, 1976, **31**, 1191.
- <sup>8</sup> Robinson, J O, et al, *British Journal of Obstetrics and Gynaecology*. In press.
- <sup>9</sup> Henderson, J J, and Parbrook, G D, *British Journal of Anaesthesia*, 1976, **48**, 587.
- <sup>10</sup> Parbrook, G D, Steel, D F, and Dalrymple, D G, *British Journal of Anaesthesia*, 1973, **45**, 21.

(Accepted 7 August 1979)

ONE HUNDRED YEARS AGO It is not a little curious how tardily our cathedral towns resign their ancient and prescriptive right to be unhealthy and to maintain a high death-rate. This unwillingness to march with the times is doubtless a relic of the Middle Ages, when sanctity and filth were indissolubly connected. However this may be, it is certain that our cities are too often brought into unpleasant prominence through the prevalence within them of preventable diseases. Lincoln, Peterborough, and Carlisle will at once rise to the mind as examples of unhealthy cities; and recently public attention has been drawn to the waste of infant life at Exeter, Norwich, and Worcester. The guardians of the former place have been taking the question seriously to heart; and it is to be hoped that the authorities of Worcester will do the same, now that they have before them the clear and painstaking special report which Dr Strange, the medical officer of health, has lately submitted to them. Dr Strange has evidently been at great pains to discover a reason for the distressing infantile mortality in his city, and it is to be regretted that he has not succeeded in obtaining more definite results. He thinks that the great bulk of the deaths can only be explained by the ignorance, neglect, or poverty of the parents; but he does not give us such exact details as could be desired for the proving of this theory. It is obvious that to ascribe the major part of the deaths to influences of this sort is to beg the question, and we would recommend Dr Strange to make this year even more exact inquiry as to the sanitary surroundings of the children than he did in 1878. Many of the deaths appear to have occurred in unwholesome courts, to which the Artisans' Dwelling Act is proposed to be applied; and we should be inclined to assign much more of the mortality to the influence of foul air than Dr Strange has done. It is right, however, to state that no fewer than one hundred and eighty-three out of the total number of three hundred and fifty-seven deaths of children under five years of age occurred from diseases of the digestive organs, such as inanition, marasmus and atrophy, convulsions, mesenteric disease, diarrhoea, etc; and that of these, one hundred and two, or more than a half, died before they reached six months of age. Another point in Dr Strange's favour is that as large a proportion as two-thirds of the total infantile deaths occurred in the families of artisans, in classifying whom none have been included whose employment should not have placed them far above poverty. We are disposed to think, however, that there is some other condition which tends to make infant life precarious in Worcester, and which further and more searching inquiry will bring out. We would suggest, therefore, to Dr Strange to continue for some time to come the inquiry which he has so well begun. (*British Medical Journal*, 1879.)

## Vancouver style

All manuscripts submitted to the *BMJ* from now on should conform to the uniform requirements for manuscripts submitted to biomedical journals (known as the Vancouver style).

The *BMJ*, together with many other international biomedical journals, has agreed to accept articles prepared in accordance with the Vancouver style and will be introducing the system from January 1980. The style (described in full in *BMJ*, 24 February, p 532) is intended to standardise requirements for authors and covers text format, presentation of methods and results, use of SI units, and the form of tables and illustrations. All the participating journals have also agreed to introduce a standard form of references.

In future references to papers submitted to the *BMJ* should include: the names of all authors if there are fewer than seven or, if there are more, the first three followed by *et al*; the title of journal articles or book chapters; the titles of journals abbreviated according to the style of *Index Medicus*; and the first and final page numbers of the article or chapter.

Examples of common forms of references are:

- <sup>1</sup> International Steering Committee of Medical Editors. Uniform requirements for manuscripts submitted to biomedical journals. *Br Med J* 1979; **1**: 532-5.
- <sup>2</sup> Soter NA, Wasserman SI, Austen KF. Cold urticaria: release into the circulation of histamine and eosinophil chemotactic factor of anaphylaxis during cold challenge. *N Engl J Med* 1976; **294**: 687-90.
- <sup>3</sup> Weinstein L, Swartz, MN. Pathogenic properties of invading micro-organisms. In: Sodeman WA Jr, Sodeman, WA, eds. *Pathologic physiology: mechanisms of disease*. Philadelphia, W B Saunders, 1974: 457-72.

Up to the beginning of October some 100 journals had agreed to accept articles in the Vancouver style, and a full list will be printed early in 1980.

University College Hospital Medical School, University Street, London WC1E 6JJ. (Tel 01-387 9300 ext 165.) Closing date for applications 2 November.

**APIT Open Forum**—"Who should run our mental hospitals?" 14 November, London. Details from Dr R D Wilkins, Maudsley Hospital, Denmark Hill, London SE5 8AZ. (Tel 01-703 6333.)

**Institute of Urology**—Seminar "Hypertension in renal disease," 14 November, London. For details see classified advertisements.

**Launch of the Association for Sufferers from Crohn's Disease and Ulcerative Colitis**—17 November, London. Details from Gillian Greenhalgh, St Mark's Hospital, City Road, London EC1V 2PS. (Tel 01-253 1050.)

**Radical Statistics**—Seminar "Perinatal statistics," 20 November, London. Details from the National Perinatal Epidemiology Unit, Churchill Hospital, Oxford OX3 7LJ. (Tel Oxford 64851 ext 549.)

**International Conference on Cancer Among Blacks**—5-6 May 1980, Buffalo. Details from Dr Curtis Mettlin, Cancer Control Office, Roswell Park Memorial Institute, 666 Elm Street, Buffalo, New York 14263, USA. (Tel (716) 845-4406.)

**"The aneurysm patient: preoperative and post-operative care"**—Seminar, 12-14 June 1980, Niagara Falls. Details from Dr L N Hopkins, Dent Neurological Institute of the Millard Fillmore Hospital, 3 Gates Circle, Buffalo, New York 14209, USA.

**8th International Conference on Alcohol, Drugs, and Traffic Safety**—15-19 June 1980, Stockholm. Details from T 80 Secretariat, P O Box 5071, S-102 42 Stockholm, Sweden. (Tel 08-63 00 80.)

**7th International Convocation on Immunology**—6-10 July 1980, Niagara Falls. Details from Dr James F Mohn, Center for Immunology, School of Medicine, 210 Sherman Hall, Buffalo, New York 14214, USA. (Tel (716) 831 2848.)

**Institute of Measurement and Control**—Meeting "Mathematical modelling of metabolic and endocrine systems," 9-11 July 1980, Cambridge. Details from the institute, 20 Peel Street, London W8 7PD. (Tel 01-727 0083/5.)

**British Council**—Course 042, "Psychogeriatrics. The clinical and organisational psychiatry of the elderly," 13-25 July 1980, Nottingham. Details from the director, Courses Department, British Council, 65 Davies Street, London W1Y 2AA. (Tel 01-499 8011.)

**"Prostaglandins and the kidney"**—Satellite symposium in connection with the International Congress of Physiology, 23-24 July 1980, Stuttgart. Details from Dr J C Frölich, Department of Clinical Pharmacology, Auerbachstrasse 112, 7000 Stuttgart 50, Federal Republic of Germany. (Tel (711) 8101701.)

**Institute of Food Science and Technology**—Details of the consolidated programme of participating bodies are available from Mr D F Johnson, Polytechnic of the South Bank, Manor House Branch, 58 Clapham Common North Side, London SW4. (Tel 01-228 2015.)

**Royal College of Psychiatrists Psychotherapy Specialist Section**—Details of two forthcoming open meetings are available from the section, 17 Belgrave Square, London SW1X 8PG. (Tel 01-235 2351-5.)

**Royal Society of Medicine**—Details and copies of the October programme are available from the society, 1 Wimpole Street, London W1M 8AE. (Tel 01-580 2070.)

**South Essex Postgraduate Medical Centre**—Details and copies of the programme to December are

available from the centre, Basildon Hospital, Nether Mayne, Basildon, Essex. (Tel 0268 3911 ext 3360.)

## SOCIETIES AND LECTURES

*For attending lectures marked \* a fee is charged or a ticket is required. Applications should be made first to the institutions concerned.*

### Monday, 15 October

**INSTITUTE OF OBSTETRICS AND GYNAECOLOGY**—At Queen Charlotte's Hospital, 12.30 pm, Professor J T Queenan (USA): The diagnosis and management of intrauterine growth retardation.

**UNIVERSITY COLLEGE LONDON**—5.30 pm, Freud memorial lecture in psychoanalysis by Dr André Green (Paris): Psychoanalysis and ordinary modes of thought.

### Wednesday, 17 October

**INSTITUTE OF NEUROLOGY**—Sandoz Foundation advanced lectures, 6 pm, Professor S V Perry, FRS: The biochemistry of muscle contraction and relaxation. 7 pm, Professor J A Morgan-Hughes: Disorders of muscle energy metabolism.

**INSTITUTE OF ORTHOPAEDICS**—6 pm, Professor H de Warden: Systemic effects of major injury—renal failure. 7 pm, Mr E L Trickey: Fractures of the shoulder.

**INSTITUTE OF PSYCHIATRY**—5.30 pm, Dr M J Crowe: Treatment advances in sexual dysfunction.

**UNIVERSITY OF OXFORD**—At John Radcliffe Hospital, 5 pm, Professor G S Dawes: Perinatal medicine and the future.

**WILLESDEN HOSPITAL MEDICAL SOCIETY**—At Willesden General Hospital, 8.30 pm, Dr E V Kuenssberg: Are the fields greener? (A comparison with European general practice).

### Thursday, 18 October

**ST MARY'S HOSPITAL MEDICAL SCHOOL**—5.15 pm, Aleck Bourne lecture by Dr Keith Greene: New views on continuous fetal heart rate monitoring.

## BMA NOTICES

### Division Meetings

*Members proposing to attend meetings marked \* are asked to notify in advance the honorary secretary concerned.*

**Aldershot and Farnham**—At Frimley Park Hospital, Wednesday, 17 October, 7 pm, autumn clinical meeting.\*

**Bradford and Airedale**—At Bradford Cathedral, Sunday, 14 October, 6.30 pm, Annual St Luke's Tide Service.

**Croydon**—At Mayday Hospital, Tuesday, 16 October, 8 pm, Miss Audrey Prime: "The Royal Commission Report."

**Darlington**—At Darlington Memorial Hospital, Thursday, 18 October, 8 pm, agm.

**Dundee**—At Old Course Hotel, St Andrews, Saturday, 13 October, 7.30 for 8 pm, autumn supper dance.\*

**Eastbourne**—At District General Hospital, Tuesday, 16 October, 7.45 for 8.30 pm, combined meeting with Eastbourne Medical Society, buffet supper followed by Mr John Carruth: "Lasers in medicine."\*

**Halifax**—At Royal Halifax Infirmary, Thursday, 18

October, 8 pm, Dr Ian Black: "Medicolegal problems—how to avoid them."\*

**Manchester and Salford**—At Crewe Hall, Wednesday, 17 October, 6.45 pm pickup from Boyd House, sherry reception, tour of hall and lecture, agm, and buffet supper.\* (Ladies invited.)

**Mid Essex**—At St John's Hospital, Friday 19 October, 12.30 pm, agm and buffet lunch.\*

**Mid-Northumberland**—At St George's Hospital, Thursday, 18 October, 7.30 for 8 pm, Dr D Irwin: "A historical case history."\*

**Salop**—At Radbrook Hall Hotel, Shrewsbury, Friday, 19 October, 7.30 for 8 pm, annual dinner and dance held in association with the BDA Veterinary Club and Pharmaceutical Society.\*

**South Glamorgan**—At Ty Maeth, Cardiff, Wednesday, 17 October, 8 pm, annual lecture by Dr Bernard Knight: "Murder in the family." (Preceded by wine reception.)

**South-west Wales**—At St Mary's Church, Dryslwyn, Sunday, 14 October, 10.30 am, St Luke's service.

**Waltham Forest**—At Whipps Cross Hospital, Wednesday, 17 October, 7.30 for 8.30 pm, buffet supper followed by lecture by Mr Henry Thompson: "Women in medicine."\*

## Central Meetings

### OCTOBER

- |          |  |
|----------|--|
| 16 Tues  | Joint Consultants Committee (BMA House, Tavistock Square, London WC1H 9JP), 9.30 am. |
| 17 Wed   | Negotiating Subcommittee (CCHMS), 10 am.   |
| 17 Wed   | Scottish Council (7 Drumsheugh Gardens, Edinburgh EH3 7QP), 10.45 am.                |
| 17 Wed   | Membership and Communications Subcommittee (CCHMS), 1 pm.                            |
| 18 Thurs | General Medical Services Committee, 10 am.   |
| 18 Thurs | General Purposes Subcommittee (CCHMS), 10 am.  |
| 18 Thurs | Organisation Committee, 10.15 am.  |

## UNIVERSITIES AND COLLEGES

### MANCHESTER

**Appointment**—Dr D W Levy (senior lecturer in geriatric medicine).

## CONSULTANT APPOINTMENTS

**BIRMINGHAM AHA(T)**—Dr G M Durbin (neonatologist).

**WESSEX RHA**—Dr G R Gallimore (general psychiatry); Dr P Sepping (child psychiatry); Dr M J Hayes (general medicine).

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## Instructions to authors

The following are the minimum requirements for manuscripts submitted for publication.

A stamped addressed envelope or an international reply coupon *must* accompany the manuscript if acknowledgment of its receipt is desired.

(1) **Typing** should be on one side of the paper, with double or triple spacing between the lines and 5-cm margins at the top and left-hand side of the sheet.

(2) **Two copies** (or preferably three) should be submitted.

(3) **Spelling** should conform to that of *Chambers Twentieth Century Dictionary*.

(4) **References** must be in the Vancouver style (see p 897 in this issue and *BMJ*, 24 February, p 532) and their accuracy checked before submission.

(5) **SI units** are used for scientific measurements. In the text they should be followed by traditional units in

parentheses. In tables and illustrations values are given only in SI units, but a conversion factor must be supplied. For general guidance on the International System of Units, and some useful conversion factors, see *The SI for the Health Professions* (WHO, 1977).

(6) **Authors** should give their names and initials, their current appointments, and not more than two degrees or diplomas. Each author must sign the covering letter as evidence of consent to publication.

(7) **Letters to the Editor** submitted for publication must be signed personally by all the authors.

(8) **Acknowledgments** will *not* be sent unless a stamped addressed envelope or an international reply coupon is enclosed.

(9) **Detailed instructions** are given in the *BMJ* dated 6 January 1979 (p 6).