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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Why request reprints?

SIR,—The article by Dr John T Macfarlane and colleagues (29 August, p 581) provides an interesting analysis of the "craze" for requesting reprints. The practice of requesting reprints from Third World countries can, however, be seen as important when the inadequate resources of the libraries and their inaccessibility to a majority of the doctors is taken into consideration.

Libraries are limited in several ways. They do not exist in all medical centres, including the district hospitals. Only the medical staff of teaching hospitals attached to medical colleges have easy access to the libraries of the medical colleges. With few exceptions, these libraries are inadequate. In most only some selected journals are available. Also, the arrival of recent issues of the available journals is grossly delayed. Even in the best equipped library of a prestigious medical institute like the All-India Institute of Medical Sciences, New Delhi, only four out of about 400 journals come by airmail: the rest come by surface mail and take several months (even up to 6-8 months). In addition to this most of the libraries lack the service of a photocopier.

Another important factor is the inaccessibility of these libraries to doctors. The library of a medical college located in a city is very distant for doctors serving in the semi-urban and remote rural areas to use them routinely. Moreover, private practitioners and

doctors serving in hospitals that are not attached to medical colleges are not entitled to be members of such libraries. In the absence of a photocopier they can neither get the photocopy of an article of their interest, nor can they get the journal issued to take a photocopy outside the library as they are not members of these libraries. Thus, they have no alternative to requesting reprints in order to acquire an interesting article that they need; except by spending endless hours taking notes on articles.

In the face of inadequate and inaccessible library facilities and a long delay in the arrival of the recent issues of the journals, the doctors and research workers have to depend heavily on reprints from the authors. Considering these limitations, it becomes the responsibility of doctors and research scholars in other areas of the world to respond generously and promptly, and to provide the desired scientific information to fellow doctors and scientists working in the Third World.

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SIR,—While understanding some of the reasons why Dr J T Macfarlane and others (29 August, p 581) believe that reprint requests

"are largely outdated and a waste of time and money," I felt that they may not have done justice to the problem.

There are several good reasons for promptly returning reprints to as many persons requesting them as possible, at least until the reprints that have been ordered in anticipation of the interest excited by the publication run out.

Firstly, photographs or photomicrographs are often a vital part of the paper, and these may be poorly reproduced by a photocopier. Secondly, photocopies are bulky unless printed on both sides, and even the occasional collector quickly builds up a large volume. Thirdly, a photocopier is not always available in the library, and the taking of even a few extra minutes of already stolen library time is disrupting. Fourthly, although the authors' library may be all-encompassing that is not so for most doctors—have they ever tried to obtain a copy of *Birth Defects* in London, or of the *BMJ* in San Francisco? Fifthly, the speed with which one can obtain a foreign, including North American, paper is greatly increased by the use of one of the information sources such as *Current Contents*, for the use of which reprints are essential, providing that everyone who publishes sends reprints generously and promptly. Lastly, the authors' economic argument is weak; if one pays for one's own photocopies it soon becomes apparent which is the cheaper way of spreading