

organisations are having the same experience. The government's decision to tighten the administration of benefits and its apparent belief that those who are capable of voluntary work are capable of paid work are having serious effects. We are all in favour of using volunteers, but where are we going to find them?

J R COLLINS

Arthritis Care,  
London NW1 2HD

1 Goodrick I. Voluntary helpers in general practice. *BMJ* 1993; 307:302-4. (31 July.)

## Risk factors for death in men with glucose intolerance

EDITOR,—In their latest analysis of the Paris prospective study B Balkau and colleagues lay insufficient emphasis on the unusual distribution of causes of death in the men with glucose intolerance or diabetes mellitus.<sup>1</sup> In similar cohorts, at least in Westernised populations, relative and absolute mortalities from circulatory disease (particularly coronary heart disease) are higher in men with glucose intolerance or diabetes mellitus, with circulatory disease as the principal cause of death. In the Paris study, by contrast, neoplasms are the principal cause of death in both normoglycaemic (43%) and diabetic (33%) men, with circulatory disease accounting for 20% and 18% of deaths respectively.<sup>2</sup> Furthermore, in the diabetic men almost as many deaths are ascribed to diseases of the digestive system (10) as to those of the circulatory system (12). Given the high relative risk of death by all causes in diabetic men associated with a high mean corpuscular volume, the authors' previous comments on the possible role of alcohol both in causing glucose intolerance or diabetes and in promoting premature deaths are reinforced.<sup>3</sup>

Balkau and colleagues state that "poor glycaemic control" was a risk factor for death in diabetic men.<sup>1</sup> In fact, it was the blood glucose concentration after an oral glucose load, which is not a conventional index of control, which was a risk factor; fasting blood glucose concentration, which is a conventional index of control, was not significantly related to mortality.

Finally, in the multivariate model plasma insulin concentration at two hours (but not fasting insulin concentration) was significantly related to mortality only in diabetic men. It is in this group, however, that the assay would have measured proinsulin and other peptides as well as insulin itself.<sup>3</sup> Thus the potential role of the non-insulin peptides needs exploration—and not only in relation to cardiovascular disease.

R J JARRETT

London SE26 4PA

1 Balkau B, Eschwège E, Papoz L, Richard J-L, Claude J-R, Warnet J-M, *et al.* Risk factors for early death in non-insulin dependent diabetes and men with known glucose tolerance status. *BMJ* 1993;307:295-9. (31 July.)

2 Balkau B, Eschwège E, Ducimetiere P, Richard J-L, Warnet J-M. The high risk of death by alcohol related diseases in subjects diagnosed as diabetic and impaired glucose tolerant: the Paris prospective study after 15 years of follow-up. *J Clin Epidemiol* 1991;44:465-74.

3 Temple RC, Carrington CA, Luzzio SD, Owens DR, Schneider AE, Sobey WJ, *et al.* Insulin deficiency in non-insulin-dependent diabetes. *Lancet* 1989;i:293-5.

## Reference management software

Libraries can help you...

EDITOR,—Richard G Jones's article on using personal computer packages in referencing is useful<sup>1</sup> and highlights the need to facilitate the way

that both individual people and organisations in medical and health services research and in NHS purchasing use text based information.<sup>2</sup>

The use of text based databases should be encouraged, not only for downloading, storing, and retrieving journal references but also for other textual information—for example, Department of Health circulars, "grey literature," key public health references, and local information such as the Oxford region's research directory. Not mentioned in the article are other relevant British databases, such as the Department of Health's database, which is available on Datastar (file name DHSS), and HELMIS (health management information service), which is available from Leeds University. To download, store, and use these requires both flexibility and relevant importing facilities in the personal computer programs and an organised network of support and development for users. In Oxford region we are attempting to encourage the systematic use of computers for these purposes by two interrelated initiatives.

For individual use, the regionwide Public Health Medicine Information Group evaluated three personal computer programs—Reference manager, Idealist (Blackwell's software), and Procite. The main criteria used were flexibility of importing, querying, and exporting; support; and price. Idealist for DOS was chosen mainly because of its flexibility and low price. A "read only" version is available and is used to share local databases. A site licence was obtained, which means that the program costs about £60 a copy; in return we support users with import formats and a training programme.

For wider use, Idealist for Windows has been recommended in a region wide purchasing intelligence project in Oxford region, based on a formal evaluation of a range of software for retrieving text.<sup>3</sup> The project's quality assurance team includes several district librarians with a wide range of experience of computerised text retrieval. The evaluation criteria differed from the ten key questions considered in Jones's article, price and the time needed to set up a working system being the vital ones. An important lesson from the evaluation was how crucial the level of existing use of a package in the region was and what level of support users could expect from their local library services.

Jones does not mention what role library services can have in supporting medical staff in their use of bibliographic software. A library service can help coordinate the use of these packages, getting value for money by negotiating bulk orders, arranging training workshops and evaluations, providing vital in house support, advising on standard bibliographic structures, delivering current awareness services on diskette, and developing new tailored information services. Without this support any end user will find the process much harder than Jones's article suggests.

D LAWRENCE  
S ASHWELL

Buckinghamshire Health Authority,  
Aylesbury,  
Buckinghamshire,  
HP19 3DX

1 Jones RG. Personal computer software for handling references from CD-ROM and mainframe sources for scientific and medical reports. *BMJ* 1993;307:180-4. (17 July.)

2 NHS Management Executive. *Purchasing intelligence*. London: NHSME, 1991.

3 Ashwell SJ. *Region-wide purchasing intelligence project—interim report: stage three, selection*. Aylesbury: Buckinghamshire Health Authority, 1993.

... and they do

EDITOR,—Richard G Jones provides an excellent guide to electronic literature searches on CD-ROM and mainframe computer systems<sup>1</sup> but does not mention the BMA's Medline service. This is a medical reference database accessed over ordinary

telephone lines with a home computer and a modem and operated with helpful efficiency by Jane Rowlands and William Forrester of the BMA's library. It is fast, reliable, comprehensive, available 24 hours, and, bar the cost of the telephone call, free to members of the BMA (tel 071 383 6224/6184).

GAVIN MERCER

Department of Psychiatry,  
University of Edinburgh,  
Royal Edinburgh Hospital,  
Edinburgh EH10 5HF

1 Jones RG. Personal computer software for handling references from CD-ROM and mainframe sources for scientific and medical reports. *BMJ* 1993;307:180-4. (17 July.)

## Confusion in the appendices

EDITOR,—Richard G Jones's article on reference management software is a useful and readable account, but appendix 2 is muddled and contains several important errors.<sup>1</sup>

The different sections are confusing and incomplete. "Mainframe hosts" mixes together three distinct types of company. BLAISE-LINK, Datastar, Dialog, Maxwell, ESA-IRS, and STN are bona fide online hosts—operators of search systems who provide searchers with access to a range of databases produced by third parties. Current Contents is one such database and is available through several online hosts. The Online Search Centre and the Medical Information Service are two competing commercial services operated by different parts of the British Library's science division which perform expert online searches to order; most medical libraries, including the BMA's, will do this for their users at cost price. The "CD-ROM suppliers" section includes one database publisher (SilverPlatter), one database distributor (Optech), and one CD-ROM manufacturer (Global Communications—which was taken over some months ago by Animated Pixels Ltd). "Network services" includes one public service (British Telecom's Dialplus) and one private network (JANET). Those requiring a more complete picture of services available in this area are advised to consult the reference section in their local medical library, including my own directory.<sup>2</sup>

Finally, the errors. In appendix I, Personal Bibliographic Software, the publishers of ProCite have a British office at Woodside, Hinksey Hill, Oxford OX1 5AU, telephone 0865 326612. BLAISE-LINK was transferred earlier this year to the Medical Information Service, telephone 0937 546364. Global Communications, as already mentioned, has been replaced at the address given by Animated Pixels Ltd.

It is a shame that such a clear explanation of an abstruse subject should be marred by so many omissions and errors.

TONY McSEAN

BMA Library,  
London WC1H 9JP

1 Jones RG. Personal computer software for handling references from CD-ROM and mainframe sources for scientific and medical reports. *BMJ* 1993;307:180-4. (17 July.)

2 McSeán T. *Library Association directory of suppliers and services*. London: Library Association Publishing, 1992.

## Credit cards as donor cards

EDITOR,—Recently there has been publicity about the difficulty of obtaining organ donors and the fact that relatively few people carry donor cards. Most people carry credit cards. Has thought been given to asking major companies to incorporate a donor symbol on the cards of consenting clients?

R D M MACLEOD

Dr Gray's Hospital,  
Elgin,  
Morayshire IV30 1SN