

advertisements are going to appear. Advertising thus cannot be sold on the condition that it will be linked to editorial material, but sometimes, by chance, articles and related advertising will appear in the same issue. The articles may be perceived by the advertisers as being advantageous for their products—but just as often they will be disadvantageous.

We might extend our policy by looking at all papers and advertisements together immediately before publication and removing the advertisements that overlap with editorial material. This is what the *New England Journal of Medicine* does. Dr Mabin illustrates, however, that this policy can be difficult to implement: should we really cancel an advertisement for an anticoagulant because an article on recent advances in orthopaedics discusses, among many other issues, the use of prophylactic anticoagulation for joint replacement—particularly when the author is scornful of the conventional wisdom that anticoagulation is vital? With six editorials, around 10 papers, and as many as 50 letters each week there is a high chance of some overlap with advertisements for drugs as commonly used as antibiotics, antihypertensives, anticoagulants, and antidepressants. And how much overlap matters? A further practical problem is that—unlike the *New England Journal of Medicine*—the *BMJ* finally comes together in the week of publication, making it impossible for us to remove advertisements. To do so we would have to put the *BMJ* together earlier, making it less topical.—EDITOR

## Biomedical journals not dead yet

### Electronic publications are hard to access

EDITOR,—We are sure that the paper free electronic dissemination of scientific journals is further away than Tony Delamothe and Ronald E Laporte and colleagues envisage.<sup>1,2</sup> Computer literacy is not widespread, even in the United States, and is not helped by the computer industry, which often seems to conspire to make the use of personal computers an ordeal. Manuals are often written without simple sequential instructions to help the uninitiated, and this combined with repetitive, and often unnecessary, upgrading has not facilitated wider understanding.

For individual users the mystique and “technobabble” are never more apparent than when they use a modem to access remote services: the initiation strings and download protocols that are vital for successful connection are often impenetrable. Moreover, on line running costs are often high, and even those who connect to a network are often disappointed with the interface that they receive. For example, CompuServe charges \$25 an hour for database searching and has indifferent interface software. Equally, while the BMA's Medline service is an advance, it is not supported by a graphical user interface, and, although it can be menu driven, success requires considerable practice. Indeed, this system itself declares that inexperienced users will find only 15% of the information available about a particular topic.

Against this background we agree with Christopher Zietinski, who suggests that there are huge problems inherent in replacing traditional books and journals with electronic systems to the Third World.<sup>3</sup> For library access by a large number of borrowers, however, that idea will surely come to fruition eventually. But until the costs of accessing networks come down and the quality and efficiency of the interfaces provided improve, we believe that widespread individual use will not progress. It may also be that, as with facsimile machines, individual as opposed to corporate use of such technology will always be small, whatever marketing skills are used to convince people other-

wise. Certainly, we believe that predictions of the death of the traditional format for biomedical journals are premature and that paper journals will continue to have a role for most individual users for some time.

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- 1 Delamothe T. *BMJ* on the Internet. *BMJ* 1995;310:1343-4. (27 May.)
- 2 LaPorte RE, Marler E, Akazawa F, Sauer F, Gamboa C, Shenton C, et al. The death of biomedical journals. *BMJ* 1995;310:1387-90 (27 May.)
- 3 Zietinski C. New equities of information in an electronic age. *BMJ* 1995;310:1480-1. (10 June.)

### Whimsical titles are deeply unhelpful

EDITOR,—The advantages of electronic biomedical publishing are many: savings in terms of printing, paper, postage, library space, and time taken to reach readers and an ever decreasing requirement for libraries to be reliable and a consequent increase in the control that users have in obtaining information. It will eventually be possible to obtain the full text of journals, but in the first instance this will involve downloading a list of contents and structured abstracts.<sup>1</sup>

Many published papers have vague or misleading titles—for example, “Trouble in the potting shed” and “Airs, waters, places.” These editorials relate to infection with *Legionella longbeachae* and the adverse effects of air conditioning, respectively. Their titles are short and catchy and may be enjoyed during a leisurely browse through a journal. When they are scanned for example, during the preparation for examination, however, they are a hindrance. A selective approach to reading a journal is facilitated by a title that broadly categorises an article's content. When people read a paper journal or a full text electronic version they can easily clarify obscure titles. Partial text electronic coverage, however, will occasionally leave readers bewildered about the broad category into which the contents of a paper belong. And, though the contents can be checked by a request for a reprint of the article, this defeats one of the main advantages of electronic publishing—that of accessibility. As partial text coverage may be the norm for several years, paper journals may not give up easily.

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- 1 Delamothe T. *BMJ* on the Internet. *BMJ* 1995;310:1343-4. (27 May.)
- 2 Trouble in the potting shed. *Lancet* 1990;336:151-2.
- 3 Airs, waters, places. *Lancet* 1987;ii:1062-3.

## Unreliability of reports of hypoglycaemia by diabetic patients

EDITOR,—M R Kiln<sup>1</sup> suggests that the study by Simon Heller and colleagues<sup>2</sup> casts doubt on the validity of controlled studies of hypoglycaemia, citing particularly those studies to investigate the hypothesis that the use of human insulin affects the experience of hypoglycaemia in patients with insulin dependent diabetes mellitus. Heller and colleagues' study provided data supporting the need to involve the relatives of patients with diabetes when making reliable estimates of the experience of hypoglycaemia. Kiln references our study, published in the *BMJ* in 1993,<sup>3</sup> when stating that “most scientific studies have not included partners” of patients in their protocols.

This is not justified. We share Kiln's view of the importance of including information from patients' relatives and carers when assessing the risk of hypoglycaemia. We included information from the partners of our patients in our estimates of hypoglycaemia in the referenced research study, and we stated this clearly. The published literature may not be quite so naive as Kiln suggests.

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- 1 Kiln MR. Unreliability of reports of hypoglycaemia by diabetic patients. *BMJ* 1995;310:1407. (27 May.)
- 2 Heller S, Chapman J, McCloud J, Ward J. Unreliability of reports of hypoglycaemia by diabetic patients. *BMJ* 1995;310:440. (18 February.)
- 3 Maran A, Lomas J, Archibald HR, Macdonald I, Gale E, Amiel S. Double blind clinical and laboratory study of hypoglycaemia with human and porcine insulin in diabetic patients reporting hypoglycaemia unawareness after transferring to human insulin. *BMJ* 1993;306:167-71.

## Information on sugar free medicines is readily available

EDITOR,—In his editorial on medicines that contain sugar Iain C Mackie states that the campaign to encourage the use of sugar free medicines in the north west of England met several hurdles, one of which was the fact that the doctors prescribed medicines containing sugar and rarely offered sugar free alternatives.<sup>1</sup> This was because the doctors “did not always have the time to look through the *British National Formulary* or *MIMs* to find a sugar free variety.”

The National Pharmaceutical Association (which represents around 10 000 community pharmacies) produces a comprehensive, easy to use leaflet on sugar free medicines. The leaflet lists these medicines both alphabetically by brand or generic name and also by therapeutic category, so it can be referred to quickly without the need to search through lengthy texts. Most pharmacists who are members of the National Pharmaceutical Association will have access to a copy of the leaflet and can use it to help general practitioners prescribe alternatives to medicines containing sugar. General practitioners who would like a copy of the leaflet for their own use can obtain one (cost £3) from the association.

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- 1 Mackie IC. Children's dental health and medicines that contain sugar. *BMJ* 1995;311:141-2. (15 July.)

### Advice to authors

We prefer short letters that relate to a recently published article and we are unlikely to publish letters longer than 400 words and containing over five references. Letters may be shortened. Your letters should be typed with double spacing and include a word count. All authors need to sign the letter and provide one current appointment and address. We encourage you to declare any conflict of interest. Please enclose a stamped addressed envelope if you require an acknowledgment.