For Debate . . .

Standardisation of bibliographical reference systems

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At the BMJ-ELSE (European Life Sciences Editors) meeting in Winchester¹ one speaker said that he had found 33 different styles of reference in 52 journals. The full picture is even worse than that. There are at least 2632 possible ways of setting out references in reference lists.² Most clinical scientists would probably say that they had met every single one of these very early in their careers as authors or would-be authors.

O'Brien's Law

In all likelihood journal A returned the first manuscripts they ever submitted—not surprisingly, as journal A probably had an 80% rejection rate. They then revised their papers for submission to journal B (which should have been the target in the first place). But journal B had a different reference system, so the conscientious authors, or possibly their enraged or over-worked secretaries, had to prepare new reference lists giving the same ($\pm 50\%$) information in a different order. Hence O'Brien's Law (O'Brien being first cousin to Murphy): if an editor can reject your paper he will; and its corollary: if you submit the paper to a second editor his journal invariably demands an entirely different reference system.

Occasionally editors allow authors to complain in print about the incredible waste of time, money, and effort devoted to rearranging references.³⁻⁵ These correspondents all implore editors to get together and agree to confine the marvellous particularity of their journals to matters other than the technicalities of references.

Steps towards uniformity

Useful progress towards uniformity was in fact made in 1970,⁶ when some 30 American clinical journals responded to a request from a medical academician's secretary for an explanation of "why every journal has its own little pet form of references." Not long afterwards a group of editors of biochemical journals also took steps towards uniformity.⁷

Until very recently, however, no groups of journals covering a wide range of disciplines had unified their reference systems. Yet many scientists submit articles to journals in several different, though related, disciplines. Then, a few months ago, the group of European life science editors known as ELSE made the revolutionary suggestion⁸ that authors should not underline any elements in reference lists but should leave editors or copy editors to mark up lists according to each publication's individual typographical style.

Out of that suggestion grew a far more radical set of recommendations, discussed on 25 November 1977 at an ELSE-Ciba Foundation workshop. There, a wider group of editors from the earth sciences, life sciences, chemistry, physics, and engineering considered whether authors should be allowed to submit typescripts with references typed in the same way whatever the style preferred by the target publication. In this system typescripts accepted for publication would then be altered to fit each publication's final requirements. These radical recommendations were based on reference lists being alphabetical, whatever system (name-and-date or non-sequential-numeric) is used in the text. At the workshop, however, some editors could not bring themselves to accept either non-sequential numbering in the text or the idea that typescripts might not always be prepared uniquely for their publications.

The recommendations put before the workshop were therefore immediately revised to take these objections into account. The aims of the revised recommendations—as of the original set—are to save editors and authors as much time and publishers as much money as possible, and to give readers all the information they need for appraising or retrieving the work cited.

Master typescripts

The basis of the most recent recommendations is that authors should prepare master typescripts, in which citations in the text and references in reference lists are always presented in the same

8 Abbott, K M, (1974) References—a new system used by CSEB. Scientist, 51, 27-28.

5 Editorial (1970) Style of references standardised. New England Journal of Medicine, 282, 49.

7 ELSE Working Group, (1977) Recommendations on references. Earth & Life Science Editing, No. 5, 7-8.

6 IUB-CBB, (1973) The citation of bibliographic references in biochemical journals. Recommendations (1971). Biochemical Journal, 135, 1-5.

2 Paton, A, (1973) Personal View. British Medical Journal, 3, 691.

4 Stoldal, P M, & Gordon, D B, (1974) Uniformity of references. Science (Washington D.C.), 186, 1158-1159.

1 Williams, P C, (1972) Layout of references. In: Ellis G (ed) Units, symbols and abbreviations, pp 35-36. Royal Society of Medicine, (London).

3 Yarmolinsky, M, & Hoogveld-Lepasteur, M-J, (1973) Literature citations. Nature (London), 246, 540.

Example of what the author (or editor) has to do to a master typescript to adapt it to the BMJ's reference style.

way. Copies of the master typescripts can then be altered or converted by authors so that references conform to the instructions of their target journal of the moment (see figure). If an article is rejected the procedure can be repeated for a second journal, using fresh copies of the master.

The main features of the revised recommendations are that in the master typescripts names and dates should be used for citations in the text; reference lists should be alphabetical; references should always be made up of the same elements, arranged in the same order, and with the same punctuation; references should always be styled with a maximum of information and a minimum of punctuation; and capitalisation and italicisation should be left for editors or printers to mark up. A dual-access system⁹ is also described, which caters for readers who want to refer back from the reference list to find a particular citation in the text when the name and date system is being used.

The amount of "conversion" an author would have to do before submitting a copy of the master typescript for publication would obviously depend on the particular requirements of the target journal. For example, for journals using the sequential-numeric system reference lists would have to be either retyped or rearranged so that references were listed in order of their citation in the text. On the other hand, it is easy to delete name and date citations in the text and substitute numbers if either

the sequential-numeric or the alpha-numeric system is required. (Camera-ready copy, of course, is another story.)

Comments on the revised recommendations are now awaited from the workshop members. If a consensus is reached the final recommendations will be published as quickly and as widely as possible. It will then be interesting to see who adapts most readily to a uniform system for references—editors, authors, or readers—and which journals adopt the system first. Copy editors, secretaries, and typists will, of course, be only too glad that editors have agreed to agree, while publishers and printers will have no problem in accepting the idea that uniformity saves money and time for them.

References

- ¹ *British Medical Journal*, 1977, **2**, 1428.
- ² Williams, P C, in *Units, Symbols and Abbreviations*, ed G Ellis, p 35. London, Royal Society of Medicine, 1972.
- ³ Paton, A, *British Medical Journal*, 1973, **3**, 691.
- ⁴ Yarmolinsky, M, and Hoogveld-Lepasteur, M-J, *Nature*, 1973, **246**, 540.
- ⁵ Stoldal, P M, and Gordon, D B, *Science*, 1974, **186**, 1158.
- ⁶ *New England Journal of Medicine*, 1970, **282**, 49.
- ⁷ IUB-CEBJ, *Biochemical Journal*, 1973, **135**, 1.
- ⁸ ELSE Working Group, *Earth and Life Science Editing*, 1977, No 5, p 7.
- ⁹ Abbott, K M, *Scientiae*, 1974, **15**, 27.

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Letter from . . . Chicago

Setback for the Graces

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When Dr Eugene Laforet first sent a reprint of his article "The Fiction of Informed Consent,"¹ Professor Hawkins Mumrath was inclined to look upon it with disinterest and let it sink into the Triassic layer of his briefcase. He had already heard too much about informed consent, remembering only too well how several years ago the entire hospital had come to a standstill because an out-of-space lawyer from the planet Zeltoldimar² had dreamed up consent forms for every conceivable medical and paramedical activity. There were forms for speaking to the doctor, for having one's clothes taken off, for having one's liver and spleen palpated, for having an injection, for having one's clothes put on again, and informed consent forms for taking a prescription, going home, and swallowing an aspirin. But then a friendly health planner from the planet Tralfamadore³ saved the day by consulting with a lawyer from Pluto and deciding after all that none of these forms was really necessary, and that written consent should be reserved for such life-threatening emergencies as craniotomy, craniectomy, and medical research.

So it was for research that the forms were kept. Not for the experimental work of the ingenious Dr Norbert Frankenstein, whose favourite and only patient, a billionaire's widow, had

become reduced to nothing but a head, kept standing on a tripod and connected by wires and pipes to a large room filled with pulsing, writhing, panting artificial organs.⁴ No! The forms were kept for the young research fellow who conceived the hazardous project of giving volunteers a cup of coffee and drawing blood for various enzyme studies. A PhD was hired to do the determinations, everything was ready to go, but then the professor had the unlucky thought that the project had not been submitted for scientific review. So the PhD had to cool his heels waiting for institutional approval, and his irritation grew daily as the parking committee pondered and deliberated, and could not decide if he was fish or fowl and if he should park with the doctors or with the laity. And then the committee chairman went on vacation, the minutes of the meetings were lost, and nobody could find out what had been decided.

Elaborate protocol

Meanwhile the research fellow prepared eight copies of an elaborate protocol, met with several subcommittees, was told to prepare an informed consent form explaining in basic English the risks of venepuncture and of coffee, and wasted one month because the front page of the application had not been signed by the chairman of his department. At last Professor Mumrath returned from his ever so successful lecture tour of Zeltoldimar.² The scientific committee met in plenary session and there was a tense moment when a committee member asked who would pay for the coffee, but the project was passed unanimously—subject to final approval by the governing body. By this time, however, the PhD, tired of driving around the hospital looking for a

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