non-binding fraction and the composition of amniotic fluid altered accordingly. This is apparently so.

Since affinity chromatography is more complicated than conventional AFP assay it will probably be used on selected samples. If the method proves as reliable as suggested here, an appropriate strategy would be to lower the cut-off value to three standard deviations above the mean total AFP concentration and subject all samples with concentrations above this value to con-A-binding studies. Theoretically, this would give a high incidence of detection of open spina bifida with a specificity of nearly 100%.

I am grateful to Sandra Brown and Lilius Barron for excellent technical help. The work was supported by a grant from the Medical Research Council.

¹ Ruoslahti, E, *et al*, *International Journal of Cancer*, 1978, **22**, 515.

² Smith, C J, *et al*, *British Medical Journal*, 1979, **1**, 920.

³ Ruoslahti, E, *et al*, *British Medical Journal*, 1979, **2**, 768.

⁴ Brock, D J H, *British Medical Bulletin*, 1976, **32**, 16.

⁵ Brock, D J H, *Lancet*, 1976, **2**, 345.

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Cyclical variations in mood in normal women taking oral contraceptives

A significant number of women taking oral contraceptives develop pathological changes in their mood over a period of several months.¹ Little, however, is known of the mood changes within the menstrual cycle of normal women taking oral contraceptives.

Subjects, methods, and results

Twelve volunteers were studied. All were healthy women aged between 22 and 30. They were all taking oral contraceptives containing not more than 30 µg of ethinyloestradiol per tablet and were happy with this method of

depression) and anxiety level (tranquillity to anxiety). Before retiring for the night the subjects marked each of the lines in the position between the two sets of statements that best described their state of mind at the time. Subsequently, by measuring the position of the mark on the lines, numerical scores from zero to 100 for depression and anxiety for each subject each day were produced. To minimise any bias effects each woman started keeping records on a different day in the menstrual cycle and the records from the first two days for each woman were not analysed. The results from the group as a whole were pooled, and mean scores for depression and for anxiety for each day of the menstrual cycle, counting day 1 as the first day on which an oral contraceptive pill was taken, were calculated. The mean scores were then analysed by computer, calculating exponentially smoothed scores for each day and using Cembrowski *et al*'s⁵ modification of Triggs's technique for trend detection. There was a steady increase in mean depression scores while the subjects were taking oral contraceptives. Triggs's technique showed that when the depression scores were smoothed so that the exponential mean corresponded to a moving average containing seven observations this trend was significant ($P < 0.05$) from days 11 to 19 of the cycle. The anxiety self-rating scores did not show any significant trend throughout the cycle.

Comment

The steady increase of the self-rating scores for depression during the menstrual cycle is consistent with the theory that depression associated with oral contraception has a metabolic basis. The metabolic lesion may be a functional deficiency of pyridoxine.⁴ Thus it would be of interest to investigate the effect, if any, that pyridoxine has on these cyclical mood changes. There was no tendency for anxiety self-rating scores to increase towards the end of the cycle, and this would support the use of oral contraceptives for the treatment of premenstrual tension.

I thank the volunteers for their co-operation in this study.

A listing of the computer program in BASIC used for the calculation of Triggs's statistic and for exponential smoothing is available from the author.

¹ Herzberg, B N, Johnson, A L, Brown, S, *British Medical Journal*, 1970, **4**, 142.

² Zealley, A K, and Aitken, R C B, *Proceedings of the Royal Society of Medicine*, 1969, **62**, 993.

³ Cembrowski, G S, *et al*, *Clinical Chemistry*, 1975, **21**, 1396.

⁴ Adams, P W, *et al*, *Lancet*, 1973, **1**, 897.

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Variation of mean mood and anxiety level scores during menstrual cycle.

contraception. None had changed the brand of their oral contraceptive within three months of the start of the study. None had any history of mental illness. Each recorded an indication of her mood and affect every evening for 30 days. This was done by using visual analogue self-rating scales.² These were forms, one for each day, on which were two 10-cm lines separating statements describing extremes of mood (euphoria to

How to evaluate papers given at medical meetings: Use of the SPEAKER Index

The objective finding that fewer than half the speakers at a surgical meeting were able to communicate effectively¹ confirms subjective experience that the standard of oral presentations at medical meetings is disappointingly low. There are many reasons why speakers communicate poorly. Two are interrelated: few doctors are taught how to communicate the results of their work (whether by the spoken or the written word), and most doctors therefore evaluate talks subjectively rather than objectively. In teaching doctors how to speak effectively, I emphasise the need for objective evaluation of oral presentations, and one result of this emphasis has been the development of the SPEAKER Index.

The Index

The SPEAKER Index is an aid to evaluating the performance of speakers. The mnemonic acronym SPEAKER refers to the initial letters of the seven primary performance characteristics that are listed in part 1 of the Index (see figure). These primary characteristics may be rated from low to high on a five-point scale contained on the first side of a single sheet; the overall rating may be displayed numerically, by calculating a mean score, or graphically, by joining numerical points. The other side of the sheet, which is given over to part 2, lists the many secondary characteristics that can be subsumed under the primary characteristics. These secondary characteristics may be

RATING OF ORAL PRESENTATIONS Use of the SPEAKER Index

Papers given at scientific meetings, if evaluated at all by listeners, are evaluated subjectively and by impression rather than objectively and by reference to specific criteria. Use of the SPEAKER Index will encourage systematic and objective evaluation of oral presentations. The Index is a 5-point scale that can be used to rate presentations according to well-accepted characteristics of good speaking.

The Index is based on the easily memorised acronym, SPEAKER. The letters of the acronym are the initial letters of seven primary characteristics of good speaking, listed below in part 1. Each primary characteristic comprises numerous secondary characteristics, which are listed in part 2 (overleaf).

Part 1 permits an assessor to derive a rating based on the overall evaluation of the primary characteristics; it is the minimum that should be completed. Part 2 serves two purposes: to identify the many secondary characteristics that should be considered before the primary characteristics are evaluated, and to permit an optional but more comprehensive rating to be completed, based on the complete set of secondary characteristics. The SPEAKER Index may be derived from calculating the mean score in part 1, preferably with close attention to part 2.

Part 1: Rating of primary performance characteristics

Characteristic	Rating*					Name: _____	Topic: _____	Date: _____
	1	2	3	4	5			
	(low)				(high)			
Speaking ability ..								
Personality of speaker ..								
English usage ..								
Audience-speaker relationship ..								
Knowledge and content ..								
Environmental management ..								
Related material ..								
Mean score _____								

*Scoring instruction: Align with each characteristic a point in the column under the rating scored for that particular characteristic. Join each point with a line to gain an indication of the general pattern. Finally, determine mean score.

Please turn over ...

Part 2: Listing and rating of secondary performance characteristics

Characteristic	Rating					Characteristic	Rating				
	1	2	3	4	5		1	2	3	4	5
	(low)				(high)		(low)			(high)	
<i>Speaking ability</i>						<i>Audience-speaker relationship</i>					
Adeptness						Rapport with audience					
Naturalness						Eye contact					
Spontaneity						Satisfaction of audience needs					
Articulation						Audience interest					
Pronunciation						Encouragement of audience participation					
Volume						Management of questions					
Pitch						<i>Knowledge and content</i>					
Tone						Depth					
Rate						Factualness					
Rhythm (incl pauses)						Documentation					
Emphasis						Validity					
Animation						Importance					
Gesticulation						Interest					
Ad libbing						Logic					
<i>Personality of speaker</i>						Structure					
Dress						<i>Environmental management</i>					
Confident						Command of space (stance, posture, mannerism)					
Prepared						Control of:					
Organised						Acoustics					
Interested						Lighting					
Enthusiastic						Projector, etc					
Friendly						Screen					
Courteous						Seating					
Relaxed						<i>Related material</i>					
Sincere						Visuals:					
Inspiring						quality					
<i>English language usage</i>						quantity					
Informal						Audio					
Direct						Exhibits, etc					
Plain											
Familiar											
Personal											
Precise											
Concise											
Correct											
Variety											
Mean score _____						Mean score _____					
						Overall mean score: _____					

The two-part SPEAKER Index. The two-part format and restriction to two sides of a single sheet should make for simplicity and ease of handling during use.

rated individually, but users of the Index may find part 2 more helpful in identifying the more detailed characteristics that should be taken into account when the primary characteristics are being rated. Part 2 therefore serves as a reference as well as a detailed base for evaluation.

Comment

The SPEAKER Index was developed as an instructional device for use in a course on communication skills. Its chief value lies in inculcating the habit, among those learning communication skills, of evaluating oral presentations by specific objective criteria in preference to an anecdotal impression. I hope, however, that the easily memorised acronym of the SPEAKER Index will also facilitate its more general

use by doctors both in evaluating more accurately the presentations they attend and in serving as an aide-mémoire when they prepare their own presentations.

¹ Kraft, A R, *et al*, *Journal of Surgical Research*, 1976, 20, 376.

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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:

- ¹ International Steering Committee of Medical Editors. Uniform requirements for manuscripts submitted to biomedical journals. *Br Med J* 1979;1:532-5.
- ² 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.
- ³ Weinstein L, Swartz MN. Pathogenic properties of invading microorganisms. 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: