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SHORT REPORTS

Why request reprints?

It is common practice for original articles in medical journals to give an address for reprint requests. Often authors receive many requests, usually from abroad. Since photocopiers are now freely available in most parts of the world we were interested in the true relevance of reprint requests and canvassed the views of other doctors.

Methods and results

We sent a questionnaire to 280 doctors of grade senior registrar or lecturer and above working in all specialties in the teaching hospitals in Nottingham; 161 replies were received and analysed. The doctors replying included 46 senior registrars and lecturers (31%), 89 consultants and senior lecturers (60%), and 13 professors and readers (9%); 13 did not specify rank. Of these respondents, 57 (35%) published one or no medical papers each year, 87 (54%) published two to five papers, and 17 (11%) published more than five each year. Taking each doctor's estimate together it appeared that nearly 10 800 reprint requests had been received by them in the past year.

The table shows the origin of reprint requests in order of frequency.

Countries of origin of reprint requests (figures are numbers (%) of doctors answering each question)

Answer	North America	Eutope	Iron Curtain	Japan, New Zealand, Australia	Third World
<i>Where do your reprint requests come from?</i>					
Most frequently	106 (66)	40 (25)	12 (8)	2 (1)	0
Next most frequently	31 (25)	63 (50)	21 (17)	4 (3)	6 (5)
<i>Do you return reprints on request?</i>					
Occasionally or never	85 (63)	78 (59)	54 (46)	67 (66)	45 (43)
Usually or always	51 (37)	55 (41)	64 (54)	35 (34)	59 (57)

Doctors returned reprints (when available) most often to Iron Curtain and Third World countries, but the response was not high to anywhere. Indeed, only two of the 17 doctors who published more than five papers a year usually returned reprints to North America. Seventy-four doctors (56%) said that any reprints that they had were handed to colleagues locally or remained in a drawer. Reprint requests were regarded as a waste of time and money by 105 doctors (72%), and only 25 (17%) thought that they were a valuable way of keeping in touch with other investigators and knowing who was interested in their work. Nearly a third of doctors thought that reprint requests were a good way of collecting foreign stamps.

When doctors were asked whether they themselves requested reprints from authors 125 (83%) said rarely or never, 19 (13%) said occasionally, and six (4%) said often. When a copy was required 141 (97%) arranged a photocopy locally. Five doctors commented that they requested reprints only when high-quality reproductions of photographs or radiographs were required.

Comment

The large majority of doctors regarded reprint requests as a waste of time and money. Although our questionnaire covered only a small number of doctors, they represented a cross-section from all hospital specialties.

North American and European countries were by far the most common sources of reprint requests, although only a third of doctors usually returned reprints to these countries. It is hard to see any value in requests from these countries, where photocopiers are freely

available. Photocopy laws generally allow copies for personal use. The commonly used printed reprint-request postcards (for example, Request a Print), often filled out and signed by secretaries,¹ suggest that requests are accepted practice, especially in North America. The belief that access to library or photocopier facilities may be more difficult in Iron Curtain or Third World countries probably explains the higher return rate of reprints to these areas. It would be interesting to hear how important reprints are to doctors working in these areas.

The estimate of 10 800 reprint requests received by our 161 respondents in the past year suggests that the cost of replying to all requests would be considerable. Assuming return by air mail, postage costs alone would be over £3000. Countrywide, the cost to the National Health Service (which in the end actually pays for the stationery, postage, and time) would be alarming if all doctors replied to every request. Doctors in our area rarely requested reprints themselves from authors, and almost all relied on arranging photocopies of interesting articles locally. Efficient library facilities are a feature of medical centres in most countries.

We do not deny that it is sometimes useful to be able to write to authors about some point of interest or debate, but we believe that reprint requests are largely outdated and a waste of time and money.

We thank our colleagues for completing the questionnaires.

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Warfarin poisoning in patients with prosthetic heart valves

Massive warfarin overdose in patients with prosthetic heart valves requires a prolonged period of carefully controlled partial reversal of anticoagulation. We report two cases where partial reversal was maintained with repeated infusions of fresh frozen plasma. The frequency of treatment was monitored by the prothrombin time ratio (PTR), and serial plasma warfarin concentration estimations predicted the required duration of treatment.

Case reports

Case 1—A 64-year-old man, on long-term warfarin for a Björk-Shiley prosthetic valve, took an overdose of an uncertain quantity of warfarin, digoxin, frusemide, and sedatives. Specific treatment was required only for warfarin. The initial PTR, 18 hours after the overdose, was 5.2 (British comparative thromplastin). The patient was given factor II, IX, and X concentrate (Defix: Scottish National Blood Transfusion Service). When 40 ml of the concentrate had failed to reduce the PTR to within the accepted therapeutic range¹ of 2.0-4.0, he was given repeated infusions of 300 ml of fresh frozen plasma over a period of five days (see figure). This maintained the PTR at or near the therapeutic range. At no time did he bleed. The initial plasma concentration of warfarin and metabolites, measured by fluorimetry,² was raised at 44 µmol/l (13.5 µg/ml) (figure) but subsequently