# SPECIFIC IMMUNOGLOBULINS

GIVING immunoglobulins can save life. Patients have recurring needs for injections with specific immunoglobulins, for example for: anti-vaccinia, anti-tetanus, anti-varicella or herpes zoster, and requests are now also being received for anti-mumps, anti-herpes simplex, anti-rubella and anti-measles immunoglobulins. In patients on immunosuppressive therapy the administration of the appropriate immunoglobulin may well be life saving.

However, immunoglobulins can only be prepared from the plasma of those individuals who have recently been immunised or have suffered from one of these diseases. How are supplies to be kept up?

General practitioners are particularly well placed to regulate supply and demand because they, after all, see large numbers of patients whom they have themselves revaccinated against smallpox or for whom they have arranged a primary course of immunisation against tetanus. All that would be needed would be for patients to be asked if they would be willing to give a donation of blood three to four weeks after completing the immunisation procedure.

Similarly those who have suffered an attack of chickenpox, herpes zoster, herpes simplex, mumps, rubella, or measles in the previous three months can also provide valuable samples of blood.

All that is necessary is for the names and addresses of those prepared to agree, with a note of the disease or immunisation done with the relevant dates, to be sent to the Director of the appropriate Regional Transfusion Centre (the address is in every telephone book under *Blood Transfusion Service* (National) and arrangements will be made to collect the blood from the volunteers.

Conversely, doctors who wish to use specific immunoglobulin for their patients should contact their local public health laboratory.

# ARE REFERENCES REALLY NECESSARY?

THE presence of references is one characteristic of scientific articles published in scientific journals. They take up precious space, appear in smaller and less readable type, and are hard to read; so are they really necessary?

It is helpful to think of them as a service for readers—although not all readers need to use them. Even those who do wish to use them will want them well chosen; nine references to the author's own publications—or, annoyingly, to his unpublished work—or to A. N. Other, are likely to arouse only scepticism. Equally, a multitude of references all adducing evidence for the same point show less scholarship than boastfulness.

First of all, references serve the purpose of providing the source of additional information and in particular the evidence for statements made in the article. One

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feature of a good article is that it makes clear what facts have been derived from the study reported and what opinions or conclusions are derived from them. Where facts or opinions refer to the work of others references enable the reader to check the source and weigh for himself the value of the conclusions drawn.

Scientific knowledge is never stationary and is constantly evolving. It is always the responsibility of any author, at any time, to take into consideration previous reports published in the field in which he is working. If this is not done there is a serious danger that the author may repeat work that has already been completed elsewhere, so that, even if the work is competently carried out, it is most unlikely to be published.

Quite a number of the articles submitted to this *Journal* are now rejected, on the advice of the Editorial Board, because the review of the literature is inadequate. The author is either repeating work previously carried out elsewhere or is failing to take into account such work by others directly relevant to his own subject.

References are thus rather like tables, expensive and cumbersome to produce and somewhat tiresome to read, but nevertheless essential sources of information which enable the serious reader to judge for himself the significance and value of the article. Scientific writers are perfectly entitled to write 'I think' or 'I believe', but they have a duty to their readers to make it clear how and why they have formed their conclusions.

### REFERENCE

O'Connor, M. & Woodford, F. P. (1975). Writing scientific papers in English. North Holland: Elsevier Excerpta Medica.

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Literature and advice are freely available to you. And the more you know about the RNID, the more you can do for your deaf patients.

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