A Better Citation System

To the Editor—A recent article reported that more than half of
the references cited in four anesthesia journals contain an error in
at least one element of citation. One reason for the high error rate
is that bibliographies are frequently generated by manual transcrip-
tion of the citation. Even if a contributor submits an error-free bibil-
ography to the publisher, mistakes can occur during typesetting of the gal-
ley proof. Electronically generated citations are less prone to error,
though these systems are not universally compatible; thus, con-
tributors would have to become familiar with the particular software
used by the publisher.

An alternative system could be developed analogous to the method
used to program a videotape recorder using a device called VCR
Plus+®. This uses a code number to identify each television show.
In our proposed bibliographic system, publishers could encourage
authors to submit the eight-digit unique identifier number provided
by the National Library of Medicine for each journal article cited in
their bibliography. Publishers could then retrieve the complete bib-
liographic information from the unique identifier by using a modemas-
or compact disc-based MEDLINE search (e.g., Grateful Med, Compact
Cambridge), which could then be stored as a bibliographic data base.
A variety of software currently exists that can electronically translate
these databases to a customized bibliography using the publisher’s
designated format. Typographic errors in entering the unique iden-
tifier number would be easy to detect by an author or editor as it
would generate an inappropriate citation. This system would cover
most citations, as MEDLINE assigns a unique identifier number to
almost all medical articles and letters.

This system would require publishers to become familiar with
computerized bibliographic searches. To make this system accessible
to authors who do not use MEDLINE searches, journals would have
to publish the unique identifier number (either in the article itself
or as a supplement). However, this system would be worth the effort
as it would result in more efficient typesetting of bibliographies and
in more accurate reference citations.

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Reference

1. McIntosh MF, Case LD, Barnett MC: Trust, but verify: The ac-
ccuracy of references in four anesthesia journals. Anesthesiology 77:
185-188, 1992

(Accepted for publication December 3, 1992.)

In Reply—It is in the best interest of all parties involved in sci-
cient publishing that information appearing in journal articles be
accurate and reliable. This maxim certainly applies to reference ci-
tations within articles, and we fully support any technology that would
raise the level of accuracy within such citations. We applaud Rosman
and Schachner for their suggestion that authors, editors, and pub-
lishers work together to formulate a new system to ensure reference
accuracy.

We do believe, however, that authors need to be made aware of
the importance of correct journal citations and must work to provide
reference lists that are accurate. After all, it is the citations that form
an article’s intellectual foundations. In their letter, Rosman and
Schachner look at publishers and typesetters as the likely breeding
ground of the ‘‘publishing gremlins’’ that place errors in references.
However, an informal study reported recently in the medical
literature has shown that more often than not errors in citations are
caused by authors who have not taken the time to review references.
The editor and publisher can only assume that, by virtue of commi-
mitting these citations to paper, the author has verified their accuracy.

This is not to say that a bibliographic data base would not be useful,
and we would certainly encourage further examination of this tech-
nology. However, bear in mind that computer technology still re-
quires human interaction and is exposed to human error. We do not
believe that computer-driven reference lists will serve to remedy all
the ills associated with bibliographies, but we do believe that, with
increased attention on the part of the author, they are a step in the
right direction.

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Reference

1. Lichter PR: Checking citations. Ophthalmology 96:1131-1132,
1989

(Accepted for publication December 3, 1992.)