Reviewing diligence

I have just read your editorial “To review or not to review”. I can attest to the dominant prevalence of gatekeepers among reviewers, who seem to encounter nothing but gatekeepers in my attempts to publish. When I read your unique and astonishing admission that the “obsessive reviewer” who reanalyses the author’s data is “extraordinarily rare”, I immediately thought, “Ah! Suspicions confirmed”. The presumptive, rather presumptuous, confidence in medical editorial diligence that my mentors attempted to promulgate in my training at journal club meetings seems unjustified if, as you seem to imply, and as I have long suspected, editors and reviewers usually verify neither analyses nor conclusions of scientific submissions. If they don’t do that, what good are they? If they don’t do that, how can they justify publishing such results?

If the rarity of the “obsessive reviewer” is widespread, it is also fully with Sivakumarathan’s letter on the “academic cartel”, goes a long way toward explaining the rejection of my manuscript, in which I analysed the reasons why the medical literature, according to analyses in the medical literature, in a high and consistent proportion of articles, over at least six decades (since the introduction of the randomised, controlled clinical trial in 1948 with the British study on streptomycin), has been abysmally poor, and in which I proposed solutions that required more relevant effort than editors and reviewers seem now to exert and change in focus on their part.

It also may also explain why the International Committee of Medical Journal Editors (ICMJE) did not answer my many duplicate letters (sent by post and email over an interval of three years) in which I pointed out the uniform failure, among medical editors, to adhere to the “uniform requirements for manuscripts submitted to medical journal editors”, in particular, the section, “statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results?” Medical articles do not provide original data, only processed summaries thereof, so no author, knowledgeable or otherwise, has access to original data and therefore no reader can ever verify reported results. Such editors seem not to want to contemplate their negligence, but do seem to want to perpetuate the mythical aura and authority of medicine in the absence of any rational foundation for it, while fraudulently paying lip service—for example, touting evidence based medicine—to the very rationality they neglect.

In contrast, you have, by the same statement, conceded, in effect, that “obsessive reviewers,” by your assessment, are the only peer reviewers who perform their reviews in such a way as to come anywhere near justifying the accuracy and validity of, results in credibility for the so-called “peer reviewed medical journal.”

In contrast, you have, by the same statement, conceding, in effect, that peer reviewers, in their majority, omit any statistical verification of results published therein. You called “peer reviewed medical periodical literature,” and hence, by implication, fail to verify both the efficacy and safety of those treatments. Yet the so-called “peer reviewed medical periodical literature” influences (unduly, it now seems) unsuspecting practitioners to apply such treatments, thus presumed “OK,” entirely on faith, to their unsuspecting patients.

Isn’t that prospect more frightening?

Furthermore, textbooks promulgate principles that they presume to validate by reference to results in the peer reviewed medical periodical literature. In turn, physicians study such medical textbooks and peer reviewed medical periodical literature in their quest to establish their qualification and cachet, based on such “qualifications,” thus having purported “qualifications” thus have no rational basis, so that they stand under an ethical obligation to withdraw any claim to prestige and cachet, based on such “qualifications,” and prevent perpetuation of the perpetration of the current colossal fraud upon the medical literature obviously removes any gate principles that they presume to validate by reference to results in the peer reviewed medical periodical literature, and hence, in the public health message of the benefits of increased physical activity levels in the population, it seems that a study on 14 swimmers who showed no ill health during the study but merely in some biochemical markers, can show that “athletes should avoid early morning training”. Perhaps the changes in salivary secretory rates of IL-6 or cortisol were due to the fact that being asleep for eight hours may change hydration status. I know I’ve woken dry mouthed once or twice in my life! Perhaps that is too simple a concept, but we need to make sure that small changes in biochemical markers in a very small group of swimmers who did not become unwell does not lead to messages that athletes in general should avoid early morning training. People need only the smallest reason not to exercise, and, in terms of public health, the downside of too much activity (or at the wrong time of day) is far outweighed by the potential health benefits in an active population. I urge caution in future take home messages.

N Webborn
Medical Advisor, National Sports Medicine Institute of the United Kingdom, 32 Devonshire Street, London W1G 6XK, UK; nickwebborn@sportswise.org.uk; www.nsmi.org.uk

Reference


Rapid responses

If you have a burning desire to respond to a paper published in Br J Sports Med, which take use of our “rapid response” option?

Log on to our website (www.bjsportmed.com), find the paper that interests you, click on “full text” and send your response by email by clicking on “eletters submit a response”.

Providing it isn’t libellous or obscene, it will be posted within seven days. You can retrieve it by clicking on “read eletters” on our homepage.

The editors will decide, as before, whether to also publish it in a future paper issue.

LETTERS

PostScript


Caution re take home messages

It is unfortunate that the take home message of an article appears to be all that the media seem prepared to read and then misinterpret. The recent article “Circadian effects on the acute responses of salivary cortisol and IL-6 in well trained swimmers” became national news on TV, radio, websites, and the press with the message that exercise in the morning is bad for you. While I have been striving to promote the public health message of the benefits of increased physical activity levels in the population, it seems that a study on 14 swimmers who showed no ill health during the study but merely in some biochemical markers, can show that “athletes should avoid early morning training”. Perhaps the changes in salivary secretory rates of IL-6 or cortisol were due to the fact that being asleep for eight hours may change hydration status. I know I’ve woken dry mouthed once or twice in my life! Perhaps that is too simple a concept, but we need to make sure that small changes in biochemical markers in a very small group of swimmers who did not become unwell does not lead to messages that athletes in general should avoid early morning training. People need only the smallest reason not to exercise, and, in terms of public health, the downside of too much activity (or at the wrong time of day) is far outweighed by the potential health benefits in an active population. I urge caution in future take home messages.

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Reference


CALENDAR OF EVENTS

Vth World Congress on Science & Football

April 2003, Lisbon, Portugal

Further details: Dr J Cabri; email: jcabri@fithf.ult.pt

Web site: http://www.fithf.ult.pt/wesf

10888 Hammock Drive, Largo, FL 33774, USA;
drsgrosch@fastmail.fm


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drsgrosch@fastmail.fm

2003 SMA Queensland State Conference (Australia)

3–4 May 2003, Nara SeaWorld Resort, Gold Coast.
Speakers: Dr John Best, Medical Director for the 2003 Rugby World Cup; Associate Professor Kim Bennell, Director, Centre for Sports Medicine Research and Education, (School of Physiotherapy), University of Melbourne, Victoria, Australia.
Further details: www.sportsmedicine.com.au

3rd Québec International Symposium on Cardiopulmonary Rehabilitation Evidence Based Interventions: Science to the Art of Cardiopulmonary Rehabilitation

11–13 May 2003, Quebec City Convention Center, Québec, Canada
Call for abstracts deadline is 1 November 2002. The abstract submission form and complete programme can be printed from the web site.
Further details: email: Jean.Jobin@med.ulaval.ca
Web site: www.ulaval.ca/symp-rehab

The International XVII Puijo Symposium: Physical Activity and Health—Gender Differences Across the Lifespan

25–28 June 2003, Kuopio, Finland
Further details: Puijo Symposium Secretariat. Email: puijo.symposium@uku.fi; tel: +358-17-288-4422; fax: +358-17-288-4488

The Cutting Edge: Joint Conference of The British Association of Sport and Exercise Sciences and The British Association of Sport and Exercise Medicine in association with the National Sports Medicine Institute

3–7 September 2003, Sheffield
Further details: R.M. Bartlett. Email: r.m.bartlett@shu.ac.uk

Football Australasia Conference

23–25 September 2003, Melbourne, Australia
Further details: Football Australasia Conference, P.O. Box 235, North Balwyn, Victoria 3104, Australia

17th Congress of the European Society for Surgery of the Shoulder and the Elbow (ESSSE)

24–27 September 2003 at the Convention Hall “Stadhalle” Heidelberg, Germany
Congress Chairman: Professor Dr med. habil. Peter Habermeyer; President of the Society: University-Professor Dr Herbert Resch. Abstract deadline: 31 March 2003
Further details: INTERCONGRESS GmbH. Email: katriin.volkland@intercongress.de; Tel: +49 611 97716-35; Fax: +49 611 97716-16; website: www.intercongress.de

The 6th STMS World Congress on Medicine and Science in Tennis in conjunction with the LTA 2004 Sports Science, Sports Medicine and Performance Coaching Conference

Keynote speakers include Professor Per Renstrom (SWE), Professor Peter Joki (USA), Professor Savio Woo (USA), Dr Carol Otis (USA), Dr Mark Safran (USA), Dr Ben Kibler (USA), Prof Bruce Elliott (AUS), and Professor Ron Maughan (UK).
Further details: Dr Michael Turner, The Lawn Tennis Association, The Queen’s Club, London W14 9EG, United Kingdom; email: michael.turner@lta.org.uk

International XVII Puijo Symposium

25–28 June 2003, Kuopio, Finland
*Physical activity and health—Gender Differences Across the Lifespan*
Further details: Ms Auli Korhonen, Project Secretary, Kuopio Research Institute of Exercise Medicine, Puijo Symposium Secretariat, Haapaniemenkatu 16, 70100 Kuopio, Finland; tel: +358 17 288 4422; fax: +358 17 288 4488; email: puijo.symposium@uku.fi

The Fifth International Conference on Sport, Leisure and Ergonomics

19–21 November 2003, Burton, Cheshire, UK
A three day conference in affiliation with the Ergonomics Society.
Further details: Congress Secretariat, Sport, Leisure and Ergonomics, Research Institute for Sport and Exercise Sciences, Liverpool John Moores University, Henry Cotton Campus, 15–21 Webster Street, Liverpool L3 2ET, UK; tel: +44 (0)151 231 4088; email: K.George@livjm.ac.uk

The 12th International Biochemistry of Exercise Conference

13–16 July 2003, Maastricht, the Netherlands
Further details: Marleen van Baak; email: m.vanbaak@hb.unimaas.nl; website: www.biochemex.org/IBEC

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NOTES AND NEWS

Winners of the annual BASEM Prizes
Dr Eileen Mackie (Clopidogrel inhibits platelet activation and exercise induced ischaemia in stable coronary artery disease) and Mrs Eleanor Curry (Role of exercise in multiple sclerosis) (joint winners).
The poster prize was won by Dr Stuart Reid (Injury patterns and injury prevention strategies in the winter sports population attending the English medical centre in Val D’Isere).

Diploma in Sport and Exercise Medicine for Great Britain and Ireland
Details for the above exam can be found on the Royal College of Surgeons of Edinburgh Website at http://www.rcsed.ac.uk alternative applicants can write to: The Royal College of Surgeons of Edinburgh, Eligibilities Section, Careers Information Services, 3 Hill Place, Edinburgh; tel: +44 (0)131 668 9222 or Mrs Yvonne Gilbert, Intercollegiate Academic Board for Sport and Exercise Medicine, Royal College of Surgeons of Edinburgh, Nicolson Street, Edinburgh EH8 9DW; tel: +44 (0)131 527 3409; email: y.gilbert@rcsed.ac.uk

Intercollegiate Academic Board of Sport and Exercise Medicine Diploma Exam
The following were successful diplomates in the Intercollegiate Academic Board of Sport and Exercise Medicine Diploma Exam, the two exams held in 2001 and 2002:
Dr Andrew I Adair
Dr Abimola Afolabi
Dr Sinead M Armstrong
Dr Terence J R Babwah
Dr Catriona E L Boyle
Dr Susan J Brick
Dr Lawrence J Conway
Dr Alan J Dawson
Mr Patrick D Dissmann
Dr Niall WA Elliott
Dr Christopher J Ellis
Dr Roger K Goulds
Dr Niall A Hogan
Dr James R Hopkinson
Mr Ananta K Jayanti
Dr Michelle Jeffrey
Mr S P Kale
Dr Arun Kumar
Dr Robert M MacFarlane
Dr Kaushal C Malhan
Dr Martin D McConaghy
Dr Lisa A McConnell
Dr Fergal T E McCourt
Dr Ronan M McKeown
Dr Michael G McMullan
Dr Steven R McNally
Dr Paul J Moroney
Dr Leonard D M Nokes
Dr Nanda K G Pillai
Dr Jonathan D Rees
Dr Duncan A Reid
Dr Cristyn C G Rhys-Dillon
Dr Martin O Rochford
Dr Hungerford A T Rowley
Dr Shaun A Sexton
Dr Jason E Smith
Dr Aravindan Suppiah
Dr James A Thomas
For further information contact: Mrs Yvonne Gilbert, Administrative Secretary, Intercollegiate Academic Board of Sport and Exercise Medicine, Royal College of Surgeons of Edinburgh, Nicolson Street, Edinburgh EH8 9DW. Tel: +44 (0)131 527 3409; fax: +44 (0)131 527 3408; email: y.gilbert@rcsed.ac.uk

www.basem.co.uk
The British Association of Sport and Exercise Medicine has launched its new website—www.basem.co.uk. The site provides information about the educational opportunities in sport and exercise medicine and advice to those wishing to become involved in this area.
Caution re take home messages

N Webborn

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