PostScript

LETTERS

Reviewer diligence

I have just read your editorial “To review or not to review”. I can attest to the dominant prevalence of gatekeepers among reviewers. I 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, “Aha! 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 credible are they? They don’t do that, how can they justify publishing such results?

If the rarity of the “obsessive reviewer” is widespread, it, along with Sivakumaran’s letter, is a clear 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 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 provision, “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 reader, 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 this context, the meaning, in any rational sense, of your suggestion that the “obsessive reviewer” be “somewhat frightening” seems obscure. Frightening to whom and why? You seem to have indicated, 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 and resultant prestige of the so-called “peer reviewed medical journal.”

In contrast, you have, by the same statement, conceded, in effect, that peer reviewers, in their majority, omit any statistical verification of results, in the so-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” indulges (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, medical textbooks promulgate principles that they presume to validate by reference to results in the so-called “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 competence. How, by advertising “FRCP,” “Board-Certified in Internal Medicine,” “Board-Certified in Vascular Surgery,” etc or at trials establishing their qualification as expert witnesses by asserting, under oath, that they hold such qualifications.

They acquire the right so to advertise and so to assert by passing certain examinations, for example, administered by the American Board of Internal Medicine, Royal College of Surgeons, Royal College of Physicians, Royal College of General Practitioners, etc. The questions in such examinations rely on the principles in medical textbooks and results published in the so-called “peer reviewed medical periodical literature.”

Failure of diligence of peer review of the medical literature obviously removes any rational basis for relying on such unverified principles, based on such unverified results. Don’t medical editors have a duty to patient welfare to promote the crisis in confidence more broadly than in your journal alone? Doesn’t the same duty extend to physicians, whose purported “qualifications” thus have no rational basis, so that they stand under an ethical obligation to warn, to avert any claim to prestige and cachet, based on such “qualifications,” and prevent perpetuation of the perpetuation of the current colossal fraud upon the public?


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 IgA 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 a change in some biochemical markers, can show that “athletes should avoid early morning training”. Perhaps the changes in salivary secretory rates of IgA or cortisol were due to the fact that being asleep for eight hours may change hydration status. I know I’ve woken drymouthed 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 to an active population. I urge caution in future take home messages.

N Webbom
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Rapid responses

If you have a burning desire to respond to a paper published in Br J Sports Med, which may 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, as before, whether to also publish it in a future paper issue.

Reference


Calendar of events

Vth World Congress on Science & Football

April 2003, Lisbon, Portugal

Further details: Dr J Cabri; email: jcabri@fmh.ul.pt

Web site: http://www.fmh.ult.pt/wesf
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: karin.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 Rensstrom (SWE), Professor Peter Joki (USA), Professor Savio Woo (USA), Dr Carol Otis (USA), Dr Mark Safran (USA), Dr Ben Kliber (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

12th International Biochemistry of Exercise Conference
13–16 July 2003, Maastricht, the Netherlands
Further details: Marlien van Baak; email: m.vanbaak@hb.unimaas.nl; website: www.biochemex.org/IBEC

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

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 GRhys-Dillon
• Dr Martin O Rochford
• Dr Hungerford A T Rowley
• Dr Shaun A Sexton
• Dr Jason E Smith
• Dr Susan J Brick
• Dr Terence J R Babwah
• Dr Aravinthan 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, North Balwan, 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.