

Therapeutic system forms of nitroglycerin are being developed and undergoing clinical evaluation, though no data have yet been published. Current technological methods make transdermal systems of reasonable size practicable for drugs active at a daily parenteral dose of 10 mg or less.²⁵ Development of such dosage forms should complement the traditional route for advancement of treatment—namely, the new chemical structure.²⁶ The therapeutic system will broaden the charter for new drug seekers, for they now can think in terms of drugs with short biological half lives or narrow therapeutic indices.

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Signed editorials

Good arguments may be found for printing either signed or unsigned editorials. Signing gives readers the name and standing of the writer whose views are printed. Conversely, anonymity allows the author to express unpopular opinions and readers to criticise the views and not the person behind them. It allows the editor to choose relatively junior authors, to change the English style considerably for the sake of clarity, and, on occasion, to combine one editorial with a second written by another author.

Until now the *BMJ* has acknowledged the latter arguments and printed anonymous editorials—over 90% of which are drafted by experts outside the editorial office—holding that the correspondence columns are always open for alternative views. We believe the time has come to change this policy. The current trends in science are towards more open decision making. Too many decisions in science are still being taken anonymously yet, on the criterion of the heavy investment of public money in research alone, the public has a right to be told who took them and on what basis. Similarly, among the factors taken into account in assessing arguments for a particular policy of clinical management, readers should also be able to know the status of the author. A second substantial argument is that unsigned editorials are seen as a statement of the orthodox, established view on a topic; authors writing an unsigned article tend to play safe and avoid controversy. The author of a signed article, in contrast, should be—and often is—prepared to argue strongly for a fresh, original viewpoint, pointing out where his views diverge from the orthodox. Signed editorials should be closer to the growing edges of medicine.

Unsigned, consensus editorials may seem to have more “authority” than signed ones—but such additional authority is exaggerated and comparable with that of an article that has not undergone assessment by peer review but appears authoritative merely because it is printed. Nevertheless, a need for the occasional unsigned editorial remains, in discussing some social or micropolitical issues (when the view is a consensus one of the *BMJ* editorial staff), and when the expression of legitimate opinions would threaten the author’s job. Hence in future we shall print the occasional unsigned editorial but most of them will bear their author’s name and appointment.

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