

Letters to the Editor

Please e-mail letters for publication to Dr Kamran Abbasi [kamran.abbasi@rsm.ac.uk]. Letters should be no longer than 300 words and preference will be given to letters responding to articles published in the *JRSM*. Our aim is to publish letters quickly. Not all correspondence will be acknowledged.

Modernising Medical Careers: let's get it right second time around

Baroness Ilorra Finlay's recent editorial (*JRSM* 2007;100: 160–161)¹ provides an excellent account of the failings of the Medical Training Application Service (MTAS). However, she holds the belief that the review group will be able to patch up the mechanics of the process for the future. I humbly suggest that if we fail to insist that the review group re-examine the fundamental concepts underpinning Modernising Medical Careers itself, we will be letting down our junior colleagues for a second time.

Have we all acquiesced to a system that cedes control of medical education and training to the politicians via the Postgraduate Medical Education and Training Board (PMETB)? Does the profession really believe in shortened, dumbed down training? The creation of dead-end, fixed-term specialist training posts to replace the lost tribe of senior house officers? Medical unemployment both post-foundation and post-certificate of completed training level? The near impossibility of young doctors gaining valuable experience abroad? The decline of part-time training for medical mothers and the splitting up of medical partners unable to obtain posts in the same city?

Never before has such a radical change in training been foisted on a profession without the opportunity for proper debate.² I would submit that this is our last opportunity as a profession to reform this poorly thought-out system. We must seize back control of our training from the politicians who have little interest in and indeed some antipathy to professionalism, and insist that a subsequent independent review reforms the concepts—not just the process—of Modernising Medical Careers.

Competing interests None declared.

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The vulnerability and limitations of impact factor in evaluating quality

We enjoyed reading the article by Chew *et al.* (*JRSM* 2007; 100: 142–150).¹ The article clearly highlights the vulnerability and limitations of impact factor in evaluating the *quality* of journals. A well-informed and careful use of this impact data is thus essential. Thompson Scientific agrees that there are limitations attached to impact factors, and emphasize that there is no substitute for informed peer review.²

Many scholars have suggested that Thompson should count citations only to original research articles, eliminating the problem of news, stories, editorials, reviews and other kind of material which can influence the citation rates falsely. In 2006, Bollen *et al.* proposed the PageRank algorithm used by Google to distinguish the quality of citations and hence improve impact factor calculations.³

There is a definite need for other methods for analyzing bibliographic material and assessing its quality. Instead of citations, as being used in calculating impact factor, one can ask the peer reviewers to rate an accepted article over a score of hundred at the time of its review. Since articles are usually evaluated on several quantitative and qualitative parameters—for example, originality, clarity, content, methodology, discussion—this score will give a fair idea of 'quality' of the article. Scores from two or more blind reviewers will increase the reliability of the score. The score thus calculated can be published along with the accepted article. Since the editorials, reviews, letters, etc., are not original articles, this score cannot be calculated for the same.

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A call for publishers to declare their conflicts of interest

We welcome the recent attention to the issue of the ethics and transparency of publishers in your journal (*JRSM* 2007;**100**:113 and 114–115).^{1–3} While recent attention in this regard has appropriately focused on the prominent case of Reed Elsevier's involvement in the global arms trade, there are many wider issues involved. Other examples of questionable publishing ethics which have been identified include the unhealthy involvement of some publishers with the pharmaceutical industry,⁴ and the documented pro-tobacco bias of articles published by the journal *Indoor and Built Environment*. In this case, the journal's parent association, the International Society of the Built Environment, had been assisted by the tobacco industry.⁵

In addition, as your editorial suggests,¹ impact factors— at worst an unscientific and non-transparent method to capture markets and advertisers—may also fall in this category. We welcome additions from readers to this dataset. There are many candidates. For example, do any multinational food companies sponsor and subtly influence nutrition journals? Might any military agent covertly sponsor a peace journal?

These examples, real and hypothetical, support the case that publishers should periodically declare their own conflicts of interest. Your editorial goes very close to declaring (like the BMJ: <http://resources.bmj.com/bmj/about-bmj/declaration-of-competing-interests>) that your journal has no such conflicts of interest to hide. As with the *JRSM* ('flourishing by entirely reputable means'), journals with nothing to hide need not fear making such a declaration. Perhaps an indicator of publisher transparency could even be woven into journal impact factors!

A way to think of these problems is in terms of public and private goods. The failure of socialist economies to achieve a semblance of utopia lies, in part, on an insufficient appreciation of private goods and the human need for rewards in exchange for risk, inventiveness and hard work. But globally, the pendulum to private goods has swung too far. Public goods are vital for well-being and for sustainability, and it is folly to think that they can be largely or even fully replaced by private goods, even if supplied in copious quantities. Indeed, many public goods, such as freedom of speech, clean air and an absence of nuclear weapons, have no plausible private substitute at all.

We recognise that private goods, such as advertising and fees for journal offprints, are a legitimate mechanism to

offset the many costs of publishing. Equally clearly, the public good of the scientific discourse, unencumbered as far as possible by unseen influence, is essential if our civilization is to flourish. Long ago, gentlemen observed codes of conduct which were as much unspoken as stated. Professionalism once meant that certain norms would (almost) unquestionably be observed. The erosion of these standards, combined with a supposedly greater sophistication of the audience, has in recent times forced authors and reviewers to declare real and perceived conflicts of interest. We welcome this. But publishers are clearly also contaminated by these same powerful global forces. It is time for all publishers to declare their own conflicts of interest, both real and reasonably perceived as such.

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Lariam and Halfan

Ashley Croft¹ has performed a service in exposing the disgraceful failure to test properly the antimalarial drugs Lariam (mefloquine) and Halfan (halofantrine) (*JRSM* 2007;**100**:170–174). The side-effects of these drugs were not widely recognized until the mid-1990s, but incredibly, a randomized controlled study was not undertaken until 2001!²

In 1995, my wife and I, on our way back from Tristan da Cunha, were on board RMS St Helena, which called at The Gambia, where we had a day ashore. For this reason we had been advised to take malaria prophylaxis. We shared a table with the ship's doctor, who remarked on the number of passengers, mainly women, who were complaining of depression: he attributed this to the Lariam which they had been prescribed. We had put our faith in chloroquine and proguanil instead.

Unfortunately, the ship's doctor did not think to send an adverse reaction report, which was a pity since such a report might have produced action earlier than 2001.

I was astonished to find that mefloquine (but not halofantrine) was still listed in the September 2006 issue of

the British National Formulary with an entry identical to that of March 2001—a mild warning about neuropsychiatric disorders, depression, convulsions and hypersensitivity to quinine. In both issues of the BNF there is a 17-line list of side-effects!

I cannot agree with Croft's plea for more research on mefloquine and halofantrine on the grounds that they are 'undoubtedly lifesaving drugs.' In my view, Lariam should be withdrawn, as has presumably occurred with Halfan.

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From trades to professions

Having read with much interest the paper by Professor Black (*JRSM* 2007;**100**:219–224),¹ may I be permitted to comment on the penultimate section, 'Emergence of the professions'.

It should be mentioned that the British Dental Association has never been a regulatory body established by an Act of Parliament. It was created in 1879 and held its first general meeting in 1880; the first president was John Tomes, who was given a knighthood in 1886.²

The Dentist Act of 1921 led to the creation of the regulatory body, the Dental Board of the United Kingdom, which functioned under the auspices of the General Medical Council. The Dentist Act of 1956 resulted in self-government by the newly created General Dental Council. At the first meeting of the Council of the GDC the president, Sir Wilfred Fish, expressed the dental profession's grateful thanks to the GMC for the advice, support and the many kindnesses that had been given over the years. The message of thanks was formalized in a Council resolution; 50 years on, the wording of the last part might appear a little dated.

'Moved from the Chair, and agreed: "That the President of the General Medical Council be thanked for that Council's hospitality in allowing the Dental Council the use of their Council Chamber, dining and smoking rooms."'

The General Dental Council celebrated its golden anniversary on 4 July 2006.

Competing interests RB is a sometime member of the GDC and author of *General Dental Council: The first 50 years*.³

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Engraving of William Harvey

It was unfortunate that Mark Silverman (*JRSM* 2007;**100**:199–204)¹ illustrated 'his' Lumleian Lecture of 1616 with such a poor image of Dr William Harvey, 1578–1657, and gave it the nonsensical caption of 'William Harvey, engraving by Cornelius Jansen, 1878'. This illustration—taken from the front page of *Medical Tribune: Therapaeia* of 22 March 1978, where it was re-published to mark Harvey's 400th birthday—was engraved by an unknown nineteenth century artist and used earlier to celebrate Harvey's 300th birthday in 1878. It was claimed to be based on a portrait by Cornelius Janssen, but appears to be after the portrait attributed to Wilhelm van Bommel, 1630–1708, that has been in the Hunterian Collection in Glasgow since the death of Dr William Hunter, 1718–1783, and which earlier had belonged to Dr Richard Meade, 1673–1754.

Cornelius Janssen van Keulen, 1593–1664, was a Dutch portrait painter who was born in London and moved to live in Amsterdam in 1643. The portrait of Harvey which has been in the possession of the Royal College of Physicians since before the Great Fire of London of 1666 has been ascribed to Janssen, but this is now thought to be highly unlikely.² Two other portraits of Harvey are those attributed to Daniel Mytens, 1590–1642, in the National Portrait Gallery since 1976, and a lost portrait by Sir Peter Lely, 1618–1680, of which five copies have recently been identified.³ However, Janssen does appear to have painted Harvey, as a portrait by C Janssen of Dr Harvey was sold at Christie's in 1794 at the sale of pictures from the collection of John Hunter, 1728–1793. Unfortunately, this portrait was destroyed in a fire in 1830.⁴

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