Reply from author of review

EDITOR,—Jammi N Rao and J D Middleton mention "deficiencies" of my review in *Evidence-Based Medicine* of the trial of interferon beta-1b. They raise two basic points that deserve a response. Firstly, they caution that my review was not "sufficiently critical of the evidence" and support this claim by noting the "almost diametrically opposite conclusions" reached by me and an anonymous reviewer. Secondly, they criticise "the approach taken by *Evidence-Based Medicine*" and "warn" readers who rely on this type of publication to be on the lookout for reviews that may be similarly deficient.

The first attack is exaggerated. Two of the main conclusions of both my review and the anonymous one were that the drug seemed to improve measures of disease progression and that further research was needed. I noted in my commentary that there was objective (secondary) evidence of benefit (the percentage change in the area of lesions on magnetic resonance imaging from baseline to one year); high dose treatment was superior to placebo, although dropout rates were similar (14/123, 11/125, and 17/124) and high relapse rates in the placebo group may have blunted evidence of an effect. The anonymous reviewer emphasised "the number and severity of clinical relapses" as the disease measure that was "possibly reduced." My review is favourable despite flaws in the study, but readers of the *BMJ* surely realise that type I error is just as important as a type II error. If clinical practice depends on overly timid interpretations of the current best evidence then many patients will be denied access to important new treatments.

Regarding the second point, *BMJ* readers should note that the review process adopted by *Evidence-Based Medicine* fosters the integration of methodological critique and clinical acumen. Reviewers strive to extract the clinical relevance of the research through careful consideration of both statistical and clinical significance. The trial of interferon beta-1b satisfied me on both measures, despite its weaknesses. The reviewers for *Evidence-Based Medicine* may omit methodological details that do not seriously undermine the conclusions of the research, or the implications for clinical practice, so that the publication will be more practical. I consider this enlightened policy to be a great strength of the review process, and am happy to be permitted to participate in it.

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Letters pages are essential for peer review

EDITOR,—I was astonished by David L Sackett and R Brian Haynes's reply[1] to N J Pearson and colleagues' request[2] for a letters column in the journal *Evidence-Based Medicine*. A traditional function of letters columns in journals has been that people can report observations that may not merit a full article.[3] A few letters are from people who are trying to make some kind of impression. Most important, however, is the letters' role as a check and balance for the peer review system.[4] A letter writer criticising an article takes on not only the author but also the reviewers—and particularly so when "revision accepted" is a near universal label. The writer contests facts, literature citations, or—most importantly—the design, methods, or statistics as not being appropriate to the conclusion.

Not having letters pages is tantamount to declaring, "We and our reviewers are final authorities." Those of us who frequently review for a variety of journals, and thereby are shown what other reviewers have said, are continually reminded that one cannot be so satisfied with the editorial and peer review process as to leave it unchecked and unbalanced.

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1 Sackett DL, Haynes RB. Evidence-Based Medicine. *BMJ* 1996;312:380. (10 February.)
2 Pearson NS, Sarangi J, Fey R. Evidence-Based Medicine. *BMJ* 1996;312:380. (10 February.)
3 Spodick DH, Goldbera RJ. The editor's correspondence: analysis of patterns appearing in selected specialty and general journals. *Am J Cardiol* 1983;52:1290-2.
4 Spodick DH. The peer review system and the editor's correspondence. *Arch Intern Med* 1981;141:1121.

Editors' reply

EDITOR,—Of course, experts can and do disagree about the interpretation of evidence, but the example suggested by Jammi N Rao and J D Middleton is a false alarm. If they had presented both opinions fairly it would become clear that there is no clinically important disagreement between the commentary by Dr Absher in *ACP Journal Club* and *Evidence-Based Medicine* and the anonymous one in the *Drug and Therapeutics Bulletin*. Furthermore, Rao and Middleton fail to acknowledge that *Evidence-Based Medicine* and *ACP Journal Club* provide the original report (in a structured abstract that is reviewed and approved by the authors of the original report, the commentator, and two of the journals' editors); this is far longer than its accompanying commentary, so that readers can study both the original evidence and the expert opinion and make up their own minds.

David H Spodick believes that we should take space away from the presentation of clinical evidence in order to open a letters column in *Evidence-Based Medicine*. The arguments against the scientific value of this (see above) are convincing (interestingly, a letters column was long resisted by the *Drug and Therapeutics Bulletin*). On the other hand, the arguments in favour of it as protection from tyranny (from Spodick and other colleagues) are compelling, so we will start such a column.

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Getting a job in France is difficult

EDITOR,—I was interested in Frances Klemperer's article on working in the European Union.[1] On the basis of my experience as a British senior house officer working in France, I would like to comment on the rather individual French interpretation of "mutual recognition of medical qualifications."

French senior house officers ("internes") do not apply for their posts but choose them in a strict pecking order based on an examination (the "internat"). Those who pass the internat with flying colours usually choose posts in cardiology or neurosurgery; those who scrape through must content themselves with psychiatry or public health. Those who fail are destined to become general practitioners.

Once the French internes and trainees in general practice have been allocated posts, foreign nationals (including Europeans) who have passed the internat may choose their posts.

Lastly, European nationals with European qualifications may gratefully pick up the crumbs that fall off the table (and scarce they are too). They are also paid the national minimum wage.

Is this legal? The three cumbersome bureaucracies that organise this six monthly job lottery insist that it is.

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1 Klemperer F. How to work in the European Union. *BMJ* 1996;312:567-70. (2 March.)

Myths in medicine

Story that early retirement is associated with longevity is often quoted

EDITOR,—I read with interest the answer to the question asking whether there is any evidence to support the view that early retirement is associated with an increased life span[1]; I hoped that it might confirm or deny the validity of a widespread story. I first heard the story in the summer of 1966, when I was a medical officer for the Vintage Sports Car Club's race meeting at Silverstone. At lunch the senior medical officer, a consultant radiologist, stated: "NHS consultants who retire at 65 have a life expectancy of 18 months, but for those who retire at 60 it is 12 years." This made a lasting impression on me as a young registrar, but I wondered whether it applied to a specific cohort of consultants—that is, those who had survived the war.

Over subsequent years I have quoted the figures in conversation (and had 18 months corrected to 17), and often someone would say that he or she had heard the same thing. No one knew the origin or could give a reference. Just before I started my 60th year my wife and I went to interview our bank manager. I told him that I intended to retire before reaching 65, and he proceeded to trot out the same figures. Where had he got them from, I asked, expecting that he had read some actuarial paper. "From another doctor customer," was his reply. Can someone give a reference? Or is it a myth, like the comments attributed to Gaius Petronius in G E P Vincenti's personal view?[2]

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1 Trichopoulos D. Any questions. *BMJ* 1996;312:632. (9 March.)
2 Vincenti GEP. Driven from efficiency to distraction. *BMJ* 1996;312:784-5. (23 March.)

Quotation dates from this century, not 1st century

EDITOR,—The "quotation" from Petronius cited in G E P Vincenti's personal view[1] is, alas, a modern invention. Professor J P Sullivan, the Petronian scholar, has traced it back to a bulletin board in one of the camps of the armies occupying Germany after 1945, to which it had been affixed by "some disgruntled soldier of a literary bent."[2] It is thus only a little older than the NHS, to whose employees it has apparently had a special appeal, although it has also been cited in New Zealand.

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1 Vincenti GEP. Driven from efficiency to distraction. *BMJ* 1996;312:784-5. (23 March.)
2 Sullivan JP. Another Petronian forgery. *Petronian Society Newsletter* 1981;May.