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Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the *BMJ*.

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

Getting the balance right

SIR,—We welcome Dr Stephen Lock's timely comments on the role and attitudes of the DHSS funded publication *Drug and Therapeutics Bulletin* (15 February, p 428).

A recent issue dealt with the place of stanozolol in the treatment of the post-thrombotic syndrome and venous ulceration. Presumably because most of the evidence about the efficacy of this drug comes from our papers, one of us was sent a draft manuscript for comment.

The study of venous insufficiency and venous ulceration is extremely difficult. In all of our publications we have taken great care to emphasise the problems of measurement and presented the arguments both for and against the significance of our results. Many of these publications have appeared in the *BMJ*, having been subjected to your independent critical peer review system.

The article in *Drug and Therapeutics Bulletin* presented none of these published arguments, and the manuscript was not modified in the light of our comments. Indeed, the editors' response was to strengthen the comments against the drug. The final version was simply an ex cathedra judgment apparently based on only part of the evidence. We found its conclusion as scientifically unacceptable as it appears to find some of our publications and can see no reason why the judgment of an editor with no expertise in vascular research should be circulated to a large part of the medical profession, with DHSS approval, as being an unbiased and true appraisal of the facts.

You suggest that the *Bulletin* should have a correspondence section. In the light of the experience of the British Dental Association and ourselves we feel that a correspondence column would not allow sufficient debate and suggest that the DHSS either abandon the *Bulletin* or restrict its comments to established facts.

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SIR,—May I reply unofficially to Professor Paul Turner and Dr J M S Pearce (1 March, p 622) from my standpoint as a former deputy editor and member of the advisory council of the *Drug and Therapeutics Bulletin*. Firstly, its consumer oriented status is clearly advertised on its front page by the title "for doctors from the publishers of *Which?*" Readers should not therefore be surprised if it is unashamedly consumer oriented and takes some trouble to give balancing as well as balanced information. This will inevitably result in an "anti-industry" air to some articles, particularly when drug company claims are ill founded.

The second point springs from the "right of reply" criticisms. Everybody does, of course, have a right of reply. But nobody (in any journal) has the right to have it published. I think the *Drug and Therapeutics Bulletin* has rather less correspondence than some readers might imagine, particularly from the drug industry. Occasionally the *Bulletin* gets its facts wrong and when this makes a material difference corrections are always published. Differences of opinion and emphasis are probably quite common, but since the drug industry has a multimillion pound advertising and communications budget we feel it is not short of forums at which to present its own views. There are also serious practical difficulties in running a correspondence column in a journal whose total length is only 200 lines. Professor Turner's letter seems to suggest that even justified criticism may be made only if those criticised have opportunity for right to reply. In one sense consumer publications are the reply to manufacturers who do not either consult on their promotional methods or allow consumer associations a right of reply in company publications.

Finally, I think I have probably missed the point about government patronage. I seriously doubt if getting a free copy of the *Bulletin* from the government adds to the journal's credibility—the reverse could even be argued, depending on the reader's view of politics. Objections could certainly be raised if the *Bulletin* was not outspoken in its

criticism of the industry—or of the government for that matter. I am not able myself to detect any change in editorial policy since sponsorship started; indeed the *Bulletin* seems to bend over backwards to make sure it is not influenced by the DHSS.

A more difficult point concerns non-industry opinions dissenting from the consensus reached by the *Bulletin's* articles. All I can say is that I believe we do more than any other publication to solicit a wide variety of criticism for our articles before they are published. At least one professor of medicine in London has vowed he would never again write for the *Bulletin* because of the large number of referees whose opinions were sought and who challenged his views (he later changed his mind). Like all our authors, he had been warned that his article would be published unsigned and might be considerably altered. It makes little sense for Dr Pearce to suggest tighter peer review and simultaneously to complain that authors' original drafts get altered. Those who dissent with the published views often carry on private correspondences with the author or article editor. Sometimes issues become clarified, sometimes not. As I have indicated, there are practical difficulties about making these interchanges public but I think that most people are just as happy with a personal reply to their queries.

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SIR,—We are grateful to Dr Stephen Lock for drawing attention to the role of the *Drug and Therapeutics Bulletin* (15 February, p 428), which for a long time has been regarded by doctors working in the pharmaceutical industry as a publication from a pressure group. This view is strengthened by the knowledge that the Consumers Association, which publishes it, is affiliated to the International Organisation of Consumer Unions (IOCU) and that its editor is a prominent