

# BMJ



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### No truth in the *BMJ*

The *BMJ* doesn't publish truth. We do the best we can with our elaborate peer review system, but peer review does not validate scientific studies. It simply says that after careful scrutiny the conclusions of the study seem to be supported by the data. Publication is not the end of the peer review process but a step along the way. All our truths—like the truths of science—are provisional. The reality of this rhetoric can be seen in several parts of this week's journal.

Last year we published a paper suggesting that the vitamin K given intramuscularly to newborn babies might cause childhood cancer. The finding was given huge, international publicity both before and after publication, and many countries have been reconsidering their policies on giving vitamin K. This week we publish a large study from Sweden in which the incidence of cancer is compared in over one million babies who were given intramuscular vitamin K and over a quarter of a million who were given the drug orally (p 89): the authors find no difference in the incidence. They cannot explain why their results are different from those produced last year.

The immediate debate on papers we publish appears in our letters pages, and these days we are able to publish less than half of those we receive. We give priority to those that are well argued and include data. This week 12 correspondents tussle over possible deficiencies in the Hawksley random zero sphygmomanometer (p 123); two add to the controversy over the dangers of lowering serum cholesterol concentration in those at low risk of heart disease (p 125); 12 debate the virtues of the short form 36

health survey questionnaire as an outcome measure (p 125), and 14 continue the now worldwide argument over denying cardiac surgery to smokers (p 128).

South Africa is still a country that creates controversy, and Tony Waterston and Anthony Zwi consider whether there remains a case for an academic boycott of the country as there is still gross inequity in the provision of health services (p 110). They think that it is now legitimate for doctors from outside South Africa to visit the country, but visitors should familiarise themselves with the inequities in health care and add to the pressure for improved primary care and public health. An editorial supports the push for primary care (p 82). The *BMJ* has been available in a South African edition since the end of last year, and I hope that this debate will continue in the monthly South African edition as well as in the weekly *BMJ* from London.

Although the *BMJ* cannot guarantee that what it publishes is true, we are keen on evidence and observation. One hundred years ago it seems to have been different (p 91). The editors were worked up about a "motley assembly . . . in Paris . . . of irregular practitioners—massuers, magnetisers, faith-healers, bone setters *et hoc genus omne*" (no proscriptions against Latin then). "Unfortunately," wrote the editors, "no report of the proceedings has reached us, but it is not difficult to imagine the nature and general drift of the discussions." These days we think we should know something of what happens at a meeting before we criticise it; but no doubt we are committing sins that will look equally gross in 2093.

# BMJ

Editor's  
Choice

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