

Between the sounds of silence . . .

Quotes from MJA contributors in 2003

EVER SINCE the *Medical Journal of Australia* was first published in 1914, the library-like atmosphere that usually pervades our premises (reflecting the quiet industry within) is occasionally shattered by an exclamatory outburst. Such fractures of the usual peace and quiet can be perpetrated by any of our editorial staff, and can signify joy, indignation, solid agreement, pure amazement or other sundry emotions. Outbursts usually occur on reading a submission to the Journal — be it a manuscript, a peer reviewer's report or other form of correspondence. The general effect is to make the working day all the more enjoyable!

This year, the Journal's new, modern open-plan office has facilitated a sharing of these moments. Here, we share with you a selection from our discerning collection of putative, causative agents in the hope that you, too, will gain some measure of sonorous pleasure in the reading of them.

The quotes are real life and presented in raw form, although we could not curb our habit of arranging (and rearranging) material being considered for publication in the Journal. Further, in deference to our journalistic colleagues, we have chosen not to reveal our sources. Some of you may recognise that a few of these excerpts are already in the public domain. In acknowledgement of the good sense of the penultimate quote, and our admiration for all statisticians, we leave any analysis of these data to the experts.

Lastly, we wish to thank all of you for your contribution to the Journal. You are all esteemed by us, whether you be an author, reviewer or reader.

What's in a title?

"Adverse event reporting in clinical trials: regulatory tail wags the research ethics committee dog, distracting the latter from more useful activity"

Gender issues

"Most women live in an environment that is also populated by men."

"Seven of the nine patients who developed neurological sequelae were female and the rest of them were male."

All in a day's work

"My apologies for the delay in getting this [economist's review] back to you but it really is about time that you guys worked out a cure for the common cold."

"I am not sleeping until I get a draft revision to you. I have not heard from my co-authors as yet. I will keep you posted. Time: 3.30 am."

Making a statement . . .

"Cardiac arrest is more successfully treated in Chicago or Heathrow airport, or an American Airlines or Qantas jet, or in a Boston post office, than in the vestibules, corridors or general wards of Australia's premier hospitals."

"Declaring war and prescribing drugs are decisions dependent on information. If that information is incomplete or inaccurate there can be calamitous consequences."

"The Academic Clinician is well recognised to be a breed on the verge of extinction internationally, and this sort of program is the last great hope for ensuring its survival."

Arbitration

On occasion, the Journal's editorial committee asks a reviewer to help us out when an author and responder are at odds . . . the exercise generally proves fruitful!

"In both of his letters, the author uses analyses which aren't correct. In fact, his second letter misses the [critic's] point entirely, since he repeats his error. The responder [critic] adopts the correct method. The story may be recast this way:

Author: 1 + a = apple.

Responder: The correct method is to compare like with like. If you compare dissimilar things, you get a third, uninterpretable thing; 1 + 1 = 2.

Author: Don't look at me. When I contacted my source, I was given the information I got. Oh, and by the way, I also found that 1 + b = orange.

I will venture to say that arguments made on the basis of faulty statistics are themselves faulty. I would suggest that the author seeks professional statistical assistance to clarify his analysis."

End-note

"The conclusions end on a note that is remote from the key of the paper (to use a musical analogy)".

Ann T Gregory

Deputy Editor, *The Medical Journal of Australia*