

The BELS Letter

Published by the Board of Editors in the Life Sciences

Executive Council

Elected:

President

Shirley M. Peterson, ELS

Executive Secretary

Mary Ann Schmidt, ELS

Treasurer

Nancy D. Taylor, ELS

Immediate Past President

Barbara B. Reitt, ELS(D)

Appointed:

Certification Exam Development

Karen F. Phillips, ELS

Diplomate Exam Development

Norman Grossblatt, ELS(D)

Registrar-Exam Administration, ELS

Leslie E. Neistadt, ELS

Appeals

Carol Kakalec Kohn, ELS(D)

Member Relations

Susan E. Aiello, ELS

Public Relations

Angela Lorio, ELS

Nominations and Election

Norman Grossblatt, ELS(D)

BELS Letter

Ann Morcos, ELS

Web-Site Management

Janice Jerrells, ELS

Editor

Ann Morcos, ELS

Column Editor

Barbara Schwedel, ELS

Contributors

Victoria Neale, PhD, MPH

J. Peter Reitt, MD, FACS



An Ode to America

[Editor's note: The following is an e-mail I received in early October. It is an editorial from a Romania publication. I tried to find the original source, and traced the e-mail as far as Australia but then hit a brick wall. I am publishing it although I cannot provide the original source because I believe it is important for us to know that, despite the anti-American rhetoric being spewed about, there are those who grasp the greatness of our nation.]

Why are Americans so united? They don't resemble one another even if you paint them! They speak all the languages of the world and form an astonishing mixture of civilizations. Some of which are nearly extinct, others of which are incompatible with one another, and in matters of religious beliefs, not even God can count how many they are. Still, the American tragedy turned 300 million people into a hand put on the heart. Nobody rushed to accuse the White House, the army, or the secret service of being a bunch of losers. Nobody rushed to empty their bank accounts. Nobody rushed on the streets nearby to gape about. The Americans volunteered to donate blood and to give a helping hand. After the first moments of panic, they raised the flag on the smoking ruins, putting on T-shirts, caps, and ties in the colors of the national flag. They placed flags on buildings and cars as if in every place and on every car a minister or the president were passing. On every occasion they started singing their traditional song: "God Bless America!"

Silent as a rock, I watched the charity concert broadcast on Saturday once, twice, three times, on different TV channels. There were Clint Eastwood, Willie Nelson, Robert de Niro, Julia Roberts, Cassius Clay, Jack Nicholson, Bruce Springsteen, Sylvester Stalone, James Wood, and many others that no film or producers could ever bring together. The American's spirit of solidarity turned them into a choir. Actually, choir is not the word. What you could hear was the

Features

1

An Ode to America

2

A Science Reader Writes

3

An Editorial Chuckle
From the Editor

4

BELS Serves

5

Christy Wright

6

Dateline: Barcelona,
Spain

7

Member Information

8

Examination Schedule
Meetings of Interest

heavy artillery of the American soul. What neither George W. Bush, nor Bill Clinton, nor Colin Powell could say without facing the risk of stumbling over words and sounds, was being heard in a great and unmistakable way in this charity concert.

I don't know how it happened that all this obsessive singing of America didn't sound croaky, nationalistic, or ostentatious! It made you green with envy because you weren't able to sing for your country without running the risk of being considered chauvinistic, ridiculous, or suspected of who-knows-what mean interests. I watched the live broadcast and the rerun of its rerun for hours listening to the story of the guy who went down one hundred floors with a woman in a wheelchair without knowing who she was, or of the Californian hockey player, who fought with the terrorists and prevented the plane from hitting a target that would have killed other hundreds or thousands of people. How on earth were they able to bow before a fellow human?

Imperceptibly, with every word and musical note, the memory of some turned into a modern myth of tragic heroes. And with every phone call, millions and millions of dollars were put in a collection aimed at rewarding not a man or a family, but a spirit that nothing can buy. What on earth can unite the Americans in such a way? Their land? Their galloping history? Their economic power? Money? I tried for hours to find an answer, humming songs and murmuring phrases with the risk of sounding commonplace. I thought things over, but I reached only one conclusion.

Only freedom can work such miracles! 



A Science Reader Writes

By J. Peter Reitt, MD, FACS

OK, the first and last question you should ask is why I, an older, retired practitioner of Neurological Surgery (the true name of my old specialty as opposed to "Brain Surgery"), am writing an article for the *BELS Letter*. Although you may conclude that this note is written just to confirm the need for your talents (careful, as my own personal editor has already reviewed it), I hope the real message will be otherwise.

First, allow me to give you a brief background. After four years of college, another four years of medical school, two years of general surgery training, two years of the US Navy, and four years of training in neurosurgery (oops, I meant to write "Neurological Surgery"), I was finally let loose on the world at the young age of 34 (which may help to explain my fee schedule). There I remained for seventeen years until I simply exhausted my ability to consider my very ill and often dying patients as examples of fascinating pathologies. I realized that I, like other physicians, had many more successes than failures; but, as time progressed, the latter began to weigh more heavily on my mind. The emotional and economic costs on my patients, their families and their friends of the illnesses with which I was dealing did not lessen over time. After a while, it doesn't take a rocket scientist (what phrase did you expect me to use?) to realize things ain't right. To be a surgeon and question the very efficacy of surgery neither helps one's patient nor one's psyche! Adding to this conundrum was my extreme irritation at being referred to as a "provider." My years of training had left me with the idea I was a physician and my sole purpose was to help my patients, not HMOs, PPOs, IPAs or whatever the latest acronym for Washington's woefully inadequate answer for providing medical care is called. Since my departure from medicine, I have been enjoying a retired, yet productive life. Now that you have learned a little about my background, I will get to what I intend is the point of this message.

As you may have deduced, I was the kind of physician most of you, as patients, visit as opposed to the ones you see as clients. I was in private practice and spent little time writing papers (as you can infer from this article), researching the latest, temporary medical

fad, or teaching medical students, interns, and residents. (I did do an enormous amount of teaching, but it was to patients, their families, and their friends – none of whom are considered students despite their capacity and willingness to learn). I took the patient's history and did the physical on the patient myself; I went in at night to see my patient, for I had no intern or resident to intercede on my behalf; hell, I even shaved the patient's head (after anesthesia and in the OR) and put in the final skin sutures. In short, I was a practicing physician – the common kind of MD who forms the majority of the readership for most of the articles you edit. Ah, you thought I was collecting some more amyloid plaques or neurofibrillary tangles (the diagnostic identifiers of Alzheimer's disease) while I was writing this; but now you see I was, indeed, getting somewhere after all.

What did I need you to accomplish as an editor of medical articles? For starters, you could remove every other word and three out of four of the references cited – well sometimes I did feel that way. I was BUSY. I needed to be able to read an article rapidly and tell almost at a glance if it was worth my time to really peruse it because it would likely help me treat my patients more effectively.

I needed a title that was in English not Latin, if that was possible. But, even more I needed an article that was written in common English, at least for the most part. The scientific and biochemical terms I knew, but the damn obfuscating words that were rarely seen or heard outside of academic circles were unnecessary and only demonstrated the arrogance of the author and the timidity of the editor. The more concise and plainer the text, the easier it was for me to rapidly digest it. I read Locke, Milton, Proust in college and I could reread them in my off time, but I needed to get important scientific information as fast as possible.

Now that you have converted the big words to regular English, please take a good look at the abstract (that is, if that is in your job description). The abstract is what told me if the article was even worth a closer look. A good abstract is the hook for most of us. It should be carefully written, and not composed as an afterthought. This is an extremely important part for the practicing physician.

I always enjoyed an article that educated me even if its specific conclusions were unjustified. The first section of the main scientific article in many cases has a brief review of the literature and its relevance to the article's findings. This section needs to be especially edited for clarity and consistency.

You will lose me if you allow this to be poorly written.

I love tables and graphs and pictures (yes, I did, even in the BC - Before Computers - era). I also know how much you all love the tables and graphs and their infinite varieties; my wife can be heard uttering the most amazing curses as she turns the page or clicks the "next page" icon and is confronted with a wonderful world of charts and graphs. All I can ask you to accomplish is to please try to assure that all graphs and tables are at least consistent with one another. A bar graph here and a line graph there interspersed with a pie chart, all showing similar data, would drive me crazy (and you must know my opinion of psychiatry and the other myths in modern medicine). OTOH (come on, you guys are into computers and should be fluent in Geekspeak <<http://www.netlingo.com/>>) pictures need to be labeled in a readable manner. I always have had an irritating time trying to look at a decorative graphic that is only superseded by the equally decorative font in its caption.

My allotted word count is used up, so I will leave you with this final thought. Never underestimate your importance to those of us who don't write the papers, even though many of us who are only readers may not even be aware of your work. Please remember a quote that one of my older Southern medical school professors would constantly evoke (like, every damn day) - "Rather a millstone be tied 'round my neck and I be cast into the sea, lest I lead you astray". Just don't let your authors go off course!

An Editorial Chuckle a Day Keeps the...

Using laparoscopic treatment of urgent surgical conditions that develop during pregnancy is a potential issue of which surgeons should give careful consideration prior to being presented with their first close laparoscopic encounter of a pregnant kind.

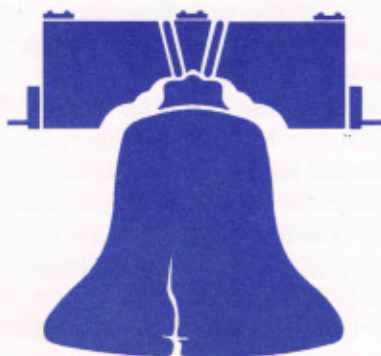
From the Editor

This issue marks the debut of "BELS Serves. Summarized Q&A From the BELS Mailing List Server" by **Barbara Schwedel**. Barbara has really thrown herself into this project, and it shows in the warm, enthusiastic style of the column. Thanks go to all of you who posted questions and responded to questions. The column, of course, would not be possible without you. You will find that "BELS Serves" is a succinct but comprehensive rendering of the conversations among BELS members. It should be a real help to those who are on the list server mailing list and for those who are not.

Other features in this issue include "Ode to America," a Romanian viewpoint of events in the United States following September 11. Thanks to **Kim Berman** for suggesting and **Kathleen Lyle** for helping to find an author for the article about the Fourth International Congress on Peer Review in Biomedical

Publication held in Barcelona, Spain. And **Dr. J. Peter Reitt**, who has his own personal editor with the same last name, shares his ideas about what a busy practicing physician needs to get from reading journal articles, something all medical editors should be attuned to, ie, the needs of the reader.

Finally, I would like to thank **Esko Meriluoto**, of Scimed International, Ltd, Finland, for suggesting adding the names of BELS officers to the newsletter, which I have done on the front page. Esko also brought to my attention "a curious error" in my article in the Summer 2001 issue about the CSE Conference. The sentence "Fewer than 50% of adult respondents to a survey understand that the sun orbits the earth yearly" should read "Fewer than 50% of adult respondents to a survey understand that the earth orbits the sun yearly." Thank you Esko. I appreciate your keen eyesight.



BELS Serves. Summarized Q&A From the BELS Mailing List Server

By Barbara Schwedel

Welcome to the first appearance of "BELS Serves. Summarized Q&A From the BELS Mailing List Server." The purpose of this column, which will appear once to several times yearly, is to provide BELS members with a useful, easily accessible source of information by consolidating many of the questions posted on the BELS mailing list and the responses provided.

First, however, I wish to extend a huge thank you to the originators of questions who agreed to participate in this column and the respondents who agreed to have their comments cited (whether the comments were actually printed or cut due to space limitations!); moreover, I offer a double thank you to those originators of questions—there were several of you—who actually provided summaries of the questions and responses. Next, if any BELS member not already on our mailing list would like his or her e-mail address added, please contact the BELS Webmaster at <3forks@mitec.net>. (Please provide your name and the e-mail address at which you would like to receive BELS mail. You must be an active, ie, dues-paying, member to participate in the mailing list, and you can always have your e-mail address removed if you decide not to participate in the future.) Finally, the opinions expressed in this column belong to the people cited and not necessarily to BELS or the person's employer.

Now, here is the first set of questions and responses, all posted in recent months:

French-English and Spanish-English Science or Medical Dictionaries

Kim Berman asked for suggestions on good French-English or Spanish-English dictionaries that are useful for science-focused writers.

Jo Ann M. Eliason responded by suggesting an online resource, "Have you checked out yourdictionary.com? I find it really useful and fun..."

For French, three dictionaries were mentioned by a total of four people:

--Larousse: 2 (**Susan Aiello** noted "...for French, the dictionary recommended most often is LaRousse's..." and added that a French friend thinks LaRousse also publishes a science/medicine dictionary).

--Dictionnaire Francais/Anglais des Termes de Medecine (edited by Jean Delamare and Therese Delamare-Riche. Paris [27, Rue de l'ecole de medecine 75006]:Maloine, 1992): 1
--Harrap's French & English Science Dictionary by D.C. Hathway: 1

For these French dictionaries, the appropriate question may not be "which one?" but rather "where do I get it?" Susan commented regarding Larousse, "...The bad news is that no one seems to know where to get one." Hmmm...Well, to make a long story short, I went to the Amazon UK web site <Amazon.co.uk>. It has a listing for Petit Larousse De La Medicine and, better yet, the book seems to be in stock. Amazon UK ships internationally, but I don't know how the costs and logistics would "shake out." When I told Kim and Susan about my thoughts, Kim responded, "maybe one of the CSE or BELS members we know in Europe could track the book down?" Susan advised that her French friend said he'd look around and see if he could find out where to purchase/order such a dictionary. So we may find yet another source.

Singular Nouns After Plural Pronouns

Donna Tilton asked, "May I take a poll to see where BELS members stand on the issue of singular nouns after plural pronouns?" Donna illustrated her question with two examples, all patients were satisfied with their outcome ("Would you leave that alone or change it to 'outcomes,' or avoid it and say 'the outcome?") and all patients were satisfied with the function of their knee ("If you change to 'knees' it seems the patients were satisfied with both of their own knees, which may be true, but we are concerned with the one knee that was operated on.")

Overall, the responses were as follows:

--Always reword and avoid this type construction: 10

--Acceptable to leave singular nouns with plural pronouns: 2

--Always change singular nouns with plural pronouns to plurals: 2

--"Split" answer depending on the sentence:

11

The answers "split" according to the sen-

tence were as follows:

1. all patients were satisfied with their outcome

--Leave "outcome": 2

--Change to "outcomes": 8

--Reword: 1 (eg, each patient was satisfied with his or her outcome; or each patient was [or all patients were] satisfied with the outcome of treatment, which eliminates the need for "his or her")

2. all patients were satisfied with the function of their knee

--Leave "knee": 1

--Change to "knees": 1

--Reword: 9 (eg, each patient was [or all patients were] satisfied with the function of the knee that had been surgically corrected; or all patients were satisfied with their knee function after treatment; or all patients were satisfied with postoperative knee function)

The respondents also made some helpful comments. **Barbara Simmons** said, "I just read an article about this usage in *Editorial Eye*. See 'Singular Nouns, Multiple Possession' in the June 2001 issue, p. 12." This excellent article discusses some "multiple possession" situations in which a singular object would be better, and others that call for a plural. It cites the New York Public Library Writer's Guide to Style and Usage: "This is one of those areas of grammar where common sense and the sound to the ear must enter into the...decision." The *Editorial Eye* article ends with an acknowledgment that the question can still be difficult at times. **Miriam Bloom** noted, "Plural subjects followed by a singular object is standard English usage ('The members of the jury raised their right hand') and is referred to as 'distributive possession.'" On the "knee sentence," **Retta Whinnery** advised, "...By using 'the' knee, [the sentence] focuses on the specific knee, that is, the one that had surgery, even though Mary has more than one knee. I would use 'all patients were satisfied with the functioning of the knee.'" Interestingly, on the "outcome/outcomes sentence," two respondents reached dissimilar conclusions using similar reasoning—essentially that the object of the possessive pronoun is individual rather than collective in nature. **Bethany Thivierge** advised, "I would say, 'All patients were satisfied with their outcomes,' because the outcomes were individual experiences. If the outcome were a shared experience, such as the suspension of a physician, I would say

'All patients were satisfied with the outcome.'" However, **Sylvia van Roosmalen** noted, "If a singular subject were impossible..." (eg, the subject had to be 'all patients,') "...then I would still not change to 'outcomes.' It would have to be 'their outcome' – only one outcome per patient..."

The bottom line here? I think this is one instance where all of us can choose our own solutions. Or should that be solution? Or should each person choose his or her own solution?

Usage Question

Kendall Wills Sterling had a question regarding use of the terms, for example, "risedronate patients" and "placebo patients" in a paper discussing a comparison trial. "...an editor changed every instance of these terms to 'patients who received risedronate' and 'patients who received placebo'... this resulted in phrases such as 'patients who received risedronate who received hormone replacement therapy' which is nonsensical (and horrifying, to me)...perhaps 'risedronate patients' isn't...the most humanizing or 'correct' way to refer to these subjects, but...I used it because it cut down on wordiness and aided comprehension...as it places the name of the medication directly next to the word 'patient'...[also] in the instance I mentioned, it wasn't possible to use the phrase 'risedronate group' because I was referring to a subset of patients in that group, and thus the necessity for the term 'risedronate patients' to designate certain individuals within the group...What do others out there think?"

Kendall writes of the responses, "Of the 30...I received, 16 were more or less in favor of using 'risedronate-treated patients,' 'risedronate group,' or 'patients in the risedronate group' and/or alternating the phrases used rather than using the same phrase to refer to the group...Five people felt that my use of the terms was acceptable. Two people felt that I should have designated the groups as 'Group 1' or 'Group 2' and used those terms thereafter. Two other people felt that the use of 'patients on risedronate' was preferable to 'risedronate patients.'" I (Barbara) will break in here with the thought that 'patients on risedronate' seems like jargon. Back to the question per se, Kendall continued, "...I really liked the solution five of you came up with: to use the term 'patients who received risedronate' at first mention, followed by '(hereafter known as 'risedronate patients')'. This recognizes the patients' humanity but also

avoids the cumbersome language."

Much disparity was present among BELS members as to whether the term 'risedronate patients' is dehumanizing. Most simply said the phrase grated on their ear and they didn't like it, or noted that the editorial policy at their institution forbade such use. However, a representative dissenting opinion was expressed by **Norman Grossblatt**, who said: "It's completely proper and editorially sound to refer to the patients as you did... The common criticism of phrases like 'diabetic patient' actually has to do with referring to a person as 'a diabetic' rather than as 'a diabetic person,' that is, referring to the person as having no characteristics other than affliction with the disease. You're not doing anything like that here; you have patients in a study, and you refer to them, as you say, concisely and comprehensibly, not at all offensively."

Kendall closed with, "I believe my solution in future papers will be to follow the suggestion to use the long form at first mention, followed by the shorthand term in parentheses, and then to use the shorthand term thereafter."

Standard Writing Test

Penny Hoeltzel asked whether a standard writing test exists that could be administered to candidates interviewing at a pharmaceutical company for the position of regional clinical associate. She noted, "People in this position need to write clear, accurate reports of their visits to clinical study sites throughout the United States." She added that writing samples are not necessarily a good indicator of writing ability. Penny said she would appreciate any information anyone can provide on writing tests..."assuming that some exist!"

Of the 16 people who responded, no one knew of a standard writing test, and the consensus was that management would be better served devising their own test, particularly one tailored to the position being filled. A number of helpful suggestions were provided on how to design such a test:

Shirley Peterson suggested querying the National Association of Science Writers. (The editor of their newsletter is Lynne Friedmann at <lfriedmann@nasw.org>.)

Susan Selfert thought of asking this question of Kelly Scientific and other companies that provide scientific consultant writers. Copyediting-L (the question was kindly forwarded by **Elaine Firestone**) mentioned the potential legal issue of needing to prove that a test is actually relevant to the job.

A number of people thought the candidate should be asked to write a report or article based on actual or simulated situations that might be encountered in the job. For example, **Kim Berman**, a former study monitor, suggested setting up "a hypothetical scenario (phone messages, e-mail correspondence, anecdotes)" and having the candidate write a report based on that information. **Jessica Ancker** responded that candidates might be asked to write a report after watching a video of part of a site visit or prepare an article from jumbled information. **Christine Romeau** has asked job applicants to write an article from the transcript of a physician's presentation. (I've provided the suggestions that were most relevant to the regional clinical associate position. Other suggestions are available upon request.)

To close, here are the concluding comments Penny used when she summarized this discussion over the mailing list: "Thanks again for the time you spent answering this question. I've passed on the information to the management who need to fill these positions, and I assume they will use it well!"

Continued on page 6

Christy Wright

Family and friends have established the Christy Wright Endowment for Glass Art at the Penland School of Crafts. The Endowment will supply tuition for a student taking a glass concentration class, a 10-week course given in the Spring and Fall. Preference will be given to students using the concentration to make a career change, especially those coming from a nonartistic career. Those who have kindly asked about making a donation in Christy's name are asked to send your donation to:

Penland School of Crafts
PO Box 37
Penland, NC 28765-0037

Please mention the Endowment on your check or in a note.

Last Licks

Shirley Peterson posted a citation from Science of the <<http://www.genomicglossaries.com>> Web site, which provides vocabulary and acronyms in genomics, analytical chemistry, cell biology, and computer science.

Cynthia Chapman posted the Web addresses of the Scholarly Electronic Publishing Bibliography by Charles W. Bailey, Jr. (a selective bibliography that presents > 1,350 articles, books, electronic documents, and other sources to aid the understanding of scholarly electronic publishing efforts on the Internet and other networks):

--HTML:

<<http://info.lib.uh.edu/sepb/sepb.html>>

--Acrobat:

<<http://info.lib.uh.edu/sepb/sepb.pdf>>

--MSWord 97:

<<http://info.lib.uh.edu/sepb/sepb.doc>>

On the menu for future BELS Serves

--Word processing of complex documents

--EEI Editorial Courses

--What freelancers charge

--Double-blind peer review

--Proofreading

--NSO or NSO cell lines?

--Other questions that arise...

I conclude with a note that this column is for all of us in BELS! If you have any comments or questions, please e-mail me at BSchwedel@aol.com.



Dateline: Barcelona, Spain

By Victoria Neale, PhD, MPH

Editors of biomedical journals from around the world recently convened in Barcelona, Spain, for the Fourth International Congress on Peer Review in Biomedical Publication. The attendance of 275 was lower than expected as nearly 140 Americans were unable to travel to the conference due to the air flights cancelled after September 11. In spite of the somber atmosphere among those who were able to attend, the Congress was stimulating.

Discussions centered around defining the editor's role in maintaining content integrity. Presentations focused on research studies on publication bias. Editors are increasingly active in setting publication standards and in requiring greater disclosure of author's involvement in studies, and newly revised guidelines on publication ethics provided expanded definitions of conflict of interest. Editors also addressed the challenges of building an evidence-base for the peer review system.

What are the implications for editors?

In early 2002, the International Committee of Medical Journal Editors (ICMJE) will issue a revised "Uniform Requirements for Manuscripts Submitted to Biomedical Journals."¹ This will include expanded statements on conflict of interest.² The movement toward greater disclosure of conflicts of interest by authors and peer reviewers will decrease the risk of corporate or financial interests influencing scientific results. Similarly, the efforts to assure proper assignment of authorship will be another attempt to address the problem of "guest" and "ghost" authors that the present authorship criteria in the "Uniform Requirements"¹ has not alleviated. In addition, the recognition of the many forms of publication bias is an important step toward unbiased reporting and improving the dissemination of scientific knowledge.

Conflict of Interest

Until recently, independent academic clinical investigators were the key players in study design, patient recruitment, and data interpretation for clinical drug trials. Over the past few years, pharmaceutical companies have turned instead to private nonacademic research groups to serve as contract research organizations (CROs) that conduct the studies required for regulatory approval of new drugs and other medical treatments. The ICMJE opposes any contractual agreements that deny investigators the right to examine the data independently or to submit a manuscript for publication without first obtaining the consent of the sponsor. Because of this concern, the ICMJE has revised its definitions of conflict of interest. This revision includes expanded statements about potential conflict of interest related to individual authors, the study sponsor(s), editors, editorial staff, and peer reviewers.²

Authorship

In the past few years, many journals have adopted the "Uniform Requirements" recommendation that authors disclose the details of their own and the sponsor's role in a paper being submitted for publication.¹ This often requires authors to affirm in writing that their involvement in the study and in preparing the manuscript included any or all of the following: (1) conceiving and designing the study or review; (2) collecting, assembling, analyzing, or interpreting the data; (3) helping draft the article, critically revising it for important intellectual content; and (4) giving final approval of and being willing to take public responsibility for the article's content. A few journals already require one author to sign a guarantor statement indicating that he or she accepts full responsibility for the conduct of the study, had unrestricted access to the study data, and controlled the decision to publish.²

Researchers who participate in cooperative studies that are reported under a "corporate" name often discover inconsistencies and omissions in the MEDLINE indexing and Science Citation Index counting of authorship. Given that these databases are used to document the scientific literature, identify author contributions, and estimate scientific importance, editors at the Barcelona meeting agreed to appeal to the National Library of Medicine to standardize and improve the accuracy of identifying corporate authors and their individual members.

Bias

Identifying and reducing the myriad subjective influences over whether a paper is published is a great concern to all, and recent research exists on biases that affect publication. These biases include reviewer characteristics, topic stigmatization, journal impact factors, and the effect of industry funding on manuscript quality. Some editors advocate more openness in the peer review process, where identities of authors and reviewers are revealed, and a few journals (eg, the *British Medical Journal*) have already adopted this approach.

Peer Review Research

As authors know, reviewers often differ in their enthusiasm for a manuscript. Although this makes the editor's job more difficult, some participants in the Barcelona meeting pointed out that it is not necessary for a reviewer who is a content expert and another who provides methodological expertise to agree on the merits of a manuscript. Editors were heartened to hear evidence that having reviewers with statistical expertise was associated with increased manuscript quality.

Any old conceptions about the roles of journal editors being limited to stewarding manuscripts through the publication process should be reconsidered in light of the proactive actions that editors of biomedical journals are taking to improve scholarly communication and expand the evidence base for the peer review process.

References

1. International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. *JAMA* 1994;277(11):927-934.
2. Davidoff F, DeAngelis CD, Drazen JM, Hoey J, Højgaard L, Horton R, et al. Sponsorship, authorship, and accountability. *JAMA* 2001;286(10):1232-1234.

Victoria Neale is an Associate Professor in the Department of Family Medicine at Wayne State University, Detroit, MI.



BELS Member Contact Information Update

Nathalie Bacon, ELS

New address, day phone, fax, and e-mail:
ApotheCom Associates, LLC
1010 Stony Hill Road, Suite 300
Yarddley, PA 19067-5589
Day: (215) 497-8800, ext. 148
Fax: (215) 497-9916
e-mail: nathalie.bacon@apothecom.com

Dawn McCarra Bass, ELS

New address:
1427 E 60th Street
Chicago, IL 60637-2954

Stephanie Kasza, ELS

New address, day & evening phone, eliminated fax:
105 Lakeway Trails
McKinney, TX 75069-0987
Day: (214) 544-2825
Evening: same
Fax: eliminated

Carol Pyle, ELS

Added a fax and has a new e-mail address:
Fax: (717) 859-1645
copyed@dejazzd.com

Letha Woods, ELS

New address:
1432 Upper Canyon Road
Santa Fe, NM 87501-6134
Day: (505) 988-2294
Evening: same
Fax: (505) 988-2295



BELS Certification Examination Schedule

Date	City & Association	Registration Deadline
2002		
February 23	Houston, TX, MD Anderson	February 2
March 23	Princeton, NJ (Public Library)	March 2
March 23	Memphis, TN (St. Jude)	March 2
March 30	Sydney, Australia	March 9
May 4	San Diego, CA, CSE	April 13
October 29	San Diego, CA, AMWA	October 8
2003		
March	San Francisco, CA (Asilomar)	TBA
May 3	Pittsburgh, PA, CSE	April 12
June 8	Bath, England, EASE	May 16
November 4	Miami, FL, AMWA	October 14

Please note: The deadline for registration is 3 weeks before the scheduled date of the examination. Please remember that the US mails are, in some cases, being delayed due to the current anthrax scare. Be sure to allow sufficient time for the application and registration process if you use the US mails. International mails may also take longer than usual.

For more information, write Registrar, BELS, c/o Leslie E. Neistadt, Hughston Sports Medicine Foundation, Inc. 6262 Veterans Parkway, Columbus, GA 31909, USA. Phone: (706) 576-3322, Fax: (706) 576-3348, e-mail: neistadt@hughston.com



Upcoming Meetings of Interest

Council of Science Editors

44th Annual Conference

May 4-7, 2002

San Diego, CA

American Society of Indexers (ASI)

34th Annual Conference

May 16-19, 2002

Moody Gardens

Galveston, TX

Text and Academic Authors Association (TAA)

June 21-22, 2002

San Diego, CA