

### THE GATEKEEPERS

Most general medical journals have high rejection rates: editors have the task of deciding which submitted articles are of the highest quality and the greatest relevance to the readership. How well do they do? Lee et al (*page 621*) used objective measures to compare the characteristics of accepted and rejected manuscripts at three major international journals (two in the UK and one in the US). Of course, editors have been known to make spectacular errors of judgement where fraud is involved. Two instances of fraudulent scientific publishing, one in *Science* and another in the *Lancet*, have recently been exposed. On *page 632*, Gerber gives a fascinating account of both incidents and draws out some lessons. Predictably, there has been a lot of finger-pointing in the wake of these scandals. On *page 596*, *Croatian Medical Journal* editors Marušić and Marušić deflect some of the blame and provide pointers for avoiding fraud in future.

### GETTING INVOLVED

As the 20th century neared its end, a group of disillusioned public hospital clinicians in Sydney were assisted by the then NSW Minister for Health to form the Greater Metropolitan Transition Taskforce, with the aim of involving doctors in health services planning. Having been deemed successful, the Taskforce entered the next phase last year, with a slight name change (to the Greater Metropolitan Clinical Taskforce) and a search for a full-time clinician CEO. On *page 597*, Stewart et al review the Taskforce's achievements so far.

### HOME RULES

A Cochrane review of randomised controlled trials of "hospital in the home" (HITH) found that HITH produced no differences in outcomes and no cost savings. So, have we seen the end of the electrical infusion pump as a bedroom accessory? Not yet, says Caplan, who points out some holes in the review, and in our current thinking, on *page 599*.

### A SCARCE RESOURCE

Since the late 1960s, Australian women who are Rhesus-D negative have been given Rh-D immunoglobulin (anti-D) after delivery of an Rh-D positive infant. This is based on the premise that small amounts of fetal blood enter the mother's circulation, causing Rh-D immunisation, and haemolytic disease of the newborn in subsequent pregnancies. Australia has already experienced one shortage of anti-D, and the dose we routinely administer is higher than in some other countries. With this in mind, Auguston et al designed a study to quantify just how much fetomaternal haemorrhage occurs in most pregnancies (*page 611*).



### ADDED VALUE

Adding some essential, non-toxic nutrients to food seems like a simple way to combat diseases associated with poor nutrition. But Kamien knows from personal experience that forays into food fortification, even if the benefits seem clear, can be fraught with hazards. Read his short history of Australian food fortification on *page 638*. While we debate the merits of fortification, there is increasing evidence that, in many parts of Australia, the population borders on being iodine deficient. In the latest survey (*page 617*), Travers et al assessed the iodine status of pregnant women and their babies on the Central Coast of NSW.

### SOFTLY, SOFTLY

New drugs and devices are not approved for use in Australia without being subjected to intense scrutiny but, as Coiera and Westbrook point out, the same can not be said for clinical software, such as prescribing packages. The regulators are finally catching up with the technological explosion, but we shouldn't forget the users ... (*page 600*).

### ED "REGULARS"

Frequent presentation to the emergency department (ED) can mean many things — uncontrolled or deteriorating chronic illness, unmet mental health needs, poor social circumstances or other problems — but it is generally agreed that it is not a good thing. In 2001, a Melbourne hospital ED introduced multidisciplinary case management for frequent attenders. The aim was to reduce attendances through improving patients' circumstances, but the results were surprising (see Phillips et al, *page 602*). In response, Fulde and Duffy challenge us to think differently about this vulnerable group of patients (*page 595*).

### INDIGENOUS EPILEPSY INFORMATION

People in less developed countries have higher rates of epilepsy than are generally seen in Australia, but little is known about epilepsy in our Indigenous population. On *page 607*, Archer and Bunby provide some much needed data, collected from 3 years of patient presentations with epilepsy to Cairns Base Hospital.

### ANOTHER TIME ... ANOTHER PLACE

Anyone who allows his or her name to appear among the authors of a paper assumes major responsibilities... they ought to understand what was done and why. Coauthors should be able and willing to defend the paper in public, and that means they must be confident about the integrity of the data.

A S Relman, *N Engl J Med* 1983; 308: 1417.