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Letter from the (departing) Editor

On Nonsense - Consens(us) - Common Sense

At the end of my six-year term as Diabetologia's Editor-in-Chief, there are some facts, thoughts, and emotions that cross my mind. Hasn't it been *interesting* to read around 3000 manuscripts which have been submitted to the journal during these years and to study the approximately 10,000 reviews which were solicited to evaluate them? Didn't I have the *privilege* to read of many studies and concepts which were made available by publication only much later in Diabetologia or (more often) in other journals? Has it not been a *positive challenge* to remain fair vis-à-vis all interests and despite the many pressures of friends and (sometimes not-so-friendly) colleagues and institutions? Has it not been *rewarding* to work togehter with a truly international, multidisciplinary editorial team at the Editorial Office and within the Editorial Board? Has it not been very well worth my while to spend all that time working for the journal of the European Association for the Study of Diabetes, even if the level of work was of far reaching diversity (see for example: Diabetologia 27:594 [last three lines, right column], 1984)?

To all these questions, my unhesitating answer is "yes" - especially since the *problems* that have occasionally arisen with angry and/or aggressive authors have been much less (in number and severity) than I had been warned about [1]. I can only hope that we - as a team - have been able to fulfill our own [2] and the readership's expectations during the past six years.

There have been a number of moderate changes concerning the editorial policies during these years, and I have tried to explain and justify them along with the expression of some of my concerns as an Editor in my annual *Letter to the Reader* [3-6]. On a more general note, however, I think the system of medical scientific publications has entered a decisively critical period. Whereas the peer review system - despite a recent cascade of critical comments, proposals for modifications and even total objections [7] - remains the best possible system available to evaluate scientific manuscripts, there are a number of immediate threats to high-quality and meaningful scientific medical journals.

The proliferation of journals has reached an extent that calls for disqualifying it as *nonsense*. This negative development has taken place in almost all areas and sub-specialties of medicine - and this is most obviously also true for diabetology. Many possible reasons have been suggested to explain the creation of this apparent publication chaos. Frankly, I do not believe, as has been suggested, that the personal ambition to become an Editor has prevailed upon many colleagues to create all these new journals. Also, I do not believe that the quantity of very important research (VIR) being performed and completed these days has increased in such enormous dimensions to justify the creation of new journals and augmenting the annual volumes of existing ones at the present rate. In fact, the number of publication organs is significantly associated with the increasing habit of slicing of manuscripts into least publishable units (LPU), and with the incidence of repeat and/or repetitive and/or double publication of identical data. Also, I cannot accept the call for national journals in local languages, which will only serve to dilute the necessity for all physicians to read relevant scientific information in *one* language (at present it is English), and it will promote the publication of second- and third-rate manuscripts (most of which should never have been published in the first place). On the other hand, the proliferation of journals will endanger the peer review system by overloading the pool of competent referees; and it will seriously confuse (younger) colleagues. As far as clinical medicine is concerned, many Western European countries already have to live with the fact that the majority of physicians read only 'tabloid' journals financed directly or indirectly by the pharmaceutical industry and prepared by (medical) journalists subjectively selecting and interpreting the contents of meetings and original publications. If the proliferation of journals is indeed unnecessary and, in fact, disadvantageous to the medical community, why does it occur in the first place?

No doubt, this deplorable development has been initiated due to commercial interests between publishers and the pharmaceutical industry. I can only hope that our leading diabetes journals can be safely protected from the direct/indirect influence of the industry exercised through advertising policies or via the lucra-

tive offers to publishers to print supplement issues on symposia sponsored by the pharmaceutical industry. (Diabetologia has had many financially attractive offers like this during recent years; but unlike other journals, Diabetologia's Editorial Board has firmly, and as a matter of general policy, rejected them [6]). Actually, it is well known that many medical publication organs are already under strict commercial control by advertisers, even with respect to the selection and presentation of so-called scientific articles.

Regrettably, in the present situation, many clinical research studies and so-called Consensus Conferences are directly influenced by the sponsors of such projects, e. g. by direct intervention concerning the experimental protocol of a study or by carefully selecting the participants of the "consensus meeting". It will thus be of crucial importance to keep our leading publication organs free of such counterproductive activities.

A particularly negative consequence of the present drive to publish LPUs in innumerable journals is the apparent difficulty to find the time to read - especially older - publications. This had led to a surprising neglect of earlier publications, followed by the need for a rediscovery and, of course, renewed publications. Clinical diabetology has experienced a number of such examples in recent years. Without a doubt, the clinical care of Type 2 (non-insulin-dependent) diabetes mellitus with its far-reaching metabolic syndrome has not had much support from any one of the most spectacular VIR studies on (pre-, post-, above-, or below-) insulin receptor events, nor has it received any help from the many *Consensus Conferences* (which may on closer inspection be Non-Consensus [or Nonsensus] Conferences, anyway [9]) organised with different motivations and carried out with different outcomes on this and related subjects. In fact, it would have been more effective to study in detail the book *De la Glycosurie ou La Diabète Sucré* [8] published in 1875 by Appolinaire Bouchardat, in which all the essentials of a non-drug treatment with flexible nutrition modification and physical activity based upon regular glucosuria self-monitoring by the patient were explained quite well.

It might very well be that the innumerable projects, publications, monographs, and (consensus/nonsensus) conferences on oral antidiabetic agents (R. Levine called sulfonylurea drugs more suitable to stimulate investigators than the ailing pancreatic B cell [10]) have clouded the individual clinicians' and clinical investigator's ability to follow clear-cut earlier reports on non-drug treatment of Type 2 diabetes with the necessary consequence and common sense.

Presently, clinical diabetology is accepting and promoting strategies of so-called 'intensified insulin therapy' - based upon multiple insulin injections, systematic metabolic self-monitoring and self-adaptation of insulin therapy by the patients as well as a flexible nutrition programme - as opposed to the rigid dietary regulations established for the diabetic patients in the past few decades. Inasmuch as this type of treatment is gaining world-wide popularity, we do have to acknowledge that this therapeutic concept is by no means anything original. The German paediatrician Karl Stolte developed, exercised and published intensified insulin therapy more than fifty years ago [11-13]. However, the consensus of the opinion leaders in German medicine at the time rejected his treatment model with extraordinary intensity and success. In fact, following *their* consensus, metabolic self-monitoring, the basis of any meaningful treatment of Type 1 (insulin-dependent) or Type 2 diabetes mellitus, was declared as useless and actually disadvantageous in Germany and many other countries for a long time. During these decades, the revival of intensified insulin therapy as repeatedly attempted by individuals like R. K. Bernstein [14] met with consensus rejection by the authorities.

Of course, I was personally flattered when Professor Gavin recently called my paper 'Metabolic and hormonal effects of muscular exercise in juvenile type diabetics' [15] a *landmark study* [16] in Diabetes Spectrum (a new journal!), but I must point out that I had explicitly stated in this paper that our study represented a mere confirmation (and clinical research-based substantiation) of clinical experience which had been published over and over again during the past fifty years.

Finally, it is interesting that the concept of microalbuminuria as a very early marker of diabetic glomerulopathy was introduced and published with great clarity by Panzram et al. [17] in 1967, i. e. many years before the "re-discovery" of this phenomenon.

Obviously, these are but a few arbitrarily chosen examples in which publications have failed to become publically known and their value has thus not been made available to (clinical) practice - examples in which our publication system has failed to serve its purpose, because the (medical) *public* has not taken any notice of these *publications*. This has led to the loss of years in progress in certain areas of clinical diabetology and for diabetic patients.

I have reasons to fear that such examples will occur more often in the future - as we diabetologists will be confused and overburdened with excessive numbers of journals and publications and with the ridiculous preoccupation to produce LPU's by ourselves. One way out of this dilemma may be to strictly concentrate on reading the very few leading diabetes journals *only* - and I do hope that *Diabetologia* will always be one of them - and to resist getting involved with all the others. I doubt very much that one would lose any substantial information by such a focussed and pragmatic approach to study the literature. In fact, one would gain time by concentrating on the essential, and would become independent of so-called 'Consensus views', which have (as the view of the majority of self-appointed or sponsor selected opinion leaders) misled us so frequently. One would run a better chance of keeping what is extremely crucial in the present market place of

(less and less independent) publication organs, i.e. a critical, open minded *common sense.*

With this, I want to say *Good-bye* to the readers of Diabetologia as their Editor-in-Chief. I have thoroughly enjoyed (truly!) serving the past six years for *Diabetologia.* I would like to express my sincerest gratitude to: the four Editorial Assistants during these years, Ms. Sarah Spencer-Smith (London), Ms. Beverly Niemann (presently Malawi), Ms. Marie Kroll (presently Seattle, Washington), and Ms. Christine Tripp (presently Düsseldorf); to the two Deputy-Editors-in-Chief, Prof. Richard Denton (Bristol), and Prof. Ulrich Keller (Basel); to the Düsseldorf based Assistant Editors, Dres. Gabriele E. Sonnenberg (presently Milwaukee, Wisconsin), Friedrich W. Kemmer, Achim A. R. Starke, and Ernst A. Chantelau, as well as to all members of the Editorial Board during the past six years. Today, I am more than happy to hand over the Editorship to Professor Claes Hellerström and his editorial team in Uppsala (Sweden). Claes Hellerström, a leading investigator in many fields of diabetology, has been welcomed with greatest confidence and gratitude and I would like to wish him and *Diabetologia* the very best for the years to come.

Michael Berger

Düsseldorf, 31 December 1988

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