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Letters

Bravo, brave *BMJ*, for the rapid response section

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EDITOR—As a subspecialist who formerly rarely read a generalist journal, I am a total convert to the *BMJ*, this treasury of free thinking and repartee. The rapid response section not only leads to a democratisation of science and medicine (formerly we were prevented from free participation by the whims of editors), but unpublished ideas can be circularised, and this can lead to research and changes.¹ Imagine Leonardo da Vinci in today's research climate without a research grant. Many of his ideas would have been ridiculed as preposterous.

I think a section of "New Ideas" needs discussion, and even a place where that negative result or study that has never seen the light of day can be mentioned. I with other colleagues spent several years on a large prospective study of ploidy in lung cancer, which refuted an inferior positive study we had published in the *Lancet*. Not surprisingly, this far more technically advanced second study, with negative results, was never accepted for publication. Everyone had lost interest, and the erroneous conclusions of the first paper stand in perpetuity as a reminder of the stupidity of medical publishing fashions. It remains in my filing cabinet to this day.

As no counterpart to rapid responses exists in unenlightened Australia (the land of the endless long weekend), it is delightful to share ideas from half a world away instantaneously and to be able to respond early to articles while the Brits are asleep and before the milkman arrives. Other journals should get out of the telegraph-and-morse-code era.

References

1. Delamothe T, Smith R. Twenty thousand conversations. *BMJ* 2002; **324**:1171–1172. (18 May.)