

potential consequences that the questions of peer review ethics are superseded and transcended by questions of medical ethics. It seems to me that the basis of medical ethics is to relieve suffering and save lives. How is it possible that a journal devoted to 'Medical Ethics' – both in title and in contents of the published articles – will automatically reject articles of 19,000 words that will save millions of lives, on the basis that the articles are too lengthy? I would think that any scholarly journal dedicated to medical ethics as its main subject matter would actively solicit – on a world-wide basis – all articles that would save millions of lives, whether they were less than a page long or more than 19,000 words long.

For item 3 (accountability, responsibility), I think some ideas of Louis Pascal are pertinent, as found in his article (1). On page 22 he writes: 'The editors of the world's learned journals are the gate-keepers of knowledge ... where scientific errors have the potential, already partially realised, to bring about worldwide holocaust, then incorrect knowledge presents a threat of enormous magnitude. The editors of the world's learned journals are at the interface between knowledge and society. Their power is enormous. Their responsibility is enormous'.

It seems paradoxical, ironic, and unethical to me that editors of a journal dedicated to medical ethics would attempt to wash their hands of the responsibility and accountability to their readers, to medical researchers, to the medical profession, and to humanity if millions of lives were lost – instead of saved – specifically because the editors rejected an article on the basis that it was 19,000 words long.

I am very interested in knowing how you try to justify such an editorial policy, and I look forward to hearing your courteous reply.

## Reference

- (1) Pascal L. What happens when science goes bad. The corruption of science and the origin of AIDS: a case study in spontaneous generation. Working paper no 9, Science and Technology Analysis, University of Wollongong.

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## Editor's response

So far as publication of the 19,000-word paper is concerned, I have explained the situation in my editorial of March 1992. I tried hard to persuade Mr Pascal to reduce the length of his paper so that we might publish it. However, our instructions to authors are quite clear, and I was not prepared to publish a 19,000-word paper.

So far as my brief remark, in my letter to Mr Pascal, that there was no way that I could publish a 19,000-word paper even if I thought – and I didn't – that it would save 'millions of lives' is concerned, no, I don't really cleave to this absolutist moral stance! Suffice it to say here that I would need to be confronted with an extremely compelling case before I so flagrantly overrode the normal publishing rules of the journal, and neither I nor the editorial board felt that this was such a case. We did, however, try to play our part in helping Mr Pascal argue his case before the scientific community, outlining his thesis and drawing attention to where the full version could be obtained.

## Alternative medicine: response to Kottow

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In his discussion of the ethics of promoting alternative medicines Michael Kottow (1) confuses the problem of demonstrating their efficacy empirically with that of establishing a rational explanation for any such efficacy. A consistent empiricist following David Hume (2) might be content to accept that an intervention causes the cure of a disease where the intervention is associated with cure, beyond the expectations of chance, in properly designed clinical trials. Kottow is not content with this and requires an explanation for causal action which is coherent with the materialist ontology of disease and the mechanistic view of biological process. The legitimacy of this scientific materialism he argues, *ad hominem*, is demonstrated by examining the theoretical views of modern organic psychiatrists. The value of concepts like health and well-being are dismissed as elusive to serious analysis, on the ground that they do not clearly identify material objects or scalable physical quantities.

There is little new in these arguments. The 16th century medical establishment persecuted the physician Paracelsus on the grounds that his therapeutics was not based upon the Galenic humoral pathology (3). Similarly the Paris Academy refused to sanction the opening of a free homoeopathic dispensary in Paris in 1835, not because there was no evidence of efficacy, but because homoeopathy's principles were not congruent with the pathological principles of the day (4). Kottow offers no defence of his materialism on either rational or empirical grounds. Rather he asserts that those who do not accept it should be obliged to demonstrate the plausibility of their alternative ontology. That criteria could be found to assess plausibility is not clear.

Kottow finds another ground on which to judge alternative medicines unethical. Alternative systems, he argues, explain both disease occurrence and therapeutic failure by blaming the spiritual deficiencies of the sick person. This person, thus diminished, becomes dependent on the enlightened alternative practitioner for guidance; a relationship which the latter is clearly well placed to exploit. This position is close to that taken by David Armstrong (5), who has argued, following Ivan Illich, that if medicine is social control, then whole-person medicine must be social control of the whole person. Whether a focus on the individual and his symptoms rather than a pathological lesion empowers or diminishes that person cannot be taken as decided. Jewson (6) has argued convincingly that a symptom-based model of illness has been associated with patient dominance within the doctor-patient relationship, while the modern biomedical model has been associated with the dominance of the doctor.

Kottow's sociological caricature is not, however, central to his argument, but merely serves to distract our attention from the weakness of his contention that alternative medicines cannot possibly work because they are not founded on modern biological mechanism. It seems reasonable on scientific grounds to require that the efficacy of alternative medicines be demonstrated empirically before we allow their practice to be ethical. To require that their practitioners are materialists, or that their mode of action be immediately explicable within the parameters of our current