

## LETTERS TO THE MJM

### JOURNAL REVIEW OF THE MJM BY THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

*Editor's Note: The following is a journal review of the MJM published in the November 5, 1997 issue of the Journal of the American Medical Association [JAMA 278(17): 1461-1462; 1997].*

The McGill Journal of Medicine (MJM) serves as an international, peer reviewed journal comprised totally of student contributions. An independent organization run by students at McGill University in Montreal manages this unique medical journal. MJM clearly lists its commercial, academic, and private financial supporters. The journal strives to address the need for a publication that features work solely from students to "serve notice that they can make a difference in the research community." The intended readership consists of students, residents, scientists, and physicians around the world.

Original research and review articles relevant to medicine form the major sections of MJM. Two unique features are "Crossroad" and "MJM Focus." "Crossroads" consists of articles addressing the interrelationships of the humanities and medicine. In "MJM Focus" a series of articles explores the clinical, scientific, and pathological features of a medical specialty.

The manuscript review process has two distinct stages. Appointed student editors, whose names are published in the journal, conduct the initial review. These editors are chosen based on aptitude, interest, and research experience. A faculty member who has expertise in the paper's subject matter conducts the second phase of the manuscript review. Comments to the authors compiled from these two review stages are combined with the evaluations from the editor-in-chief and the executive and senior editors. The MJM editorial board then makes the final decision to accept, reject, or defer publication of each manuscript.

The instructions for authors begin with a statement of the intended MJM subject content. Articles are requested in the humanities (history of medicine, health policy, ethics, and similar topics), clinical medicine (epidemiology, surgery, case reports, clinical trials), and basic sciences (physiology, cell biology, biochemistry, and other areas). MJM focuses on student work, so the first author must be a student. All other authors should be sufficiently involved in the work to take public responsibility for the article's content. Each article

begins with an abstract (maximum 240 words) and a key word list. The text follows the standard format of introduction, methodology, results, and discussion, and it may not exceed 5,000 words. The acknowledgement section credits contributions that did not justify authorship such as technical, financial, or material support. References are cited numerically and listed in full at the end. Only four tables or figures may accompany an article. A brief biography of the first author appears at the end of the article. Corrections and retractions are published under "errata" at the end of each issue.

MJM appears to be managed in a very professional manner and seems to be adhering to its initial goals. The original articles have maintained a high level of scientific merit and quality. The review articles have focussed on topical discussions on a wide range of disease processes with some introduction of new pharmacologic agents. Both the editorial section and "Letters to MJM" have addressed the inevitable problems and differences that arise in the development of a new journal. The students who assemble the journal also seem to be gaining immeasurable experience as they strive to continue this excellent effort.

The two most impressive sections are "Crossroads" and "MJM Focus." The timely "Crossroads" retrospectives illuminate the value of a broad look at scientific developments and ethical issues. It seems remarkable that students can develop this perspective at such an early stage in their careers. The unique "MJM Focus" provides a profile of the specialty, a clinical review pertinent to that specialty, and a case report to solidify the concepts elucidated in these previous two sections. This portion of the journal should prove particularly useful to students, not only in highlighting their interests and talents, but in providing a solid, contained discussion of the focus topic.

As this journal continues to grow and evolve, it should endeavor to maintain this level of excellence and to offer bright, gifted students a venue to express their creativity.

We recommend MJM for libraries in schools of medicine and for those academic medical centers where students engage in research. Full-text back issues are available via the World Wide Web at [<http://www.mjm.mcgill.ca>].

In the end, MJM's greatest accomplishments may be its introduction of novel ideas and interpretations of scientific research. It may help young, unknown scientists who are developing new approaches to disease processes to overcome some of the obstacles they frequently face. MJM may prove to be an

important forum for those who will be the leaders in medical science during the 21st century.

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#### LETTER FROM THE DEAN OF MEDICINE OF MCGILL UNIVERSITY

Dear *MJM*:

Please accept my congratulations and those of all my colleagues in the Faculty of Medicine on this outstanding success in moving towards the fourth year of publication of the *McGill Journal of Medicine*. This represents a significant achievement in producing a medical publication of very high quality both from the perspective of content and very professional production values. Now that the *Journal* is becoming acclaimed internationally, I have no doubt that your readership will grow as more and more students, physicians and scientists in the field of medicine come to recognize the value and high quality of this publication. The outstanding review in the recent issue of the *New England Journal of Medicine* (*NEJM* 336(12): 885; 1997) reflects the quality that you have attained in such short period of time. I am particularly pleased by the collaboration between medical students and graduate students in the biomedical sciences as this is itself reflective of the important links between clinical medicine and research. I should also note that although a sister institution to the west publishes a student run journal, ours is the only internationally published journal of its kind in the English language. I can only quote with pride the comments of Dr. Robert Schwartz, the Editor of the *New England Journal of Medicine*, that "McGill students deserve high praise for a thoroughly professional entry into the world of medical publishing."

Best of luck and success as you move into the future. With best regards to all your colleagues.

Your sincerely,

Abraham Fuks, M.D., C.M.  
Dean  
Faculty of Medicine  
McGill University

#### COMMENTARY ON *MJM* CROSSROADS: HUMAN GERMLINE GENE THERAPY

Dear *MJM*:

Dr. Nielsen makes two mistakes in his article entitled *Human Germline Gene Therapy* (1). First, he assumes that the only real ethical concern presented by human germline gene therapy is the possibility that it could lead to "enhancement engineering." In so doing, he dismisses arguments about the risks to the human gene pool as "grossly exaggerated." Studies such as those indicating that the mutations that cause sickle cell anemia or thalassemia both serves as a protection against malaria (2) would suggest otherwise. However, one can perhaps overlook this shortcoming if one accepts his main point that human germline gene therapy "is unlikely ever to be a procedure with significant clinical utility," a conclusion I lack the scientific background to question.

A second more serious problem, for me at least, is Dr. Nielsen's claim that somatic cell gene therapy for recognized genetic disorders poses no ethical issues worthy of consideration at all. He sees the ethical concerns that have been expressed as examples of the public's traditional uneasiness with the unfamiliar and as "technophobia" and concludes that opposition to such gene therapy "has, to a degree, subsided, and the debate evolved to focus more on the potential benefits of such treatment."

What lies just below the surface of that claim is the assumption that once a medical or other scientific procedure has been proved to be "safe and efficacious" in humans, it becomes "acceptable." Put another way, that good science makes good ethics. The benefits-mankind argument is usually found at the front line whenever scientific research and experimentation is challenged on ethical grounds. To take just one example, it has customarily been advanced by the scientific community as the complete answer to ethical arguments opposing the use of animals in laboratory research (3).

Though bad science does make bad ethics, the converse is not true. If it were, there would be little work for ethicists and ethical issues concerning scientific research would be resolved simply among the scientists; all we would need is peer review committees. Properly seen, good science only takes its place on one side of an ethical question, nothing more, nothing less.

This brief comment is not the place to enter into detailed discussion of the ethical merits of somatic cell gene therapy more than to say that were Dr. Nielsen correct in his assessment of the opposition to such therapy as being based solely on technophobia, I would

join with him in concluding that "it 'poses no new ethical problems.'"

The problem, however, is that Dr. Nielsen seems to lump those two objections together with the objection that human gene therapy, including the somatic cell form, "entails playing God [and] violates 'natural law'" and evokes "a feeling among segments of the general public that [it] simply is not an acceptable activity." Whatever one might be inclined to say about the strength of the latter arguments, they are quite distinct from technophobia. Indeed, it is enough to say that recent public and governmental reaction to the possibility of cloning human beings suggests that anything that is perceived as involving genetic manipulation of human cells engages us at highly emotional levels and thus cannot be dismissed lightly, at least not as lightly as has Dr. Nielsen.

Sincerely,

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#### REFERENCES

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2. Carlson J, Nash GB, Bubutti V et al. Natural protection against severe *Plasmodium falciparum* malaria due to impaired rosette formation. *Blood* 84(11): 3909-3914; 1994.
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