Archives of Disease in Childhood, 1984, **59**, 902–909

Correspondence

Abstracts—are they really a dud currency ?

Sir,

Very few practising scientists doubt the value of the well prepared abstract as it often provides essential information. Nevertheless, as your recent editorial[1] points out, many abstracts are not well prepared and can be misleading. These defects, however, are no monopoly of the abstract and are to be found equally in many full papers, particularly in journals which do not apply a system of rigorous independent review. Nevertheless, anyone with more than a passing acquaintance with leading biomedical journals must know how widely the abstract is used as a vehicle for disseminating scientific data.

It would be a pity if the quick, concise form of transmitting information provided by abstract publication were to be done away with. For those who attend the meeting where the work is presented the abstract provides a useful aide memoire, and for those unable to attend a means of learning what went on. All over the world there is an avid readership for abstracts among those who wish to know as soon as possible what is going on elsewhere. There are others, of course, who have no particular wish for this information—the editor of the *Archives* may be one—and for them obviously the abstract has nothing to offer.

The problem is how to monitor abstracts in order to suppress those which have been carelessly prepared while encouraging publication of those which seem to provide a good account of what was found. Two methods seem to be available. One, used by societies on both sides of the Atlantic, is to leave selection to a committee, in which case the process is inevitably secret and oligarchic. The other is for those present at the meeting, having had the opportunity both to read the abstract and to hear the paper, to vote on its suitability for publication. They can also use this opportunity to point out discrepancies or insist on corrections and insertions as a condition of publication. Although this method of vetting abstracts is far from perfect, it is open, democratic, and carries the advantage of stimulating healthy debate. In my opinion, it is much the best of all editorial devices available for judging an abstract. To criticise the voting system because it might cause embarrassment is to raise an objection which could destroy any democratic means of decision making.

Many readers and writers of abstracts will no doubt tremble to learn that they are to be totally abjured by the *Archives*. Even references to abstracts are to be forbidden. Nevertheless, it seems likely that the abstract habit will continue, even if the whole United Kingdom becomes an area of total abstinence—a probable event, however, only within the narrow confines of paediatrics. Surely we should aim not to suppress abstract publication but to encourage, in the various societies to which we belong, the habit of proper monitoring and criticism of abstracts. A meeting is probably not worth attending if no steps are taken to guarantee the scientific and ethical standards of the work presented and to ensure that this is properly reflected in any associated publications. To say that many meetings and abstracts fail to meet these standards is only to repeat what we already know very well—that in all branches of medicine many meetings and many publications are of an unsatisfactory standard. I submit that this situation is unlikely to be remedied by abolishing the abstract, which has just as much chance of being good or bad as any other form of publication.

Reference

[1] Anonymous. Abstracts—false science. [Editorial]. *Arch Dis Child* 1984;**59**:497.

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Phototherapy for neonatal hyperbilirubinaemia

Sir,

We read the article by Modi and Keay[1] with interest. We would, however, question the minimal irradiance of 1 mW/Cm^2 at 420 to 480 nm recommended by the authors. It has been shown that wave lengths between 350 and 450 nm are carcinogenic and mutagenic.[2] If irradiance could be increased for a spectral output of 460 to 480 nm it would be clinically effective without the DNA modifying effects.[3] While we are in full agreement with providing the optimal dose of phototherapy in the treatment of neonatal hyperbilirubinaemia, we feel that the long term mutagenic effects should be taken into consideration.

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Drs Modi and Keay comment:

The kinetics and potential toxicity of phototherapy in human infants are by no means fully understood. Neither the most appropriate wavelengths nor the optimal irradiance are known. Nor can in vitro studies showing potential mutagenicity be directly extrapolated to the human neonate.

Rosenstein and Ducore[4] found the action spectrum for DNA strand breakage in normal human fibroblasts to