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Les lettres faisant allusion à un article récent du *Journal* doivent nous parvenir dans les six semaines suivant la publication dudit article. Nous ne sommes pas en mesure de fournir d'épreuves de prepublication. Tout envoi non publié ne sera retourné aux auteurs que s'il est accompagné d'une enveloppe affranchie, portant l'adresse de l'expéditeur.

Toute déclaration ou opinion, tant directe que tacite, contenue dans les lettres, est celle de l'auteur et non pas celle de l'ACC ou du *Journal*; sa publication dans ce dernier n'implique pas nécessairement que l'ACC, le *Journal*, son rédacteur en chef ou son Conseil de rédaction y souscrivent.

To the Editor:

Re: Mootz RD, Dhami MSI, Hess JA, Cook RD, Schorr DB. Chiropractic treatment of chronic episodic tension type headache in male subjects: a case series analysis. JCCA 1994; 38(3):152-159.

Mootz et al.¹ recently provided a sensibly planned and conducted descriptive case series of chiropractic intervention for tension headache sufferers. Unfortunately, despite the authors' seeming appreciation of the distinctions among descriptive and experimental designs, their interpretations of outcome are not justified by the data they provided. They suggest that:

... typical chiropractic interventions of diversified adjusting, muscle work and heat significantly reduced self-reported frequency and duration of headache episodes during the last two weeks of care when compared to a two week pre-treatment baseline period.

The "significance" mentioned by the authors refers to the reductions in frequency and duration of headache episodes from baseline to follow-up. That is to say, the probabilities of such reductions occurring by chance were less than 1 in 100 (headache frequency) or less than 1 in 20 (headache duration). This tells us nothing about the reasons for such reductions. There is no significant difference between treated subjects and control patients because no control patients were evaluated. Accordingly, no causal attribution for the chiropractic intervention is warranted. Although the authors' descriptive design is useful in illustrating the plausible effectiveness of care,² it is unable to control or eliminate such rival explanations for the observed improvements as natural history, concurrent events (history), regression to the mean, and interactions among these and other threats to internal validity.³ Accordingly, it is inappropriate for Mootz and co-investigators to have claimed that "... chiropractic interventions ... significantly reduced ... frequency and duration ..." In my opinion, much greater caution in the interpretation of these outcomes is needed.

Joseph C. Keating, Jr., Ph.D.
Professor, Los Angeles College of Chiropractic

References

- 1 Mootz RD, Dhami MSI, Hess JA, Cook RD, Schorr DB. Chiropractic treatment of chronic episodic tension type headache in male subjects: a case series analysis. JCCA 1994; 38(3):152-159.
- 2 Keating JC. Toward a philosophy of the science of chiropractic: a primer for clinicians. Stockton CA: Stockton Foundation for Chiropractic Research, 1992.
- 3 Campbell DT, Stanley JC. Experimental and quasi-experimental designs for research. Chicago: Rand McNally, 1963.

In reply:

I would like to thank Dr. Keating for his letter emphasizing an important distinction between experimental and descriptive studies. Technically, Dr. Keating is correct in pointing out that the measured reduction in headache frequency and duration cannot be *causally* attributed to the intervention. It was not the authors' intent to make experimental conclusions from a descriptive study. In the sentence for which Dr. Keating takes us to task, we clearly state that the comparison is between the final two week period and a "pre-treatment baseline." Frankly, I find it extremely difficult to see how our conclusions can possibly be

construed to imply that we are making any kind of claim beyond a pre-post treatment comparison. Additionally, our discussion section outlined over a half dozen other limitations to any broad applicability of this small case series study. Perhaps a small semantic alteration in sentence construction such as "a significant reduction in headache frequency and duration was seen following chiropractic care" would help alleviate Dr. Keating's concerns. I am eagerly looking forward to another letter from Dr. Keating following publication of my next case series study in which I intend to conclude that I have finally proven once and for all that "chiropractic works."

Robert D. Mootz, DC, DABCO, FICC
Associate Medical Director for Chiropractic
State of Washington Department of Labor and Industries

To the Editor:

Dear Dr. Gotlib:

I would like to commend you and your staff on the ongoing high quality of the Journal of the C.C.A. I wish to extend to you my appreciation for the articles that all the contributors have provided for publication.

On receipt of my September, 1994 issue as I quickly thumbed through it, I couldn't help but note that this issue is totally and completely devoid of the omnipresent remedies such as shark cartilage, bat wings, bee pollen, etcetera. I know there is a symbolic relationship between journals and advertisers, a perceived co-dependence of each other for existence. I think the kind of advertising that is promoted through these kinds of 19th and 18th century salesman of snake oil balms and elixirs has an unacceptability in scientific journals of such international prestige as the JCCA.

On page 178 of this recent edition was an abstract on "Methodologic Quality and Relevance of References in Pharmaceutical Advertisements in a Canadian Medical Journal." I would bring this abstract to your editorial staff's attention. Should we accept advertising that is irrelevant with poor or no references and with poor methodologic qualities? Does allowing advertisers to promote such products through a scientific journal for the sake of funds give tacit approval and imply some degree of complicity in the promotion of their products?

W. Reg Nicholson, M.Sc., D.C.
Midland, Ontario

Dear Dr. Nicholson:

Thank you for your letter of September 26, 1994 with respect to advertising content and current policy in the JCCA.

The JCCA is a participating journal with respect to the International Committee of Medical Journal Editors and the document entitled "Uniform Requirements for Manuscripts Submitted to Biomedical Journals and Supplemental Statements from the International Committee of Medical Journal Editors" which appears annually in the JCCA, the most recent printing being the June 1994 issue (JCCA 1994; 38(2):110-121). As such, the JCCA accepts, adopts and implements any respective principles to the JCCA and its purpose.

Recently, in June 1994, the International Committee of Medical Journal Editors (ICMJE) met in Oslo and agreed to the following statement with respect to advertising (in part):

"Most biomedical journals carry advertising, which generates income for their publications, but advertising must not be allowed to influence editorial decisions. Editors must have full responsibility for advertising policy. Readers should be able to distinguish readily between advertising and editorial material. The juxtaposition of editorial and advertising material on the same products or subject should be avoided, and advertising should not be sold on the condition that it will appear in the same issue as a particular article.

A journal should not be dominated by advertising, but editors should be careful about publishing advertisements from only one or two advertisers because readers may perceive that the editor has been influenced by these advertisers.

Journals should not carry advertisement for products that have proved to be seriously harmful to health - for example, tobacco. Editors should ensure that existing standards for advertisements are enforced or should develop their own standards. Finally, editors should consider for publication all criticisms of advertisements."

As editor of the JCCA for the past 10 years, both the JCCA and I have been fortunate that the Publisher, (the Publications Committee) and the owner (the Canadian Chiropractic Association) have clearly understood, respected, and acknowledged the necessary and essential separation of intent between a scholarly scientific journal and a political organization. Neither the publisher nor the owner has at any time attempted to influence the JCCA in a way that may be perceived as a breach or boundary violation with respect to their differing mandates. Both the publisher and owner acknowledge the supplemental policy statement of the ICMJE on advertising outlined in part above.

In the most recent years, I have recommended to the Publications Committee, and received approval for, a progressive reduction from initially a 40% guideline for advertising content to the current policy of a 25% guideline as a maximum allowable content in the JCCA. I will continue to press for further reductions in the maximum allowable content, however editors at

time may compromise to a limited acceptable degree when they are reminded of "harsh economic realities".

A valid argument can be made with respect to the appearance of an advertisement of a product or service in a scholarly journal and an implied or perceived acceptance or endorsement of that product or service. The inherent risk is that in the absence of a screening mechanism or an established standard or some approved policy, that this implied or perceived acceptance in fact becomes the standard for that service or product. In matters before regulatory agencies which encompass professional misconduct, incompetence, failing to meet a standard of practice or conduct falling below an accepted standard of practice and in those matters before the courts which speak to civil or criminal issues, it may be argued that the appearance of the product or service in a scholarly scientific journal is an adequate defence. Journal editors, publishers and owners must be vigilant to this regard. Ultimately, the public interest and the professional interest must find some common ground.

At the same time as the progressive reduction in content was

implemented, I have applied a higher standard for advertisers to comply with in order for their respective advertisements to be acceptable to the JCCA. This would be consistent with the current policy initiatives of the Publications Committee, the publisher, and the Canadian Chiropractic Association, the owner of the JCCA. Some of these initiatives originate from Health and Welfare Canada as well as the Pharmaceutical Advertising Advisory Board (PAAB). As well, these policy initiatives are instituted in an attempt to more closely align the JCCA with the criteria established by the National Library of Medicine and Index Medicus in Bethesda, Maryland and in so doing gain successful inclusion in the indexing system.

I will request that the Chair of the Publications Committee place your correspondence on the agenda of the next meeting for discussion purposes. Thank you for your concerns and personal interest in the JCCA.

Dr. Allan Gotlib D.C.
Editor, JCCA

ERRATUM

Newton-Leo L, King-Isaacs D, Licht J. Knowledge and opinions of Downsview physicians regarding the chiropractic profession. JCCA 1994; 38(2):90-97.

On page 94 of this manuscript, Table 5 appeared incorrectly and should have appeared as:

Table 5 Downsview GP's interactions with chiropractors by experience levels

	Experience* ≤ 15 years	> 15 years
Number of doctors	15	11
Discussed patient	9	10
Referred to	13	10
Accepted patient from	10	9
Personally treated by	3	3
No interaction	0	1
* Pearson chi-square = 1.955 prob. = 0.582		Multiple answers possible