completely. Nevertheless, we did demonstrate a significant difference in urinary incontinence between those who had an instrumental delivery compared with those who were delivered by cesarean delivery. Therefore, cesarean delivery, even at full dilation did offer some protection to the pelvic floor, at least up until 1 year after delivery.

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Peer review is complicated

To the Editors: The study by Drs Gilbert and Pitkin, “What Gets Published and Why,” represents a great deal of work, but its findings are specific to the Society of Maternal Fetal Medicine and are incomplete.1 For instance, the Pacific Coast Obstetrical and Gynecological Society also has a special issue in the American Journal of Obstetrics and Gynecology for the publication of papers that are presented at its meeting. But because it attempts to have all presentations published, its publication frequency is usually >70%, higher than any society mentioned.

Factors that determine what does or does not get published, other than those listed in the author’s Table II, include (1) author “determination,” which can override all others, (2) reviewers with multiple responsibilities, and (3) the possibility that the authors, even of outstanding abstracts, are satisfied that their published abstract alone will achieve all their goals.1 As for author “determination” for publication, my own experience of being associated with nearly 300 papers published in peer review journals, while it leads me to respect some reviewers’ suggestions for improvement of my papers, many times the peer review system appeared to be opinionated, self-serving, capricious, and interested in maintaining the status quo. For those rejected papers that I thought would make a contribution, I came to regard the difference between the published and an unpublished paper to be the amount I was willing spend on postage for sending them to other journals—a concept also expressed by W. Droegemueller, a former editor of Obstetrics and Gynecology.2 I regard the American Journal of Obstetrics and Gynecology editorial policy of requiring revelation of past rejection(s) of submitted papers to be unethical.

An academic colleague from the United Kingdom once asked me why so few were in control of American obstetrics. I had no answer but agreed with his observation. Many of the senior-level reviewers for the choice of plenary presentation were surely likewise involved with the various journals selection for the resulting publication. That such a high percentage of the plenary session presentations were published subsequently would be noteworthy only if it did not occur. To limit senior level people to only a single review of a paper and to randomly select reviewers would open the system to be more objective. Although the editors of the American Journal of Obstetrics and Gynecology may have considered the paper “flattering,” the author’s study only confirms current dogma for what are the rules for peer review.

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References