J R Coll Physicians Edinb 2013; 43:94–5
http://dx.doi.org/10.4997/JRCPE.2013.122

PEER REVIEWER RECOGNITION AND CPD

I can only wholeheartedly agree with Iredale et al. regarding their proposals to enhance the process, quality and experience of peer review.[1] Peer review is an essential process to maintain quality of published articles in medical journals. It relies on ongoing commitment of a dedicated altruistic group who continue this activity with little personal reward (although the 'rewards' of course are to the readership by maintaining quality of articles).

Recognition of the considerable commitment peer review represents as well as its significant educational value would be welcome. Iredale et al. (amongst others) suggest award of CME points for undertaking such work, which is entirely sensible. However, this would require the Royal Colleges to also engage and recognise that peer review is indeed worthy of consideration for CME points and acknowledge the educational value of such activity compared to other CME-awarded activities. Until such time, editors will continue to rely on the goodwill of a perhaps under-appreciated group, the peer reviewers.

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THOMAS HODGKIN (1798–1866)

The current Syrian crisis brings to mind Thomas Hodgkin, famous for the disease which carries his name, but less well known as the founder of the Syrian Medical Aid Society which poured relief into Beirut during the Muslim-Christian conflict of the nineteenth century.

Hodgkin attended classes in Edinburgh where he wrote his MD thesis on the spleen. He was impressed by the quality of the students and the Royal Medical Society but chose not to attend the anatomy course of Monro *tertius* which, in common with many others, he found boring.

In 1866 he set out with Sir Moses Montefiore to the Middle East. They travelled to Marseilles and crossed the Mediterranean to Alexandria where Hodgkin found the weather oppressive and became ill. By the time the party had reached Jaffa, Hodgkin had all the signs and symptoms of cholera. He died on 4 April and was buried in Jaffa in modern Israel. His gravestone records that 'nothing of humanity was foreign to him'.

Hodgkin was an idealist, attracted by both lost causes and hopeful ones. His work on the disease named after him, a frustrated love affair, his quixotic support of social reform and his failed career in medicine combine to make a striking picture of an interesting man.

On enquiry to the Israeli Embassy the Cultural Attache confirmed that the gravestone was in good condition. A photograph of the latter and a video of the cemetery may be accessed by contacting the Embassy of Israel in London.

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CALLS FOR A RETURN TO BASIC BEDSIDE CLINICAL METHODS

Scotland has long enjoyed, particularly in the late British colonial era, an enviable reputation for the export of education and technical proficiency. My own family can personally attest for this, with four members qualifying as doctors in Edinburgh towards the end of the nineteenth and early years of the twentieth centuries.[1]

It is therefore entirely appropriate to my personal expectations of Scotland that it should be this journal that has carried two papers in the same issue[2,3] drawing much needed attention to the vital role of a proper physical examination in correct and timely diagnosis, the omission of which should not be an option despite the availability of state of the art investigations.

When I was a senior medical student on the wards, one of our teachers who was the head of a medical firm told his house physicians and attending students: 'Don't expect the laboratory to make your diagnosis', and went on to insist that a purely clinical diagnosis, based upon a proper history and physical examination should be made at the bedside before ordering a few appropriate tests to confirm it if possible. Let us hope that these two papers are harbingers of others in the same vein that may follow in this journal that will help to guide the profession back to the proper application of bedside clinical methods. The authors have delivered a powerful message with relevance to all practising doctors, but perhaps more particularly for those who teach them.

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Author's reply

We are grateful for Professor de Vos Meiring's comments (and those of the anonymous peer reviewers) of our paper. The latter prompted us to look at TOS scores in the one group of patients we knew had been fully examined (from our own ward on discharge) to assess for potential recall bias. Of 45 in-patients, with a median hospital stay of two days, 100% recalled being examined with a tendon hammer, 97.8% recalled being examined with an ophthalmoscope and 86.7% with a stethoscope. Thus, in an era where healthcare costs are spiralling, it has never been more important to ensure that patients are fully examined first before requesting expensive investigations. As such, we are at an advanced stage of planning a wider replication of the TOS study later this year with colleagues in Ireland, Sri Lanka, Sweden, United Arab Emirates and the US. If Professor de Vos Meiring in Canada, or indeed any other colleagues would like to address the scope of this problem globally, please contact us.

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THE EFFECT OF REST ON RAISED BLOOD PRESSURE

Life assurance providers normally request additional blood pressure (BP) readings after five and ten minutes rest when the initial reading is more than 140/90 mm Hg, regarded as the normal upper limit of BP level.[1,2] A result above 140/90 mm Hg is regarded as hypertensive.[2]

We recently reviewed the effect of ten minutes recumbent rest on BPs in 1,008 subjects undergoing a life assurance medical examination,[3] but we did not specifically consider BP readings taken after only five minutes rest. In our study there were 212 subjects whose initial BP reading was more than 140/90 mm Hg. In most of these cases the five minute BP reading was retained with the records, though not in a small number. We have studied an additional 208 subjects with both five and ten minute BP readings after rest. In 65 of these 208 subjects (31.3%) the BP was still more than 140/90 mm Hg at intervals of both five and ten minutes. In 95 (45.7%) of the cases, the BP was 140/90 mm Hg or less after five minutes and in the remaining 48 (23.1%), the BP was down to 140/90 mm Hg after ten minutes rest. Of those whose BP was 140/90 mm Hg or less after five minutes (95), in 49 cases (51.6%) the BP fell significantly further ($p<0.001$) in the second five minutes. The average systolic BP reduction was 6.5 mm Hg and the diastolic reduction 4.3 mm Hg, respectively.

In summary, in 208 subjects with an initial BP of more than 140/90 mm Hg, about 30 still had a BP of more than this after ten minutes rest, about 45 showed a reduction of BP to 140/90 mm Hg or less with five minutes rest and the remaining 25 or so needed the full 10 minutes rest to achieve that level . Even in those subjects with BPs of 140/90 mm Hg or less with five minutes rest, about half of them had a further significant reduction in BP with the full 10 minutes rest.

We concluded that subjects with initial BPs of more than 140/90 mm Hg should be given a full ten minutes rest to achieve optimum reduction of BP.

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SCOPE AND AIMS
The Journal of the Royal College of Physicians of Edinburgh (*JRCPE*) is a quarterly, peer-reviewed publication with a circulation of around 8,000. Publication is open to all authors and is not restricted to Fellows or Members of the College.

TYPES OF CONTENT
Submissions are invited in the following areas: reports of original research, case reports, investigation findings (images) of general interest, historical articles and letters to the Editor.

Manuscripts should not be submitted simultaneously to another journal, should not have been accepted for publication elsewhere and must not have been published already. All submitted manuscripts are peer reviewed and checked for plagiarism. The Editor reserves the right to make the final decision regarding publication and to make textual amendments where considered necessary.

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Comprehensive information regarding our requirements for submissions to all sections of the *JRCPE* can be obtained from the editorial office (contact details below) or downloaded from: http://www.rcpe.ac.uk.journal.notes-for-authors-11.pdf
Compliance with these notes will ensure quicker consideration of manuscripts by the editorial office.

ADDITIONAL INFORMATION
The Editors of the *JRCPE* have endorsed, in principle, the International Committee of Medical Journal Editors' Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publications, updated April 2010. These are available from http://www.icmje.org/.

The Editors view alleged, or suspected, medical or biomedical research misconduct as a serious offence and will not hesitate to refer suspected cases of misconduct to the appropriate bodies.

ONLINE PUBLICATION This issue of *The Journal of the Royal College of Physicians of Edinburgh* can be viewed on the College website: http://www.rcpe.ac.uk/journal/index.php from mid December 2012.

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Printed on acid-free paper from a sustainable source by Hobbs the Printers, Totton