erees who review manuscripts are blinded to the identity of the authors.[2] They found that only 18.6 percent of the responding journals currently blind referees. Two family medicine journals were surveyed: *American Family Physician* does not use blinded referees, whereas *Journal of Family Practice* does. Other pertinent journals that do not blind reviewers include the following:

American Journal of Diseases of Children
Annals of Internal Medicine
British Medical Journal
Geriatrics
Journal of the American Medical Association
Journal of Pediatrics
New England Journal of Medicine
Pediatrics
Southern Medical Journal

Some of the largest and most influential journals are on this list.

In their classic study, Peters and Ceci evaluated 10 psychology journals that used nonblind review by resubmitting manuscripts that previously had been published in the same journal 2 years before, changing only the names of the authors and their institutions. Only 2 out of 14 reviewers believed that the previously published papers were suitable for publication.[3]

It seems that it would be easy to blind reviewers to an author's identity by removing the author identification page before sending a paper out for review. As pointed out in the editorial, this will not guarantee anonymity, but it may help. Decisions made by reviewers and editors affect careers, funding, and the course of medicine. The process of publication is as important as the data published, and this process should be made as objective as possible.

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2. Cleary JD, Alexander B. Blind versus nonblind review: survey of selected medical journals. Drug Intell Cin Pharm 1988; 22:601-2.
3. Peters DP, Ceci SJ. A manuscript masquerade. The Sciences 1980; 20(7):16-19, 35.

Bibliographic Databases

To the Editor: As Shearer, et al.[1] correctly note, a number of excellent systems are available for computer access to MEDLINE and related databases. Any of those mentioned are suitable for use by medical librarians and researchers with high levels of sophistication and extensive experience in working with MEDLINE. In my view, however, the system of greatest value to practicing physicians and residency programs was mentioned last and without the attention it deserves.

Its somewhat frivolous name notwithstanding, "Grateful Med" provides rapid, easy access by less sophisticated users to MEDLINE, AIDSLINE, and other MEDLARS databases.[2] This system is particularly useful when one wants information quickly or lacks ready access to medical library services. The price is right, the instructions are lucid and reasonably simple, and a computer-based tutorial program is supplied. Informative monthly bulletins are published, and annual system upgrades have been provided without additional cost.

One potential pitfall with self-administered literature searches, whether using "Grateful Med" or another approach, is the definition of search terms. It is important to have access to a copy of the *Medical Subject Headings* (*MeSH*) book, and a telephone call to a medical librarian or other source of advice will be needed occasionally until one becomes familiar with the system.

The software can be ordered for $29.95 plus $3.00 for shipping from National Technical Information Service, 5285 Port Royal Road, Springfield VA 22161.

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1. Shearer B, McCann L, Crump WJ. A primer for users of medical bibliographic databases. J Am Bd Fam Pract 1989; 2:191-5.
2. Gillette RD. Software review: Grateful Med. Fam Med 1987; 19:475.

Editors' Comment

Ms. Shearer and colleagues have written a companion article, "Grateful Med: Getting Started," which will be published in the January – March 1990 issue.

Effort Thrombosis

To the Editor: I read, with great interest, Aquino and Barone's article, "Effort Thrombosis of the Axillary and Subclavian Vein Associated with Cervical Rib and Oral Contraceptives in a Young Woman Athlete," (July – September 1989). I was surprised that they had found only 52 cases in which effort thrombosis was related to sports participation. I wish to add a similar case that presented to our family practice residency program in March 1989.

A previously healthy 24-year-old woman presented with abrupt swelling and discoloration of her right hand and arm, which had became progressively worse during the 6 days prior to admission. She denied any trauma to that extremity but had been taking oral contraceptives for 6 years. She had increased her athletic activities 3 weeks earlier, participating in aerobics 3 times a week and volleyball twice a week. Her history was otherwise negative. Family history was negative for any thromboembolic diseases.

On admission to the hospital, her blood pressure was 140/90 mmHg, pulse 88, heart rate and rhythm were regular with no murmurs, and her chest was clear. Her right upper extremity, from the shoulder down was swollen and had purple-bluish discoloration. It measured 2 to 3 cm greater in circumference than the left upper extremity at the hand, forearm, and arm.