

So here's an experiment with a sample size of one. I went to BiomedCentral, took the first journal I came across which had a table. (A table is a collection of numbers in rows and columns). Sometimes I read tables, but sometimes I put them into a spreadsheet. (A spreadsheet is software that lets you calculate things). The article is <http://www.biomedcentral.com/1471-2105/9/545> which is called the full-text and is in HTML. I went to Table 1 and found:

Table 1
Highest quality obtained from the DT and MCA classifiers

Cases & Controls	MCA			
	DT	5 Peaks	6 Peaks	7 Peaks
30	200.0	200.0	200.0	200.0
42	190.5	197.6	197.6	197.6
60	178.3	193.3	193.3	195.0
90	166.7	187.8	188.9	191.1
150	155.3	183.3	185.3	187.3
300	138.3	170.3	179.0	180.3

The reported quality is the largest sum of the sensitivity and specificity (in percent) found across the five random datasets for each number of Cases and Controls for a decision tree (DT) using at most seven decision nodes and the medoid classifier algorithm (MCA).

Luke and Collins *BMC Bioinformatics* 2008 **9**:545 doi:10.1186/1471-2105-9-545

I then went to the PDF (which is not seen by BMC as the full-text) <http://www.biomedcentral.com/content/pdf/1471-2105-9-545.pdf> and found the same table:

the accuracy of the best identified as the number of samples for the smallest datasets (30 identified at least one decision and specificity was 95% or runs found at least one decision results (sensitivity = specificity the runs identified at least 200 yield perfect results (see Addi-

uses and 60 Controls, the runs decision tree whose average sensitivity from 85% to over 89%. The decision tree and a hypothetical and a testing set is shown in a sensitivity and specificity of

over 96.6%, while the seven-feature runs found at least one classifier with an average sensitivity and specificity of 97.5%.

Table 1: Highest quality obtained from the DT and MCA classifiers

Cases & Controls	MCA			
	DT	5 Peaks	6 Peaks	7 Peaks
30	200.0	200.0	200.0	200.0
42	190.5	197.6	197.6	197.6
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[I have reproduced them at the same size as they came up in my open-source browser. The HTML was rendered naturally by the browser with no help from me. The PDF required me to download a closed-source proprietary plugin from Adobe.

I am not an expert on readability but I would like to see the researched arguments that says the HTML is worse for humans than the PDF (actually I think it's better).

But here is the clincher. As a scientist I don't just want to read the paper with my eyes. I want to use the numbers. Maybe I want to see how column 1 varies with column 2. The natural way to do this is to cut-and-paste the table. (This is done in each case by sweeping out the table with the cur-sor and pressing the Ctrl-key and the C key on the key-board and the same time. The data is now on the clip-board). I then open up Ex-cel (because I am in the pay of Mi-cro-soft) and "paste" the clipboard into the spread-sheet. This is what I get from the PDF version.

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classifiers				
Cases & Controls MCA				
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All the data has gone into one column. The tabular nature has been completely destroyed. And the cut-and-paste was done with Adobe's own tool, so even Adobe doesn't know what a table is in the PDF. (I have been taken to task for criticizing PDF because some people don't use Adobe tools).

Here's the HTML version. I have highlighted a cell to show that all cells are in correct columns:

Table 1				
Highest quality obtained from the DT and MCA classifiers				
Cases & Controls	MCA			
	DT	5 Peaks	6 Peaks	7 Peaks
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I was called “a bit ... dogmatic”. Yes I am. This seems to me so self-evidently a case for using HTML over PDF that I can't think of any reason why PDF should be used.

And kudos to BMC. They have realised that HTML is a better digital medium than PDF. Are their readers cancelling subscriptions? No...

Oops... BMC is an Open Access publisher. It is forcing its authors to pay for their manuscripts to be converted into horrid HTML. I expect they'll start sending their papers elsewhere...

Xxx