

Artists and Critics: The National Medical Journals

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All so-called international general medical journals are in fact national, or even local, publications: thus the *New England Journal of Medicine* is in reality the journal of the Massachusetts Medical Association, based in Boston, and the *British Medical Journal* that of the British Medical Association, based in London. Like all such rules, there has to be an exception; just as the theologians argue that the existence of evil is necessary to highlight the good (or, more mundanely, Glyndebourne shows that not all high-quality opera has to be subsidised by the state), so the *Lancet* shows that a first-class general medical journal can be produced, and survive, on a totally independent basis without any of the limitations which an official body must impose.

Nevertheless, as in so many of its characteristics, the *Lancet* is unique; nobody should try to copy it. The trouble is that national journals do try to copy the *Lancet* or the *Journal of the American Medical Association* or the *New England Journal of Medicine* or the *BMJ*, aiming at publishing major original scientific articles. Few such articles remain, however, after the heavy-weight general and specialist journals have taken their pick, and the luckless editor of a national journal is faced with a sediment of the second and third rate. In any case, in my view a mini *BMJ* or *NEJM* should not be the aim of the editor of a national or a local general medical journal; there is a much more desirable, effective, and practicable alternative.

CONTENT OF A NATIONAL JOURNAL

So what should a national journal publish? Certainly it cannot ignore articles of national interest, particularly those presenting findings that are original only for the country concerned. For the doctors, and inhabitants, of Brobdingnag a full description of the first patients with AIDS is important; the illness, reported six years after the original reports from the USA, differs not a jot from AIDS elsewhere, and the report will merit no more than a few words in an international review article with a reference to say that AIDS exists in Brobdingnag, but it is necessary to document the occurrence

somewhere — and neither the *NEJM* nor the *Lancet* is the place to do it.

Similarly, local news, views, and controversies are best aired in a local forum; the international mandarins may dismiss them as parish pump topics — but, no matter, parish pumps are where revolutions sometimes start, and epidemics sometimes end. And local battles, too, can be fought in a familiar terrain when much of what is left unsaid is none the less entirely appreciated by the readership which is asked to judge the issues. A national journal is an ideal pitch as well for young players starting on whatever game you like to compare our profession to, and for the old players to pass on their accumulated wisdom. It is where the conventional courtesies for the retirement of a colleague no longer sound like an anticipated obituary and where the obituary epithets themselves no longer sound weary, stale, flat, and unprofitable, but have the ring of truth.

PROBLEMS

If, then, the place of the national medical journal is just down the road from paradise, what are its problems? The chief of these, I believe, comes if there is not a large enough medical biomass: sufficient workers of high calibre doing good research and in contact with mainstream thought. A large biomass will ensure enough authors to fill the journal, enough referees to maintain standards, and enough members for an editorial board to advise on policy. Ensuring the calibre of the second of these and the fairness of peer review is perhaps the editor's principal role, and difficulty — particularly in small country where everybody knows everybody else. One solution to this is to have an international board of referees and double-blind assessment (the referee and editor review the article without knowing the author's identity, and any report sent to the author about it is unsigned).

No less important for the editor is to maintain his contact with the politicians, both medical and non-medical, and the media, while preserving that certain distance which ensures independence. All of us try to do this, most of us believe we succeed, and yet (as everyone but a bigot knows) all inde-

pendence is relative, made up of subtle checks and initiatives, of feints, withdrawals and advances. And I do not mean that any threat comes only from the editor's employers: potentially both advertisers and readers are formidable players and you could end up with, as Surtees put it, "every man shouting in proportion to the amount of his subscription".

Two more problems for the national journal are dual publication and of listing in *Index Medicus* (the medical journalistic equivalent, I suppose, of getting into *Who's Who*). Recognising the difficulties of national journals, the International Committee of Medical Journal Editors (the "Vancouver group") has produced a series of guidelines about the former,¹ which I believe have answered many of the questions, if not completely. Currently it is also asking the National Library of Medicine to state its criteria for inclusion in *Index Medicus*.

All this may sound rather a tale of woe, and as if any national journal will no longer be fun — for the editor and for the reader. Yet most national journals are fun, and that is why they have a devoted readership, often as much outside their own country as within it. The spirit was well established by V A Toma and his colleagues in their editorial introduction to the new *African Journal of Clinical and Experimental Immunology*: "The literature, in general recognises writers, those who create literature, and critics, those who criticise it. By using expressions 'those who create and those who criticise' we have already established the role and la raison d'être of our editorial policy, in the sense that this journal will cater for artists rather than critics."

REFERENCES

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