Conversation Piece: the Medical Journal Editor

DR P.D.WELSBY: Having been Editor for eight years and assistant editor for seven before that, you are obviously well-placed to let your reader know how you see the duties of editor.

DR B.I. HOFFBRAND (Editor, *Postgraduate Medical Journal*): The duties of any editor consist in essence of ensuring adequate copy for each issue, monthly in our case. This hopefully should achieve excellence in the three Rs of Relevance, Readability and Responsibility. The material must be relevant to the needs and interests of our readers most of whom we assume are in everyday clinical practice. We must not forget here that only one third of our subscribers are situated in the United Kingdom and therefore we have to keep an international flavour. There are an enormous number of general medical journals to choose from but I would like to think that the *Postgraduate Medical Journal* (PMJ) has some unique features. Readability means that over and above the appropriateness of the contents, the presentation should be attractive to make access easy and to way-lay the passing browser. The *Journal* should convey something of the intellectual excitement of clinical medicine and the satisfaction provided by practising it to the highest possible standards. The editor must be ever aware of his responsibilities to authors, actual and putative, to the referees and to the journal's readers and the wider scientific community. He needs to deal with individuals, in areas where conflicts of interest may arise, with fairness, tact and honesty. He must, we are increasingly made aware, always keep a weather eye open for the abuses to which learned journals are prey.

PDW: What abuses in particular do you have in mind?

BIH: The most frequent one in my experience is multiple authorship but fortunately this can be met by invoking the guidelines of the International Committee of Medical Journal Editors on authorship. More serious are duplicate publication and the ultimate sin of fraud. As far as we know the PMJ is not on the list of distinguished journals that have unwittingly published fraudulent papers.

PDW: You mentioned some special features of the PMJ.

BIH: The history of the *Journal* is relevant here. I have referred to this in detail elsewhere.¹ Suffice to say that as the organ of the Fellowship of Postgraduate Medicine, the *Journal* has had a historic role in coordinating and aiding the development of postgraduate medical education in the UK. The *Journal* is now taken by all the clinical tutors following the recent association between the Fellowship and the National Association of Clinical Tutors. The *Journal* thus provides a unique vehicle for the un-ending debate that is needed in identifying and solving the problems of postgraduate medical education and training, problems, it should be added, that have much in common world-wide.

PDW: There is a current debate about the mechanics of peer review. Readers and authors might be interested in the *Journal's* policy. As a referee myself I find that certain papers are easy to reject and I wonder if this experience is shared by others.

BIH: A large majority of unsolicited submissions are sent to one or more referee without blinding the referee to the identity of the author. A decision on acceptance, outright rejection or referral back for another draft is made in the

light of the comments received. As a practising physician and with a knowledge of the range of the *Journal's* current and previous publications I do on occasions take a contrary view to my referee. We are influenced also by how much re-writing is likely to be needed in the office with papers written by authors whose native language is not English (and by some native English speaking authors also). Our current rejection rate for case reports is 80% and for original papers 75% so papers have to be exceptional in scientific or clinical quality for us to be prepared to use our resources to edit to the extent of re-writing articles.

Some papers are not seen by a referee. This goes of course for 95% of commissioned articles but the rest are mainly those that are clearly unpublishable through being mundane, unoriginal, trivial or shabbily presented. This also holds for ones that duplicate other PMJ papers or are simply not appropriate for a general medical journal. Our referees are sent some that are almost certainly unpublishable as you have noticed but here referees play an important role in providing constructive criticism which is sent, anonymously, with the letter of rejection and should be educative for the authors. I think this is a very important role for a scientific journal through the expertise and effort of its referees. Let me take the opportunity here of saying how much I appreciate all the hard work our referees do in this respect. I am sure this also holds for the submitter who receives a courteous constructive criticism of his paper.

PDW: One by no means unique but certainly characteristic and widely known feature of the *Journal* is the case reports. What criteria do you use in accepting them?

BIH: The case represents the unit of clinical experience with which every clinician can identify. We get many papers submitted with well written accounts of interesting cases that would make splendid presentations at the weekly Grand Round—but do not justify recording for posterity in print. There is of course the urge to publish come what may. In many instances however I get a sense of the very real excitement the young doctors have in looking after such a patient and their desire to let the rest of us share it with them—the first cuckoo in spring phenomenon.

To justify publication case reports should offer some original or at least newish insights into pathogenesis, clinical manifestations or management, or make a significant contribution quantitatively to previous published experience. People all too often submit papers reporting the 2400th published case of such and such a condition which testifies to their numeracy but little else. We do ask for an adequate and relevant discussion fully referenced (we do not ration the references like some journals I could mention!) which adds to the educative value of the paper for both reader and author. I particularly favour papers that can lead to improvements in patient care. The first report of cancer of organ X presenting with a secondary in organ Y leave me cold.

PDW: There must be aspects of being Editor that you find irritating.

BIH: Of course, but these are insignificant compared with the satisfactions of the job. They centre around submitted material that is either pretentious or careless or both.

Some folk feel that using abbreviations for every other word is the essence of science (these papers are called, locally, OBAATO one bloody acronym after the other). My biggest grumble is reserved for the paper that comes along with lots of authors on the front page, and a myriad of spelling mistakes and typing errors on all the others. It is amazing how often distinguished medical names allow articles to come out of their unit for which they are visibly responsible but which they have clearly not checked. An obsessional approach (essential I think for an editor) is needed by any author to ensure precise and accurate presentation of his or her observations. Carelessness in this respect raises grave doubts about the quality of the observations themselves.

PDW: And the satisfactions?

BIH: These are considerable, not least the help I get in my day to day medical practice even though I cannot recall anything but a fraction of what I have read and worked on. At the end of the day, or more correctly at the beginning of the month, it is a pleasure to have made a contribution. There is also the very great satisfaction all of us who edit the supplements of the *Journal* obtain from being involved in helping raise funds for the Fellowship in its varied roles in promoting postgraduate medical education. The PMJ was one of the first journals to enter this field. And then as well there is the pleasure of having conversations with nice chaps like you.

PDW: Ah, you know how to get an article accepted for publication! I shall certainly recommend that the Editor accepts this one.

References

1. Hoffband, B.I. 1925 – Annus mirabilis. *Postgrad Med J* 1985, 61: 853–859.