Coping with the journal ‘mountain’

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Introduction

Among the commoner catchphrases of contemporary postgraduate medical education are continuing education, peer review and quality assurance. Postgraduate Deans expatiate on such weighty matters, and deplore the fact that only a small proportion of the profession engages in them. When postgraduate centres provide activities for continuing education, for example, it is said that only one in three doctors takes them up. But does this necessarily mean they are neglecting their education? I have long been an advocate of reading – not just medical journals but newspapers and novels – as a means of broadening the mind, and perhaps the hidden majority of our peers are keeping up to date by ‘keeping up with the literature’. Recent initiatives by the Royal College of General Practitioners, for example, suggest that reading is the preferred learning activity of its members. So, how are the general journals coping in 1985, the 60th anniversary of the *Postgraduate Medical Journal*?

Journals are for readers

‘Articles are written to interest the reader, not to make him admire the author’ (Asher, 1958).

A childhood addiction to weekly comics convinced me that regular reading matter was as much a way of life as regular food. The habit has persisted into professional life, so I find it difficult to believe that doctors as a whole do not look forward to receiving medical journals with the same eager anticipation. The postgraduate in training must, in any case, read widely and voraciously while completing examinations and thesis. Thereafter, the average doctor (if there is such a beast) probably ‘reads’ regularly a general journal (or two) and one or more journals in his or her specialty. For instance, I get most of my education from weeklies like the *British Medical Journal*, the *New England Journal of Medicine*, *Nature* and *Science*, not forgetting items of medical news in the *Times*, while occasionally brows-

ing in the monthlies and special journals. Continuing education demands that we maintain a superficial knowledge of what is going on in medicine as a whole and a more detailed view of our specialist interest.

Why are the first two above mentioned journals so popular? The general reader is attracted by a varied fare of original articles, reviews, comment, correspondence, etc., so that there is something for everyone. The layout is deceptively light and easy to assimilate, yet each issue of the *British Medical Journal* has as many words as an average novel. Their prestige means that they have the pick of the articles submitted – 80–100 a week for the *British Medical Journal* (and for the *Lancet*) – but editorial flair must still count. The success of the *New England Journal of Medicine* has been attributed to Joseph Garland’s feeling for style and Franz Ingelfinger’s scientific rigour. It is worth reminding editors of local journals who strive for high standards that the two latter journals began as records of local medical societies.

Most readers, I suspect, seldom read original articles; they glance at titles and maybe read the odd summary or leading article (compared inaccurately, in my view, with *Reader’s Digest* articles); they enjoy case histories and short reports, items about contemporary issues and correspondence. Articles about topics which may impinge on medicine, for example history, geography and literature and personal anecdotes, are also popular. The most important service a general journal can provide for readers who are mostly practising doctors, though, is the interpretation of scientific research in the light of their everyday practice. From time to time general practitioners complain that the *British Medical Journal* is too esoteric; the *Lancet* seems to be losing touch with its clinical audience (Freeman, 1985). The problem is an old one: how to explain scientific advances to ‘lay’ audiences, yet no topic is so complex that it cannot be put into plain English.

Medical readers, no doubt like other professionals, face the further challenge of the current explosion of knowledge. Durack (1978) weighed *Index Medicus* as an indicator of the increase in medical publications from 1879 to 1977: its weight remained constant at

2 kg for over 60 years, after which it increased exponentially to about 30 kg by 1977.

There are more than 20,000 biomedical journals worldwide (Lock, 1982), and 120 titles in Britain alone (Cuthbert, 1985) which does not seem very many. The proliferation of specialist journals seems particularly rife. In my field at one time *Gut* and *Gastroenterology* were sufficient; now we have to read *Digestion*, the *American Journal of Digestive Diseases*, the *Scandinavian Journal of Gastroenterology*, *Hepatology* etc., etc. Two new British journals devoted to diabetes have appeared in the last year. Readers can, of course, retaliate by withdrawing their labour – the eyes are a precious commodity – or by requesting a Medline search. Reading should be a pleasure as well as educational. In any case, there is no need to despair completely: I have shown elsewhere (Paton, 1973) that if you 'read' a journal a day you can effectively keep progress at bay. It helps too if you can persuade your medical librarian to photocopy the contents of each journal as it is received: a weekly list takes less than half an hour to scan.

Journals are for authors

'A medical journal is an open market where each salesman must cry his goods if he wishes to get an audience at his stall' (Asher, 1958).

Unfortunately, most authors are so bound up with their own work that they seldom give a thought to their audience: this must surely account for the turgid, uninspiring prose which so often characterizes medical journals. In spite of a wealth of manuals on how to write, it is depressing to read the same infelicities and indifference to plain English that writers like Clifford Allbutt (1923) were complaining about sixty and more years ago. It would help if authors considered two questions: (i) what type of audience are they writing for, and (ii) what are the requirements of the journal they hope to publish in? The second question implies that they have at least had the decency to glance at a copy of the said journal.

Authors also need to remember that most readers are lazy or indifferent (or both) unless the subject is in their own field, when they are likely to be critical and argumentative. At the very least they should provide an attractive title and a summary or abstract which states clearly their findings (Paton, 1983). One reason why authors get away with such appalling liberties – in spite of the obstacles presented by editors, referees and peer review – is that so few people actually read their articles. When papers are subjected to close dissection in journal clubs, technical and stylistic faults are commonly exposed (and not least in one's own masterpieces). To try and minimize such shortcomings

I once suggested that we should look at papers in preparation in the journal club; the experience was so traumatic that the exercise was abandoned after the first meeting. I firmly believe that heads of departments have a duty to nurture their members' manuscripts; too many prospective authors think that one or two drafts suffice and it shows in the published result. Individuals who have a feeling for writing, as opposed to the technical content, could help raise standards by reading papers before they are submitted. Some research groups find it pays to employ a professional with editorial experience.

The pressure on doctors in training to publish is a wellworn cliché but for all that an unpleasant fact of postgraduate life. Novices often try their hand (on these days, their word processor) at a case report; they should not underestimate the difficulties of presentation and selection and might do worse than look at the *Postgraduate Medical Journal* for suitable models. With luck they might be given the chance of writing up the results of a piece of research. If this is their first experience they should pick one of the many guides to medical writing (for list see Paton, 1985) and get down to the hard grind of putting words on paper.

One of the ironies of the journal 'mountain' – some of which can surely only be good for pulping? – is that it is almost impossible *not* to get an article published. An editor of my acquaintance found that the great majority of some thousand submitted papers eventually appeared in journals, even after several rejections.

Journals are for editors

In true British tradition of leaving important matters to amateurs, many journals, especially those devoted to the specialties are edited by people whose principal work lies elsewhere. While recognizing undoubted exceptions like the *Postgraduate Medical Journal*, I doubt if this is the right way for a general journal to acquire an individual personality. One thinks of the way in which the *British Medical Journal*, the *Lancet* and the *New England Journal of Medicine* have been shaped by their editors; just as the *Annals of the Internal Medicine* is linked with the names of Russell Elkinton and Ed Huth. A dedicated professional not only has the know-how; he or she should have the time and commitment to indulge ideas and enthusiasms.

Like their clinical colleagues, progressive editors these days are very much into peer review and quality assurance. It is salutary to find that editors submit their own writing to their colleagues, and their judgement on submitted papers is tested by the referees they use. The *New England Journal of Medicine* and the *British Medical Journal* use a 'hanging committee' ('hanging' as in Royal Academy not capital punishment): a small group of editors and practising doctors

who independently assess papers. Such a group can also act as a forum of ideas for new series, new contributors and fresh approaches.

In my experience editors are surprisingly human: they agonize, like others, as to whether what they do has any impact on the progress of medicine and conclude that the answer is mostly 'No'. They worry about their citation index, a league table based on the number of times their articles are cited in the world literature. The index was invented by Eugene Garfield, whose Institute of Scientific Information is now 'the world's largest commercial producer of information services covering the professional literature', and claims, among other things, to be able to predict burgeoning fields of research and future Nobel prize-winners. At the other end of the spectrum, the *British Medical Journal* found that journals scored very low in the list of sources from which general practitioners get their information. Does the same apply to hospital doctors? Perhaps editors of general journals are asking the wrong questions; like television, entertainment rather than education may be the name of the game. Nevertheless, as a result of editorial audit a whole new field has developed, charmingly called 'journalology', about which books have been written (Warren, 1981) and which will no doubt soon have its own journal(s).

Journals are for publishers and advertisers

Based on a relatively small volume of sales, medical publishing of all kinds is big business. When I was a registrar, publishers' reps (of which I was unashamedly one) haunted the hospital corridors in almost as large numbers as drug reps looking for medical authors. No doubt they still do. General practitioners receive 30–40 controlled circulation (free) journals (Cuthbert, 1985). There must be almost as many going to hospital doctors though more commonly through postgraduate centres: in a spot check of one smallish medical library, I counted 35 subscription journals and 26 giveaways. Most of the latter are sponsored by drug firms or commercial organizations with a vested interest, and perhaps those of us who inspect hospitals for training purposes should be tougher about the journal content of medical libraries. We deceive ourselves if we believe that such sponsorship does not have an effect on the way we educate ourselves in medical practice. The titles of some of these journals are deceptive, it may be difficult to assess the source of the articles, and it is doubtful if they can give a balanced view about the effects of drugs. There have been occasions where pressure has been brought by advertisers on subscription journals which have carried adverse reports on drugs.

If the proposed curbs on drug advertising are introduced, many controlled circulation journals

would no doubt disappear; unfortunately they might well drag with them some subscription journals which rely heavily on advertising. At present five journals, *Pulse*, *GP*, *Doctor*, *Mims Magazine* (all free) and the *British Medical Journal* are read by more than 60% of a sample of general practitioners, and the *British Medical Journal*, *British Journal of Hospital Medicine*, *Hospital Update*, and *Hospital Doctor* by over 60% of hospital doctors. These figures have scarcely changed over the years (Cuthbert, 1985).

The interesting question is what keeps journals going. No doubt many are subsidized in one way or another, because circulation figures are too varied to be a crucial factor. The *Journal of the American Medical Association*, for example, has the largest circulation of any medical journal at nearly 320 000, followed by the *New England Journal of Medicine* at 210 000; the *British Medical Journal* has a print run of 100 000 copies a week, and in a good year makes a profit for the British Medical Association; the *Lancet* sells approximately 10 000 in this country and 17 000 overseas. At the other end of the scale the *Quarterly Journal of Medicine* (now published monthly), the organ of the Association of Physicians, and the *Postgraduate Medical Journal* (now 60 years old) have circulations of around 2000. No doubt marketing executives would be able to assess the relative importance of subsidies, advertising revenue, subscriber loyalty – and content. Just how important, I wonder, is the latter?

Conclusions

General journals have a difficult task satisfying the different demands of readers, authors, editors, and publishers and advertisers. Readers are threatened by information overload and are fearful of missing important information, yet it is said that only 10% or so of articles are of any value. (Medical librarians must surely know which journals their customers read. What about a ruthless purge of those which are never consulted, instead of letting them accumulate in ever-expanding stacks?) Readers should trust their own tastes and read quality journals which they enjoy; if they want specific information there are reviews, data bases, and computer searches. Since it is impractical to stop authors from trying to get published, they must discipline themselves to write with brevity and clarity. Editors of general journals can help by providing stringent guidelines and by encouraging peer review through refereeing, correspondence, and practical workshops. If possible they should let authors know the reason for rejecting their articles. In spite of recent threats it is unlikely that publishers and advertisers will withdraw support from such a thriving industry.

All groups stand to gain from the information

explosion except readers, and yet they vastly outnumber the others. Stephen Lock, the editor of the *British Medical Journal*, suggested that consensus teams might award stars to articles according to their importance (Lock, 1982). Perhaps we could have a

panel of concerned readers of general journals who would produce a *Good Journal Guide* so as to lighten the burden of conscientious doctors who try to keep up with 'the literature'.

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