

## Self Interest and Local Journals

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LIKE a statesman, even a great statesman, a medical journal must have a base or constituency of supporters.

Thus medical journals are supported by constituencies of readers of similar interests, associations or locations. Editors who strive to keep journals going will fail unless they identify their readership constituencies, and select their materials accordingly. This includes material that helps the readers themselves to see the nature of their journal's base.

Inexperienced medical writers, on the other hand, often fail to realise the enormous range of publications open to them, both listed and not listed in Index Medicus. With more experience, writers learn to analyse their motives for writing and to submit their articles appropriately.

Some doctors write because they hope their publications will advance their careers — a deplorable aspect of the medical academic world is the weight that university authorities place on quantity of publications in the curriculum vitae of candidates for chairs and readerships. For these writers it is the most prestigious international journals for their articles or nothing. This leads to recurrent disappointment, because such journals can accommodate only a fraction of the articles sent to them. The British Medical Journal, for example, receives over 5,000 articles a year and publishes only about 650, although the editor regards many of the rest as worthy of publication in a less general journal.

Other doctors write to report their observations and to invite discussion of their interpretations. This type of writing may be very specialised or very localised. There are journals for every conceivable specialist interest, often with minute circulation figures and often flourishing because of the enthusiasm of the specialist contributors and readers.

There are also journals serving localities of every size, often the organs of local medical associations (for example, the Eastbourne Medical Journal) or institutions (Guy's Hospital Reports), some of which have grown to be "most prestigious international journals", for example, the New England Journal of Medicine.

Less prestigious local journals are often scorned by medical authors as unworthy of their articles, on the grounds that the leaders in their fields don't read them and that their articles may be tainted by association with "inferior" articles. These are legitimate worries, but they should not disturb the intelligent author who knows how to place his article with precision. Doctors need as much knowledge as possible about the health and ill-health in

their localities — what is reported from the Karolinska or the Johns Hopkins may be totally irrelevant. The accumulation of a body of information for interest and reference, including the intelligent interpretation (not mere listing) of local health authority data, is essential if medicine is to be practised intelligently and thriftily.

Thus the clinician who has been studying a disease in his local community should consider writing up his findings, conclusions, and recommendations for local consumption (not only by doctors) in his local journal and writing it up for comparison with findings and conclusions (the recommendations may well be appropriate locally only) from other places for publication either in a worldwide general journal or in an internationally read specialist journal. This should please the seekers after numbers of publications.

As for association with “inferior” articles, it is up to the journal editor to eliminate inferior articles. No published article need be inferior if it has any content. Thus articles should be judged first on their content and rejected if they have no meat. Any article with meat can, with more or less labour, be made superior by attention to the structure, the language, and the presentation, that is, the quality and accuracy of the tables, figures, acknowledgements, and especially and reference which should be uniform and in the Vancouver style so that repeated typing is not necessary.

The local journal should therefore set out to make itself known not only as a storehouse of information about the locality but also as a home for young authors (plenty of editorial help and encouragement) and also for controversy about health and social matters based on factual arguments and not on ideologies. The editor should be prepared to delete assertions without factual support, but not to muzzle those who pursue causes with passion if they have some logical basis for them. In a small locality the editor should be prepared to sit down ever a manuscript with the author and hammer out a clear statement of what he wants to say.

Finally there is not substitute for the local journal for news and announcements and comments on the passing human scene both for the present and for the record.

The discerning reader will see that the Bahrain Medical Bulletin fulfils exactly the blueprint for a successful local medical journal. There is much information to collect and present about medicine and the health sciences in Bahrain and the surrounding world, much interpretation needed of government statistics and discussion of actual and possible policies, much news to present and record. It is in fact in their own interests for local high-fliers to write up their materials for local readers as well as for their colleagues overseas, carefully avoiding problems of copyright (take two photographs each time).

In short, the Bahrain Medical Bulletin is an attractive journal with a great future and I am honoured to be associated with it. And I hope the Editor will look favourably on the account of lymphomas in Bahrain being written for the Bulletin by Dr. Al-Hilli and myself, aspects of which are also being prepared for submission to one of the cancer journals. □□