ARCHIVES OF DISEASE IN CHILDHOOD.

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For wrapping the fish and chips?

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Several of the shafts in Richard Asher's 'Why are medical journals so dull?' were aimed at the *BMJ* (as he told me when I was his houseman).¹ Some, however, would have been just as appropriate to other targets; would these have included the first volume of the *Archives*? Certainly some of the externals are the very features that Asher stigmatised: drab cover, poor quality paper, unattractive titles, and overlong articles. Other contributors deal with the scientific quality of these; here I shall consider one aspect that Asher didn't touch on—the subediting—and one that he did—the style of writing.

Subediting

Another major enfant terrible of our time, Sir Peter Medawar, evoked a lot of applause when he called the scientific paper a fraud: science doesn't happen with the cosiness of the IMRAD structure (introduction, material and methods, results, and discussion),² and so articles should be written to reflect reality.²

This idea is fine when authors of Medawar's or Asher's calibre are writing, but most of the articles I have seen written in this fashion have all the likely clarity of Freud's first consultation with the Wolf Man. And it is impossible for the eavesreader to find out quickly at what pH the experiment was conducted or what the author thinks the message is (and not infrequently he leaves this out anyway). For most of us the IMRAD structure is a useful prop, particularly when each section of the article does no more and no less than is demanded of it, and Bradford Hill's series of questions is still the best guide for the tyro: 'Why did you start, what did you do, what answer did you get, and what does it mean anyway? That is a logical answer for a scientific paper.'³

The need for formality is well illustrated by volume 1 of the *Archives*. Some articles have summaries; others do not; others do not have subheadings at all, while any thought that there might be some consistent hierarchy or meaning to the sequence, size, or position of these where they

are provided is soon dashed by finding that one article uses capitals, another italics, yet another both, and in either a central or shoulder position, or both. (The only regular feature is the old fashioned full point at the end of the title of the article, a subheading, or a table.) Finally, faced with the references, the obsessional gives up, blessing for once the Vancouver convention: what we now know universally as *JAMA* has no fewer than six different abbreviations,* two versions being seen in a single short reference list.

All this suggests, I believe, that if the articles were altered at all this was done by the printers, who would routinely have 'marked them up' for the press (a supposition confirmed by comparing the amateurish charts—presumably drawn by the authors—with the clear photomicrographs, some of them in passable colour). Illegally, the bound volume does not contain the names of the printers—but could they have been the BMA's own, dealing mainly with the *BMJ*, whose flat bed machines occupied the whole of the fourth floor of BMA House until 1935?†

The two editors had a small editorial board. Their prestigious names were no doubt there to give the journal a cachet; certainly, none of them is likely to have been concerned with subeditorship, although the occasional obsessional, such as the great Robert Muir, editor of *J Path Bact*, stands out by an insistence on meticulous preparation of manuscripts, often done around his own dining table.

The *Archives* board is also unlikely to have been concerned with peer review, let alone mundane matters; though review goes back to the beginning of serious scientific publishing, it was not all that widely practised in the 1920s, coming into routine use some 20 years later.⁴ (Even in the 1960s the editor of *Nature* was said to choose most articles for publication by assessment within the office, taking the occasional difficult manuscript with him when he lunched at the Athenaeum in the hope that he would meet a colleague who could give him an expert opinion on it. (Maddox. Personal communication.))

Style

That the board took little active part in preparing the manuscripts is confirmed by the frequently printed 'pudder' or 'gobbledegook': to take only one member, the editor of the *BMJ*, in 1926 this was the renowned

Sir Dawson Williams, a friend of the Fowlers and the Onionesses, who was as likely to have put up with oxymoron or tautology as he was with the printers upstairs who settled their differences by fisticuffs (he sacked them). But, without tactful editorial help, Asher says, '[doctors] clog their meaning with muddy words and pompous prolixity; they spend little time in seeking the shortest, neatest, and plainest way of putting their meaning.' So in the *Archives* titles we have the redundant 'An investigation of . . .', 'Remarks on . . .', or 'Observations on . . .'. Any idea that before the antibiotic era there was a golden age of medical prose is dashed here by the frequent floating particples; the 'enlarged in size,' 'increased in number,' and 'aerogenous in nature'; and the sheer wordiness, seen typically, say, in Norman Capon's article on nephritis in childhood.

To say all this is not to sneer at the first volume of the *Archives*, a journal I have always skimmed for interest and pleasure. Journals when they start exist to serve the authorship rather than the readership; in fact, initially the two are the same, reflecting the invisible college that the journal was set up to serve, and a general readership that is not publishing much itself follows later. It is then that a good editor (of which the *Archives* has recently had several) must switch his priorities from his author to his reader, whose interests become paramount—and this means styling his manuscript in serviceable and intelligible prose, whatever the author's prima donnaish complaints.

In the 60 years since the *Archives* started we have lost something—true, not much, but something. Articles were not then overauthored or overreferenced: the mean number of authors per original article was 1.5 (range 1–4) in 1926, compared with 3.3 (range 1–12) in 1985; we were spared those awful declamatory titles that nowadays inhibit us from reading further ('Growth hormone inhibits atrial natriuretic factor production'); and editors were not pressured by authors bent on priority into what Stössel has called an 'arms race' of over-rapid publication or printing a whole history of the article (Received on . . .; suggested revision . . .; revised version received/accepted on . . .).⁵

The truth is that old journals interest a (very) few medical historians; most of us would prefer them out of the way, wrapping up the fish and chips. Whereas Asquith's policy over Irish Home Rule or Keynes's views on the Gold Standard can still be debated with valid interest, the reports of the 1930s on immuno-

**Jnl Am Med Assn Chic*; *Jour Amer Med Assoc Chic*; *Jour Amer Med Assoc*; *Jnl Am Med Assoc Chicago*; *Jour Am Med Assn Chicago*; *J Am Med Assoc Chicago*. Concern over accurate references is not a mindless obsession: I would challenge anybody to retrieve some of those in this first volume, such is the paucity of information they give (no authors initials, or titles of the articles, for instance).

†One of the offices at the journal, the first I occupied, has a corner cupboard made out of the old lift shaft that carried the heavy lead type from the basement to the press.

transfusion or tuberculosis cannot. Much was produced around 1926 that has the same impact today: Stravinsky's *Oedipus Rex*, Aldous Huxley's *Point Counterpoint*, Henry Moore's first reclining figures. Better to revel in them and to celebrate the 60th anniversary of the *Archives* with the current issues, though in 2046 much the same will be said about these—and that is how it should be if medicine, and paediatrics, is to continue to advance.

References

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- ³ Bradford Hill A. The reasons for writing. *Br Med J* 1965;ii:870–1.

- ⁴ Lock S. *A difficult balance: editorial peer review in medicine*. London: Nuffield Provincial Hospitals Trust, 1985.

- ⁵ Stossel TP. Speed: an essay on biomedical communication. *N Engl J Med* 1985;313:123–6.

(Stephen Lock is editor of the *British Medical Journal* and has been a member of the editorial committee of the *Archives* since 1975.)

Sir Thomas Barlow, who wrote the introduction to the 1926 *Archives* (see pages 933–8 of this issue), was one of Jenner's assistants at University College Hospital, London, where he had qualified in 1871. Three years later he was a Registrar at The Hospital for Sick Children, Great Ormond Street, and within two years he was Assistant Physician at that Hospital and the Charing Cross Hospital. He occupied the Holme Chair of Clinical Medicine at University College Hospital from 1895 to 1907.

In 1883 he showed that infantile scurvy was identical with adult scurvy and that rickets was a separate disease, which became known as 'Barlow's disease'. He was Physician-Extraordinary to Queen Victoria, King Edward VII, and King George V. Barlow was President of the Royal College of Physicians during the controversy over the National Insurance Act. He had long been Senior Fellow on the College List when he died in his hundredth year.