

SPECIAL ARTICLE

EDITORS, JOURNALS AND YOU

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One of the unsung heroes in the world of medicine to-day must surely be the medical editor. Until fairly recently editors of medical journals were amateurs or week-end journalists who in the words of an unsympathetic colleague have "nothing else better to do". However like many old concepts this idea is rapidly changing. Amateurism has given way to professionalism and part time volunteers have been superseded by a breed of young and dynamic men and women who have made medical journalism their full time career. It was therefore indeed a pleasure and a revelation to meet two such people at the recent Medical Editors Meeting in Sydney on 4-5th May 1981, in the person of Dr Stephen Lock, Editor of the British Medical Journal and Dr Laurel Thomas, Editor of the Medical Journal of Australia. Nevertheless such people are still a rare breed and an interesting anecdote was told by Dr Lock that when a Pope and a medical editor died recently, the former was shown to a bare room by Saint Peter while the medical editor was given a luxurious room. Questioned why the difference, Saint Peter replied that the Pope was the 205th Pope they had but the medical editor was the first of its kind!

Turning to a more serious aspect of the meeting the editors discussed a number of topics. These included:

- 1 What Editors Ought to Know
The Role of Editors Organizations.
- 2 Guide-lines for Referees.
- 3 The Vancouver Agreement.
- 4 Economic Survival.

THE EDITOR

It is noted that one of the first things a new editor has to do after being appointed is usually to bring some order into chaos. After that he will have some time to reflect on the past, present and future trends of the journal and to consider the 5 ps of journal production namely policy, practice, printing, profits and personality. Quite early on, the editor will have to consider the advisability of using a referee system. Technical editing such as cover design, house style, display and presentation will have to be looked into. A new editor must refrain from the temptation of altering the cover design as soon as he assumes office to suit his

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own "personality". He will have to consider the scientific contents of the journal like leading articles, original articles, letters to the Editor, book reviews, conference proceedings and advertisements. Problems may arise from publication of conference proceedings since these communications are not refereed and their results not checked and verified by statisticians. Many journals have refrained from printing such conference proceedings or "grey" literature in the jargon of the medical editors.

In these days of escalating costs, editors must also be aware of the advances of printing technology such as electronic word processing and computerization. The British Medical Journal recently introduced a split edition using mini-prints and this resulted in saving about 1.5 million dollars per year. Editors must be able to spot new talent in the realm of young investigators and encourage these people to contribute regularly. Piracy in journals has also increased especially stealing data from international journals and printing them in national journals in their own language.

Finally editors of medical journals need a forum to talk and discuss their various problems. Such organizations already exist in the Nordic countries, Europe and North America. There is a need to establish similar organizations in this part of the world. A small steering committee headed by Dr L Thomas of Australia was established at the end of the meeting.

THE REFEREE

The use of a referee system is essential in all reputable journals. Referees are to advise on the originality, scientific reliability and clinical importance of an article and whether it is suitable for a general or specialist journal. Very often besides a medical referee, a statistician may be required to check through the results. The following are guide-lines for reviewers which some readers may find useful:

- 1 The unpublished manuscript is a privileged document. Please protect it from any form of exploitation. Reviewers are expected not to cite a manuscript or refer to the work it describes before it has been published, and to refrain from using the information it contains for the advancement of their own research.
- 2 A reviewer should consciously adopt a positive, impartial attitude toward the manuscript under review. Your position should be that of the author's ally, with the aim of promoting effective and accurate scientific communication.
- 3 If you believe that you cannot judge a given article impartially, please return the manuscript immediately to the editor, with that explanation.
- 4 Reviews should be completed expeditiously, within for example, two weeks. If you know that you cannot finish the review within the time specified, please telephone the editor to determine what action should be taken.
- 5 A reviewer should not discuss a paper with its author.
- 6 Please do not make any specific statement about the acceptability of a paper in your comments for transmission to the author, but

advise the editor on this score either in a confidential covering letter with your comments or on the form(s) provided for that purpose.

- 7 In your review, please consider the following aspects of the manuscript as far as they are applicable:
 - importance of the question or subject studied,
 - originality of the work,
 - appropriateness of approach or experimental design,
 - adequacy of experimental techniques,
 - soundness of conclusions and interpretation,
 - relevance of discussion,
 - clarity of writing and soundness of organisation of the paper.
- 8 In comments intended for the author's eyes, criticism should be presented dispassionately, and abrasive remarks avoided.
- 9 Suggested revisions should be couched as such, and not expressed as conditions of acceptance. In a separate letter to the editor, please distinguish between revisions considered essential and those judged merely desirable.
- 10 Your criticisms, arguments, and suggestions concerning the paper will be most useful to the editor if they are carefully documented.
- 11 You are not requested to correct deficiencies of style or mistakes in grammar, but any help you can offer to the editor in this regard will be appreciated.
- 12 A reviewer's recommendations are gratefully received by the editor, but since editorial decisions are usually based on evaluations derived from several sources, a reviewer should not expect the editor to honour his every recommendation.

THE VANCOUVER AGREEMENT

The declaration of Vancouver states that manuscripts submitted to journals should conform to a definite form. This uniform requirement agreement (URA) has already been highlighted before in the Singapore Medical Journal. Most international journals together with the Index Medicus have adopted this style. One criticism of this URA is that references are listed in order of appearance in the articles i.e. in chronological order rather than alphabetically according to authors' names. This has occasionally led to some confusion.

The next logical step would be to use common S.I. (international) Units. One major nation not using the S.I. Units are the Americans so there is a need to proceed slowly in this aspect. Finally there is a need for common abbreviations of journals. Considering the large number of medical journals in the world - at last count there are 84,000 (!) - this is probably impossible. A suggestion was made that titles of journals should be printed in full.

ECONOMIC SURVIVAL

In these days of inflation and escalating costs there is a need for cost containment. This can be done by

amalgamation with another journal which in fact means the demise of the journal amalgamated. It is estimated that so far 20,000 journals have suffered this fate. Other ways of cost containment are to utilize more volunteer help, reduce the size and frequency of publication and making use of cheaper production methods. None of these are satisfactory and may make the journal unattractive to subscribers and readers.

To increase revenue most journals have to embark on promotional drives and send promotional copies to libraries and professional groups in the hope they would be regular subscribers. Drug firms must be asked to contribute more to medical journals as they have a commercial stake in the continued survival of the medical media. Cheaper production methods overseas without sacrificing quality are available. It is stated that Hong Kong and possibly Singapore can print journals at half the cost compared to the U.K. and most European countries. Finally some journals may have to look for sponsoring bodies to ensure economic survival.

THE FUTURE

At the conclusion of the meeting we were offered a glimpse into the crystal ball. It is envisaged that in the 1990s and beyond the printed journal would be obsolete. Most homes by this time would have a computer terminal and a TV display screen hooked to a master computer. Articles relating to any topic would appear on the display module at the press of a button and this could be transferred onto paper at the discretion of the viewer. Such a system is already being experimented in the Nordic countries and is obviously the wave of the future.

ADDENDUM

"Better Medical Writing - Some Hints". This is reproduced below for those who wish to improve their scientific writing. They were presented at a Workshop on Medical Writing held on 4th May 1981 at the same meeting.

- 1 Every article should aim to answer Bradford Hill's questions
 - Why did you start?
 - What did you do?
 - What answer did you get?
 - What does it mean?
- 2 Most journals referee articles to expert assessors, the main questions posed being
 - Does the article contain totally original work (for the world/country) or is it a comprehensive review of an important subject?
 - Is it scientifically sound (including the ethical

and statistical aspects)?

Is it suitable for this particular journal?

Comments on other aspects, such as the scientific argument and the English style.

This means that before submitting any article for publication you should see that it fulfils these criteria.?

- 3 Improving articles may be done in two main ways:
 - (i) more attention to the English style
 - (ii) more attention to the individual sections of a traditional medical article.

Some rules

- (i)
 - (a) Choose the correct word.
 - (b) Choose the familiar to the far-fetched word
 - (c) Prefer the concrete to the abstract.
 - (d) Prefer the single word to the circumlocution.
 - (e) Prefer the short word to the long.
 - (f) Prefer the word of Saxon origin to that of romance origin.
 - (g) Write with nouns and verbs, not adjectives and adverbs.

(ii) Summary:

Short; should answer Bradford Hill's questions, and mention essential facts only.

Introduction:

Not a long review of the subject; just to answer the question: **why** did you start?

Patients and Methods:

Relevant facts only.

Results:

Relevant facts only, not strings of irrelevant normal results: data preferably as tables, occasionally in figures or in text - never in two or all three forms.

Discussion:

Almost always far too long and muddled. Best to start with a short paragraph saying what answers you got, then individual paragraphs discussing these in the light of relevant past work. Finally try to answer the questions: What does it mean, and what are you going to do next?

References:

Only relevant ones; you must have consulted them yourself; ensure that they are accurate.

Acknowledgements:

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