

## "British Medical Journal"

### ARM overwhelmingly endorses "split" editions

In presenting his report on the *British Medical Journal* and its publications to the Annual Representative Meeting on 2 July Sir James Howie, Journal Committee chairman, said that they should not be taken for granted. The department had had to work hard, as well as making all possible economies—a process which had begun in earnest eight years ago, well before cuts in spending had become fashionable, and which must continue if the *BMJ* was to survive as an internationally respected journal.

This year the introduction of the split runs had shown every sign of being a real life-saver, in terms both of finance and of reader approval. For 1981 this move would yield an estimated gain of £300 000; each issue of the *BMJ* now had eight additional pages of text, either as part of an expanded clinical research section or in special features on general practice.

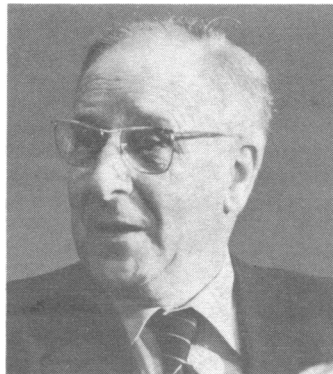
This year, with regret, Sir James continued, he had to report a small loss in 1980—after tax, a mere £38 000. This was the first loss by the journal group for several years. Given the annual turnover of over £6 million, the loss was a relatively small deviation. Moreover, sending a free copy of the *BMJ* each week to every member of the BMA now cost £2½ million a year. Other benefits were the interest on the journal's £500 000 reserve fund (at present rates surely £50 000 a year), and the interest also on subscriptions paid in advance (perhaps £70 000 a year). The success of the BMA's recruiting campaign meant that journals supplied to associate members were now costing over £150 000 a year.

Since the end of the war the reputation of the *BMJ* had steadily and continually increased. Equally satisfactory, moreover, was the growing interest shown by family doctors in Britain. The results of independent surveys, as well as comments and correspondence, confirmed the steadily growing number of doctors who read the journal thoroughly.

Proposing the motion, "That as the change has not proved popular, the *BMJ* should revert to its old format after a trial period," Miss Kathleen Frith (Barking and Havering) apologised for the phrasing of the motion. What was meant, she said, was that the change of typescript had not been popular with her division, and she asked for all pages of the *British Medical Journal* to be printed in typescript which one could read with ordinary spectacles.

Criticising the motion, Dr N D L Olsen (Cambridge and Isle of Ely) described it as incompetent; it had prejudged the issue in saying that the change had not proved popular. The motion would have done better to have asked for an extended trial period and then the matter could be judged.

Mr James Kyle (CCHMS) thought that the format had proved popular and acceptable to the vast majority of readers. But Dr R Beaver (CCCM) believed that, while the journal was relevant and should be available to all, even the most motivated reader had trouble with the miniprint, whereas Dr D J D Farrow (LMC Conference), opposing, said that the general practitioner section was "absolutely fabulous" and congratulated the editor and his staff.



Sir James Howie, chairman of the Journal Committee.

Sir James Howie said that there was very little evidence for the statement that the change was unpopular. The original opponents of the change had not realised that they could change to the alternative edition whenever they liked or could obtain pages in full-size type for an extra £6 a year. He pointed out that in the year to April 1981 there had been a 15% increase in general practitioner readership, no less than one-third of which had occurred during the time of the split journal.

The motion was defeated overwhelmingly.

A proposal from East Hertfordshire recommending to the editor of the *BMJ* that all classified job advertisements should appear in both editions of the journal was put by Dr L K Fowler.

Dr D P B Miles (CCCM) said that on the whole the split runs had been satisfactory except for the advertisements. Not all the readers led ordered lives, and those whose careers were not fully settled wanted to see all the jobs available. Those in community medicine, in particular, were interested and he himself found it useful to monitor what advertisements appeared for which areas.

Mr J Slater (observer, Associate Members) also supported the motion, saying that most medical students and probably quite a lot of junior doctors would like to receive the "Practice Observed" edition, since the vast majority were not interested in, and did not understand, the articles in the "Clinical Research" section; however, they were interested in seeing job advertisements.

Dr J E Miller, Treasurer, wished to correct the impression given by Mr Slater that job adverts were not available; in fact, that section was available to associate members in the last two years of their course. He explained that one of the main reasons for the split runs was economic: in anticipation of considerable increases in costs the Journal Committee, the editor, and the publishing director had devised this plan which would save the journal a substantial sum.

The change was regretted, Sir James Howie said, but he felt that the inconvenience was minor and he had received very few complaints about it. If job advertisements were inserted in the "Practice Observed" edition an extra 26

pages would be required in each issue, making a total of 37.28 million pages per year. The saving in cost of not producing these pages amounted to £88 300 annually.

The meeting rejected the proposal.

Dr Mary White (Council) moved, "That this meeting commends the *BMJ* on its adoption of the two UK editions." The *BMJ*, she maintained, was doing a magnificent job. It was a specialist journal, a house journal, and was an important advertisement vehicle for jobs. It did all those three jobs successfully and was well thought of world wide.

The GP section of the *BMJ* was useful to trainees, who were now much more pro-*BMJ*, declared Dr Judith Hooper (HJSC). Juniors were often anti-BMA and had felt that the *BMJ* was a waste of time, but she knew of several of GP trainees who took the *BMJ*, who were impressed by it, and who used it as their reference.

The motion was carried by an overwhelming majority.

## In brief . . .

### Two new energy-saving hospitals

Dr Gerard Vaughan has announced that two low-energy hospitals will be built in the Sunderland area and on the Isle of Wight. It was probable, he said, that they would use less than half the energy of the best modern hospitals without lessening the standard of care for patients and the working conditions of staff. The development at St Mary's Hospital, Newport, is expected to cost over £16m and building will start in 1983. Microprocessors will be linked to various parts of the building so that it will be possible to monitor the energy usage and requirements. The traditional hospital boiler will be replaced by an energy centre in which a considerable amount of waste energy will be converted and reused. The European Community will make a special grant of £700 000 towards the scheme. Wessex RHA will provide more than £10m and borrow the remaining £3m as part of a special arrangement with the DHSS.

### EC applicants to the NHS

The DHSS has issued two circulars drawing attention to changes in the registration requirements for medical, dental, and nursing practitioners who qualified in, and are nationals of, member States of the European Community, and giving advice to employing authorities and family practitioner committees on how they may satisfy themselves of the proficiency in English of applicants for posts. So far as doctors are concerned, the DHSS has commended the procedures used by the General Medical Council in deciding whether overseas (non-EC) doctors satisfy the statutory English language requirement for registration. Circular HC(81)7 covers applications for employment with health authorities and circular HC(FP)81)1 covers arrangements for the family practitioner services.