

## Personal View

Do others besides myself get the impression that medical editors are becoming the least bit uppity? I have recently read what the assistant editor of the *BMJ*, writing over his own name, himself describes as a "moan" at contributors who will persist in not toeing the line (19 May, p 1476). For two years they have been told to double space their letters; only a minority are doing so, and many letters are very poorly presented. This, it seems, is simply not good enough, and won't be tolerated any longer. There are other, related, moans.

I had felt that it was the time for some pen pecked worm to turn when I read the April issue of the *BMA News Review*. There, Dr Michael O'Donnell was going to great pains to tell us in a Feature—as if we didn't know it already—what a fine person the editor of the *BMJ* was; though it struck me as faintly insulting to Dr Lock for us to be informed that he also had "a feeling for language"—as if this were something remarkable in an editor.

I do, however, have some reservations about the editor of the *BMJ*—perhaps a balancing viewpoint, which I should not think worth offering for publication were he someone who appeared to shun publicity, and had Dr O'Donnell's article been less of a puff, generously illustrated with not only a photograph in colour of the editor and his ex-editor/interviewer, but also another of each of them in black and white. There was a time when editors got on with the job in decent anonymity; but perhaps that was in bad old days and perhaps it is right that they should now be drawing attention to themselves and to each other, and to be feeling it necessary to remind us of the nobility of writers, and of journalism as a profession. Dr O'Donnell's eulogy of the editor for whom he writes a weekly column is only one illustration of this trend.

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A striking example of the esteem in which medical editors hold each other was the length of the obituary in the *BMJ* (16 July 1983) of Dr Hugh Clegg, a much respected man and former editor of that journal. The obituary was about four times the length of that of Sir Hans Krebs; three times that which had been accorded to Lord Cohen of Birkenhead; and longer too than Lord Brain's. Sir Alexander Fleming and Lord Florey did however manage to beat Clegg for space, though not by all that much. If, as it appears from Dr O'Donnell's article, Dr Lock is doing better for the *BMJ/BMA* than even Hugh Clegg did, the latter day prospect for the present editor in this contest would appear to be bright.

Then there is the amount of the *BMJ* which is given over these days to articles written by the editor himself and his deputy and assistant editors—all under their own names. This presumably ensures that the copy will have been both double spaced and well presented—and with Vancouver style references. Just one example of this development is to be found in 10 pages of the *BMJ* of 14 January. There, not only do both deputy editor and assistant editor contribute but, in the first three pages, the editor himself seeks to justify his earlier publication of medical information about the late General Wingate, obtained from a doctor who had been in a professional relationship with the patient.

The Wingate affair has inevitably generated a great deal of emotion; for the profession is deeply divided on the propriety of such disclosures. Dr Lock's main defence appears to be his opinion that the public interest requires that the truth about what is believed to have happened should be revealed out of fairness to Wingate's reputation and as a contribution to history. It is understandable that others should subscribe to such principles; as Dr Lock says, "there is a cogent case for ensuring that the facts are right." Yes, but what really were the facts? Who can be at all certain now, after 40 years, what were the parts played by Wingate's intrinsic mental state, his attack of cerebral malaria, and the antimalarial drug mepacrine in the psychotic episode which led him to cut his throat? And even if we knew for certain, would it be all that important to Wingate's reputation or to history? As it is, doctors are likely to disagree in public over such "facts," and little more is achieved than the entertainment which such wranglings provide.

Despite its fallibility, the retrospective diagnosis of the medical circumstances of famous persons is a pastime which fascinates doctors—indeed, Dr Lock himself published, in the last Christmas number of the *BMJ*, a series of psychosexual speculations on the effect of the Steinach operation on the poet Yeats. Such speculations sometimes show an appealing faith in the reliability of certain forms of medical diagnosis and they too can be extremely entertaining, particularly to lay persons. But are they serious contributions to medicine or to the knowledge of history or literature?

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Wingate's actual diagnosis is, however, only marginal to the general point that I am trying to make, which is that medical editors appear to be outgrowing their boots. The GMC was bound to consider the complaint that Dr Lock had erred, just as if he were any other doctor who had appeared to break its guidelines on medical confidentiality. All it did was simply to invite his observations on the matter, making it clear that no formal disciplinary action was contemplated. Such action would have been absurd. The lengthy and discursive piece which Dr Lock then published—his (?over-) reaction to this invitation—suggested that he did not believe that he, as an editor, ought to be treated in exactly the same way as any ordinary registered medical practitioner.

By now it is, alas, too late for me to wreathe the rod of criticism with roses; to attempt to do so would be to invite a charge of insincerity. I shall simply suggest that excellence can usually be left safely to speak for itself, in the *BMJ* as elsewhere. It may be that what I have seen as misplaced self importance is really something which is in fact entirely appropriate to progressive medical editors, deputy editors, and assistant editors, who are concerned with "the interface between the doctor and society." It may be too that these comments are very poorly presented. At least they have been double spaced.

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