World Medicine. A sort of obituary

Michael O'Donnell

When you're editing a magazine it's never a good idea, and possibly dangerous, to have too clear a notion of what you are trying to do. The world is filled with people eager to tell you what you are up to and what you have—and haven't—achieved, but, like actors who lay too much store by their notices, editors who believe what commentators claim they are doing are well on the way to self destruction.

True, editors need to acquire some technical know how—the minimum is an understanding of the elements of style and of the psychopathology of printers—but once they set about the actual business of editing, technical skills have to be taken for granted. For the world of the editor should be the world of the reader and not the artificial environment of an editorial office. Indeed, I don't think it fanciful to suggest that an editor's first duty is to act as custodian of the publication's soul, that ill defined identity, flavour, ambience—call it what you will—that any collection of written words must share with its readers if it is not to drown in a sea of pulp.

Maybe enough time has passed since I was thrown out of the editorial chair for me to risk engaging in analysis—though I confess the idea still makes me uneasy—and the *BMJ*'s 150th birthday is a presentable excuse for setting down a few of the lessons I think I learnt in just one decasegment of that era, the 15 years I spent editing *World Medicine*.

The alternative medical journal

I realise now that the publication I edited was born of conversations that took place in the 1950s in the surgeons' room at Weybridge Hospital where, after our morning surgeries, we local general practitioners would meet to drink coffee and exchange ideas and gossip. It was a time for passing on what we had learnt of the clinical facts of life and for seeking one another's

advice about real problems we faced in real patients. But what made those conversations memorable were the irreverence and scepticism with which they were conducted, qualities rarely encountered at that time in the world of medicine as it was written about. In those days, medical publications—essentially the *BMJ*, the *Lancet* and the *Practitioner*—portrayed a far more solemn universe than that in which we and our patients seemed to be living.

Elusive entities

So when serendipity parked me in an editor's chair I decided that I wouldn't just report the acceptable news about medicine but would try to reflect the uncertainties, the paradoxes, and the black comedy that make practising our craft so rewarding. I don't suggest *World Medicine* captured those elusive entities, but we had great fun chasing them. As editor I just had to create a forum, and doctors who recognised it as one in which they would like to perform applied for admission. Our critics, particularly those at the paranoid end of the range, used to complain that the magazine was written by a clique. If it was, then it was an Irish clique—one that anyone can join. During one of the acerbic exchanges that erupted regularly in our correspondence columns David Cargill observed that *World Medicine* was written by its readers. And he was right. I first met most of our regular contributors when they approached me with an idea or, more often, an article.

In my role as keeper of the forum I used to claim that I would publish any idea or opinion, no matter how bizarre, as long as I was convinced that it was honestly held and it was expressed in an intelligible form. I still feel that one of the healthiest ways to deal with unorthodox ideas is to set them loose on open ground, where they can be set upon by critics, defended by the concerned, and where eventually they may breed or

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perish. Most of our readers seemed to like our way of dealing with ideas, maybe because many of the issues that worry clinicians—who have to make real decisions rather than juggle with hypotheses in debate—are dilemmas that will never be solved by consensual agreement as long as doctors hold divergent political, moral, and religious views.

Not that we didn't publish pieces by those who *know*. I suppose the authors hoped that their articles might change the minds of others, but they often seemed mere rallying cries to the faithful, delivered in the same ominous tone as Hagen's rallying cry to the vassals in act three of *Götterdämmerung* when he wants them to witness his destruction of Siegfried.

Blindness of the committed

It was those articles that introduced me to the form of blindness that afflicts the deeply committed. Whenever I published opinions from opposite sides of a vigorously contested argument each side protested that, by allowing their opponents to have their say, I had shown bias. The faithful, it seems, rarely read articles with which they agree—maybe they find them too boring—but they devote assiduous attention to any argument that angers them, as if they need a regular fix of self righteousness to sustain their beliefs. The result, enunciated in O'Donnell's third law of human perversity, is that if an editor publishes two strongly held opinions on a contentious issue each side will decide that the editor's personal views coincide with those of the opposition. As a result I am still, 10 years later, credited with a portfolio of beliefs that are not just ill assorted but wholly incompatible.

I also had to acquire a new diagnostic skill to detect doctors who approached me pretending to offer information while really wanting to pay off old scores. For years I kept a mental list of people whose motives needed closer scrutiny than that normally applied to contributors. Yet I still got taken in. At times, when I'm in depressive mood, I feel that far too much grudge harbouring goes on in medicine, but then I remember that dermatologists probably think there's a lot of skin about, and chiropodists a lot of feet. I got more pleasure publishing articles that were impishly paradoxical or which hid their purpose behind straight

faced irony in the hope that they might provoke readers to think afresh about some cherished assumption.

Only bad teachers fail to recognise that their craft has much in common with that of entertainers. That was something I learnt as an undergraduate, some 40 years ago, when I sat amid fellow students in an outpatient clinic at St Thomas's Hospital. Our teacher was the gynaecologist Joe Wrigley, and we'd all just listened to a tense, rapidly speaking woman giving a detailed account of her history of infertility along with an assessment of possible causes and the investigations she thought were needed. When she left, Joe turned to us and said in earthy Yorkshire tones: "I don't know, I don't know. These young women today seem to know much more than I do about the working of their reproductive organs." A serious minded know all in the front row, angered by what he saw as a reactionary approach, piped up: "Surely what you're saying, sir, is that anxiety can be a major factor in infertility." "Of course I am, lad," said Joe. "But I thought I was putting it more interestingly."

Another lesson learnt in my 15 years at *World Medicine* was that journalism can serve some useful purposes. The longer I live the more convinced I become that the only safe place for authority in a free society is on the defensive, and that journalists should help to keep it there.

As doctors we're so inept at coping with authority that power within our profession is exerted largely through a combination of patronage and politesse. If you want an example of the undue deference to which we've been conditioned listen the next time a visiting notable is introduced at a medical meeting. The language used would seem extravagant in an obituary. There's little harm in this incongruence, but repeated doses do tend to encourage pomposity among our senior citizens along with a love of dressing up in the sort of garb that was fashionable in Padua a few centuries ago. Once pomposity takes root the prognosis is pretty grim, and it's up to editors to help their readers to distinguish between platitudes and wisdom. Lucky the editor who can win the accolade that J B Priestley awarded to Margaret McMillan when he described her as one of "those beastly agitators who are always bringing up awkward subjects and making decent people feel uncomfortable."

1970s

- 1972: Computerised axial tomographic scanning (the CAT scan) is introduced
- 1972: John Charnley introduces satisfactory plastic replacement for the hip joint
- 1975: Monoclonal antibodies are introduced
- 1977: Last reported case of smallpox
- 1977: Kaposi's sarcoma is noted in two homosexual men

Which brings me to another useful purpose of journalism, the need to sharpen our profession's scepticism. I happen to think that most of the troubles in the world are caused by people who have the courage of their convictions and would like our editors to encourage more of us to have the courage of our doubts. Doctors, after all, lay claim to be scientists, if not exclusively at least in part. Yet, maybe because we have built such impressive monuments to science with marble pillars at the entrances and laurel wreathed busts in the halls, we're inclined to forget that science is

a subversive trade. Scientists expand our knowledge by questioning our "certainties," and it's up to editors to encourage them in their subversion.

A Wagnerian end

Looking back, I can see that *World Medicine* made arrogant assumptions about its readers. It assumed that doctors are literate, and that they are critical, if amused, observers of the world in which they and their patients struggle to survive. Yet the readers seemed to respond. Working on the magazine in the 1960s and 1970s was like being a member of a club that included not just staff and contributors but readers who disclosed their membership by the style in which they wrote to the magazine or reacted when they met members of the staff at medical happenings.

Ours was a manic depressive publication. We revelled in inconsistency, we preferred to make mistakes rather than do nothing, and we lived on the edge of uncertainty. Yet we were good at managing ourselves and made lots of money for our owners. Our

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***The River of Life* (1978) Stained glass window**
John Piper (b 1903; British)

Visit Charing Cross Hospital for two good reasons: it is one of the few newish hospitals in Britain that is as attractive (and clean) as its European counterparts, and it also has an imaginative art collection. Setting the scene outside the main entrance is a bronze "Reclining Figure" by Henry Moore—a half size model of the original in the Lincoln Center, New York. Inside there are pictures by Ken Howard, Bruce McLean, Helen Chadwick, and Keith Grant to mention a few. By far the biggest surprise, however, is the stained glass in the chapel. Two of the four windows—"The River of Life" (1978) and "The Tree of Life" (1981)—were designed as a pair by John Piper and made in the studio of Patrick Reyniens. Symbols of paradise, they offer the promise of healing to those who suffer. "The River of Life" is a reference to Revelations, chapter 22, verse 1: "And he showed me a pure river of water of life, clear as crystal, proceeding out of the throne of God and the Lamb."

The focal point of Piper's image is a crimson vase, which seems to symbolise the heart. Gushing from its lips are two swirling blue rivers or blood vessels, each containing a brilliant red inner core. At intervals fish are swept along by the life force, their presence heightening the optimism that the window engenders. Nowhere is the contrast between the energy of the river and the serenity of the green background more telling than in the womb-like space between the two tributaries. Here small fish are faintly discernible beneath the surface. Is this the promise of the life to come given to us in St John's gospel?: "Whosoever drinketh of the water that I shall give him shall never thirst; but the water that I shall give him shall be in him a well of water springing up into everlasting life." (Chapter 4, verse 14.)

John Piper has enriched our lives in many ways—with stained glass windows, tapestries, book illustrations, romantic paintings and lithographs of architecture and landscape, not to mention theatrical designs. He enjoyed a long and fruitful association with Benjamin Britten which culminated in "Death in Venice," Britten's last opera. Piper's designs provided a rich foil to the sparse texture of the score and remain in the memory almost as vividly as the music. Equally memorable is the Baptistry window in Coventry Cathedral with its stunning range of colour and its abstract design which perfectly complements the architecture. The windows in the chapel of Charing Cross Hospital are no less appropriate for their setting. They uplift the spirits. "Tree of Life" is more ornamental than its partner and has something of the colour and exuberance of a mediaeval illuminated manuscript. All these projects, great and small, radiate enthusiasm and joy.

CLASSIC OF THE DECADE

1972: A L Cochrane's *Effectiveness and Efficiency: Random Reflections on Health Service*. London: Nuffield Provincial Hospitals Trust (now republished by the Keynes Press).

absorption of bile acids was then reinvestigated and found to occur in the terminal ileum both in experimental animals and in humans.

There is a further example from clinical gastroenterology that illustrates how deeply held opinions may influence thought. In 1912 in Ceylon Manson-Bahr showed in a careful necropsy study that there was atrophy of the small intestinal mucosa in a patient with intestinal malabsorption due to tropical sprue.¹⁹ Manson-Bahr's observations were summarily dismissed by the leading authorities of the day as mere necropsy artefact. That there are important pathological changes in the small intestine in patients with malabsorption had to be rediscovered by Paulley in 1953²⁰ and subsequently by those who pioneered the use of jejunal biopsy techniques in the 1950s.²¹

Deciding who got there first

In our own era the pace of scientific advance has accelerated dramatically. The potential rewards in terms of fame, fortune, and an invitation to Stockholm have also greatly increased the importance of priority in medical science. As simultaneous technical advances provide so many contemporaries with similar scientific opportunities it is not surprising that the question of priority, of who discovered and who rediscovered, ranks so highly in the scientific consciousness. The recent controversy between the French workers who originally discovered the virus that causes AIDS and investigators at the National Institutes of Health in the United States is a case in point. Although the source of the original discovery is not in doubt, it has required some remarkable scientific journalism, which was published in a recent issue of the *Chicago Tribune*, to give the general reader an understanding of who discovered what and when.²² As the editor of that newspaper has written:

It is a story of commitment and dedication to mankind and of tireless, often brilliant detective work within the magic and marvellous world of medical technology. But it is also a story of cut-throat competition and bare-knuckled politics, of individual ego and national pride, and of the kind of intense pressure on human beings that often brings out the worst in even the best and can result in lying, cheating, and outright fraud.

The pressures of the modern world on younger research workers are particularly fierce. The scientific community is sadly not immune from those who would

seek to advance their position by fabricating data, and the question of fraud in science hangs heavily on the scientific achievements of our age.

We need not wonder that rediscovery is so important a feature of biology and medicine. After all, our entire scientific education is based on a process of repetition of previous experimental work that is, when we first do experiments, rediscovery. Furthermore, life itself is a whole process of rediscovery of what our forebears have known—pain and pleasure, ecstasy and despair, beauty and ugliness. And for even the most modest of those who have had the privilege of working in biomedical science there has been the rediscovery of something that we can share even with Galileo—the excitement of making a discovery.

I thank many friends and colleagues who have responded to my inquiries about rediscoveries, in particular Dr Dai Rees, Sir Stanley Peart, Sir David Weatherall, Sir Colin Dollery, Sir Douglas Black, and Dr Robin Weiss. I also particularly thank Dr Tilli Tansey for drawing my attention to the work of L W Williams on the giant axons of the squid.

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downfall came because we were difficult to categorise and couldn't explain to outside managers exactly what we were doing.

I see an ominous analogy between what happened to *World Medicine* at the start of the 1980s and what is happening to the NHS at the start of the 1990s. In 1981 we were taken over by a management that knew a lot about the administration, production, and marketing of magazines yet failed to understand the transaction that went on between us and our readers—the pub-

lishing equivalent of the doctor-patient relationship. When they replaced the editorial staff the publication died. Perhaps our creation carried within it the seeds of its own destruction and, like Brünnhilde (that's the trouble with Wagner, once you let him into an article he keeps coming back like a song), poor old *World Medicine* was destined to end by throwing itself upon the flames.

Yet, while it lasted, it was a great place to be. I hope that someone somewhere is dreaming up a successor, but please don't ask me how to do it. As they'd say in the country where my genes were fashioned, if you know what you're doing before you start you're never likely to begin.