BMB: its origins and early years

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The *British Medical Bulletin* (BMB) evolved from a series of mutations ultimately resulting in a product having little or nothing in common with its modest beginnings. The story started in the summer of 1940, when representatives of the BMA, the British Council, the Medical Research Council, and the Ministry of Information agreed that there was a need for a better diffusion of objective information about British medical science to neutral countries—then mostly Spanish-speaking. At these meetings the representatives decided that a medical information service should be established, and initially this was funded by the Ministry of Information.

BMJ leading the way

The leading spirit in the discussions had been Dr Hugh Clegg, then deputy editor of the *British Medical Journal*, and it was agreed that the *BMJ* provided a natural base for a service of medical information. All that was needed was someone, preferably with some experience of the funny ways of foreigners, to do the donkey work. Clegg, whom I had never met, telephoned me to ask if I would be interested in the job, and—after he had chaperoned me through an interview with Dr G C Anderson, the BMA Secretary; Dr N Gerald Horner, the Editor; and Dr Charles (now Lord) Hill, the Deputy Secretary—I became the donkey. As will be seen later, I was not the only donkey in what has, in retrospect, become a strange story.

For staff, I had one English and one Spanish secretary, and my job was to skim through the current British biomedical journals, select papers supposedly of special interest, and either prepare abstracts of them or persuade their authors to do so. These abstracts were then translated into Spanish by an outside translator, mimeographed, and sent off in batches at irregular intervals. Later, the original English versions also were mimeographed and distributed.

This modest activity was given the grandiloquent title "British Medical Information Service" (BMIS), and was supervised by a distinguished committee which included Professor Ralph Picken; Rear-Admiral Gordon Gordon-Taylor; Professor G Grey Turner; Professor Mathew Stewart (then editor of the *Journal of Pathology and Bacteriology*); John Beatty, Professor of Experimental Surgery at the Royal College of Surgeons; and—of course—Hugh Clegg.

Hardly was I installed in BMA House when the daylight air raids on London started. In the beginning this was very disconcerting, and when the first bombs whistled down very close, we of the editorial department—stoutly determined to show that the pen was mightier than the bomb—rushed as one man downstairs from the fourth floor to the basement, where we pretended to concentrate on our scribbling. When the night raids started Clegg and I did duty together as "fire-watchers," but as this job title was more suggestive of passive pyromania than of a determination to save BMA House at all costs we were later rechristened "fireguards." Under this new designation we felt more martial, although our only equipment continued to consist of a steel helmet and a stirrup-pump (which was rather like a bicycle pump only more so).

Transfer of power

After about a year, the British Council decided that, as it was responsible for cultural relations with other countries, it would

be more appropriate for the BMIS to come under its auspices. Thus was born the Medical Department of the British Council. The transfer from the BMA to the British Council was not without complications. Neither the BMA, nor the British Council, nor the MRC, nor the Ministry of Information had a budget line for such a purpose. At this time I had a Morris Minor, with which I was able to transfer much of my impedimenta. But much remained. To resolve this problem I hired at my own expense a cart drawn by a donkey. Thus did the British Medical Information Service move, at a gentle trot, from Tavistock Square to Hanover Street, to become the Medical Department of the British Council.

The scientific activities of the Council were supervised by a science committee, of which the chairman was the truly great Sir Henry Hallet Dale—then president of the Royal Society. This committee was divided into panels for agriculture, engineering, general science, and medicine. The chairman of the medical panel was Sir Edward Mellanby, then secretary of the Medical Research Council, and I consulted him frequently. At first Mellanby was supercilious, reserved, and rather negative, but later an easy relationship was established. Dale, on the other hand, with whom I had many dealings, was from the very beginning, so openhearted, magnanimous and kind that on leaving interviews with him I could hardly believe that this colossus of medical science had treated an obscure young man as if he were an equal.

Moving to the British Council made possible some small increment to the nuclear staff, and for some time we continued to dispatch mimeographed abstracts. But I came to feel that what was needed was a printed journal, which I thought should be called the *British Medical Bulletin*. At that time the MRC was publishing the *Bulletin of War Medicine*—an abstracting journal—and when I first broached to Mellanby the idea of starting *BMB* his response was negative. In our discussion he said that it seemed to him that the word "bulletin" was too important. When I pointed out to him that this word was derived from *bulle*, a bubble, he called for a dictionary and, having verified the point, gave in gracefully.

Birth of the BMB

The first number of *BMB* was published in March 1943. Starting as a random collection of abstracts its first volume moved towards becoming a collection of abstracts on a single theme, headed by one or more review articles. The issue with which the second (1944) volume began is now of some historical interest, for it was the first symposium on an antibiotic ever to be published. There were six review articles, in four of which three authors described the work on penicillin that led to their sharing the Nobel Prize in the following year: E Chain, A Fleming, and H W Florey. An introductory article by L P Garrod typified his gift for clear exposition, while the final article was by Florey's wife, M E Florey, on the clinical uses of penicillin. Next came abstracts of all the relevant papers on penicillin published in the years 1929 to 1943.

In his article Garrod made a bold prophecy, which has since been amply fulfilled: "The time may not be far distant when penicillin will become generally available at least in limited quantities." It was only a few years later that Lord Moran was to proclaim that penicillin had made "lust safe for democracy." All the abstracts in this issue were prepared by members of Florey's Oxford team, one of whom—Dr Margaret A Jennings

—played an essential part in organising it. Some years after Florey's wife died, she became the second Lady Florey.

In the next issue of the 1944 volume two new sections were added: "Books, memoranda, reports" and "Guide to the journals." The latter was a "current contents" type of listing of the authors and titles of the contents of British medical periodicals. The former consisted of conventional reviews of books and also pamphlets, these then being abundant, but it had a unique feature. Almost two years of working in Switzerland before the war had taught me that one of the funny ways of foreigners was that they had a strange lack of appreciation of the refinements of the LSD currency. So, from the beginning, all prices of books had their decimal equivalents given in brackets. Thus, to cite two examples from the first of these sections to appear, 7s 6d was also £0.375, and £3 15s was also £3.75.

Three years after I deserted *BMB* the practice of giving decimal equivalents was dropped, which only goes to show that he who laughs last laughs longest, for some years later that eccentric *BMB* pound was to come back as the sole unit of currency, except that we never did manage to transform 240 pence into 100.

Another *BMB* eccentricity was the renunciation of the regrettable anglophone convention of writing adjectives of nationality with a capital first letter. For example, we would refer to the "british Medical Research Council" but to the "British Medical Association," thus avoiding ambiguity. Alas, this so logical reform was to prove even less durable than the *BMB* decimal pound.

It was the fourth (1946-7) volume that was to set the pattern of *BMB* as it is today, and henceforth abstracts were dropped and the essence of each number was a carefully planned symposium of review articles on different aspects of a central theme. There was no standing editorial committee, but all these symposia were organised as a result of multiple *ad hoc* discussions, orally or by correspondence or both, with a sort of shifting invisible college of individual experts, some of whom themselves contributed articles, each of which was worth many times its weight in abstracts. With the increasing complexity of medical science, such articles, as also the miniature reviews of the type published by the *BMJ* as "leading articles," are of ever-increasing importance in medical communication.

The trouble about symposia was that, just as the strength of a chain is in its weakest link, so the punctuality of a symposium is no better than that of its most sluggish contributor. The last issue of volume 4 of *BMB* occupied 113 pages and had 18 signed papers by 20 authors. But it required weeks of pleading and several taxi rides to one author to extract the last contribution. The subject of this issue was "chemical carcinogenesis," and *Nature* gave more than a page to a review of it, while the *British Journal of Industrial Medicine* devoted no less than 23 pages to a review by I Hieger of the Chester Beatty Research Institute.

From strength to strength

At that time, those immediately concerned with *BMB* were pleased with it, but always striving to do better, for reference to the first volume sufficed to illustrate what progress had been made and there seemed to be no reason why this process should not continue. In fact, we were thoroughly ashamed of volume 1, and although a few copies were still in stock we used to pretend that it had gone out of print. So, the fifth volume (1947-8) saw a new change. The journal was divided into "Part I Symposium," and "Part II Commentary, History, Documentation." Part II included the conventional book reviews (still with *BMB* pounds), the "Guide to the journals," historical notes (much on the lines of the "Nova et Vetera" rubric of the *BMJ* many years ago), and what were called, when inviting contributions, "essay-reviews." These were discussions of the main ideas presented in one or more books, rather than purely descriptive book reviews. There was, for example, a critical article by B

Woolf on Sir Cyril Burt's *Intelligence and Fertility*, with a reply by Burt in the same issue. Part II was, in fact, almost a sort of medical *Times Literary Supplement*. It was suppressed in 1953, and, if something had to be sacrificed, this was undoubtedly the right decision. But Part II gave *BMB* a certain continuity in the sense that even if the subject of the symposium was of no interest to a particular reader he might well find pleasant and even profitable reading elsewhere. Interestingly, the recent replacement of the book review section of the *BMJ* by *Medicine and Books* seems to be inspired by a rather similar idea. This

Charles Hobhouse (pictured above) may not have achieved fame as a politician, but he should earn his place among the best diarists. *Inside Asquith's Cabinet*, edited by Edward David (John Murray, £6.25), includes perceptive vignettes of Hobhouse's colleagues, both inside and outside the Cabinet. He respected and liked Asquith for his intellect, but deplored his weakness and drinking. Nevertheless, Asquith survived seven years with both Lloyd George and Churchill in his Cabinet—no mean feat. Hobhouse admired Lloyd George's humour, quickness of thought, wonderful ability to manage men for a short time, and his "miraculous power of picking other people's brains," but regarded him as "fickle, ungrateful, and untruthful," and didn't like the way he played golf while momentous decisions were being taken. For Churchill he had little affection—though he acknowledged his amazing ability and industry—and thought that, "nervous, fretful, voluble, intolerably bumptious and conceited, he squanders our time and his own in increasing orations. These are interspersed with tags of Latin and French which are a source of unflinching amusement and contempt for the PM." In addition to comments about the people concerned, these succinct and entertaining diaries light up many corners in the corridors of power.

section, together with Personal View and *Materia non Medica*, appears to constitute a recognition that the doctor does not live by the bread of medical science alone.

For some time *BMB* was published in no fewer than five languages: English, French, Portuguese, Spanish, and Turkish. The last, and the shortest-lived, of the translated versions was the French edition. Arrangements for this were made when I accompanied L P Garrod on a visit to Paris in March 1945. Dr Pierre Lepine, chief of the virus section of the Institut Pasteur, who was virtually bilingual, agreed to oversee the arrangements for the translations into French, and, as he explains in the

introduction to its first edition, this led him to compile his English/French medical dictionary.

BMB has, from being rather a rogue journal, now become thoroughly institutionalised, in that it is in its 35th year, and for a long time has had an editorial board. While the origins of *BMB* were unconventional, to say the least, this is not necessarily incompatible with longevity. For it is clear from Sir Squire Sprigge's biography of Thomas Wakley that had Wakley not been savagely beaten up by ruffians and had his house burnt down he would probably never have founded the *Lancet*—now in its 155th year.

Growing old gracefully

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Increasing age is something which concerns us all very personally. We are aware of our own problems and those of our friends and relations and in our professional work many of us are directly or indirectly concerned with the needs of the elderly. We are bombarded with statistics about our aging population, and the increasing pressures placed on the National Health Service. By 1980, the estimates say, 15% of our population will be over 65, and that the proportion over 75 will increase from 5% to 6% in the next decade. In hospitals about half the available beds are occupied by people over 65 years of age. In more general terms, it is estimated that over a quarter of the over-65s are handicapped in some form or other.¹

These sorts of statistics lead us to be fearful for ourselves and our relatives, and to have an impression that aging must be equated with disability. The two books under review put the other side of the coin: both are positive approaches to maintaining fitness and activity in the elderly, and should help us to change our attitudes towards them. We should be more concerned with positive fitness and the prevention of illness and disease (as with younger people), and we should concentrate on maintaining activity and postponing the handicaps of old age.

New wine in old bottles

Alex Comfort has written a reassuring and kindly book² which approaches aging with a vigorous confidence long overdue. His approach is direct and clear: "Older people are, in fact, young people inhabiting old bodies and confronted with the physical problems of reduced vigour, changing appearance and . . . specific disabilities affecting such things as sight and agility."

His essential philosophy lies in the distinction between the two kinds of aging—one biological, and the other sociogenic. The biological process is manifest in such changes as greying hair, decline in eye focusing power, the loss of top register hearing, and elastic tissue changes in the skin (wrinkles). Sociogenic aging is the role society imposes on people as they reach a certain chronological age when they are condemned as unemployable, unintelligent, crazy, and asexual.

Comfort's book is beautifully produced with witty and perceptive prose. It is liberally illustrated with charming pictures of famous people who have achieved greatness and great age, and it is liberally sprinkled (in the margin) with apt and pungent quotations. A general introduction precedes alphabetically arranged comments on topics which include alcohol, arthritis, bloody-mindedness, cancer, day centres, doctors, erections, exercise, fertility, food, masturbation, menopause, sex, smoking, vitamins, and wrinkles. The text is full of aphorisms and could become the geriatrician's handbook for after-dinner speeches:

"Your mobility is the next most important asset after your wits, so be aggressive in guarding it."

"Aging has no effect on you as a person."

"'Oldness' is a political institution and social convention."

"Retirement is another name for dismissal and unemployment."

"Your memory, sexuality, activity, capacity for relationships, and jest should normally last as long as you do."

"As an 'old person' you will need four things—dignity, money, proper medical services, and useful work. (These are the things you always needed.)"

Alex Comfort's book emphasises the difference between gerontology—the scientific study of old age—and geriatrics, which is the medical science of old age and its diseases. As he points out, gerontology will not abolish old age, but it could make it happen later. He also points out that increased liability to and lack of recuperative power from various illnesses is the proper study of gerontologists, and calls for more experimental gerontology to study the loss of vigour leading to higher mortality rates as we get older. He maintains that research on physical aging has been held up because our culture has regarded aging as natural.

*Guide to Fitness after Fifty*³ is an American book of gerontology. It includes 27 papers grouped into four sections: perspectives on exercise and aging; evaluation and physiology of exercise; motivation and planning; and practical exercise and relaxation programmes. It suffers, as do most edited collections of papers, from some repetition and some imbalance in presentation. It is also somewhat undecided about whom it is addressing, some papers being almost aggressively "scientific," others being exhortative and appropriate for a lay audience, and some being detailed expositions of programmes of physical training for elderly people.

Physical training

The evaluative studies reported certainly indicate that physical activity, while not influencing the *rate* of decrease of performance with age, can preserve a higher level that has already been achieved. Part of the function of experimental gerontology must clearly be concerned with the search for "conditioning" programmes that retard physiological aging. One clear message given by this book is that the "older organism" is very definitely trainable, and the percentage of improvement obtainable is similar to that in the young. The trainability of elderly people is probably greater than suspected.

Physical fitness seems to confer many benefits, particularly in cardiac disease—by reducing hyperlipidaemia and blood pressure. But, of course, there are many interacting factors and