

field, as their foreign colleagues have been for some time. The number of girls enrolling in medical schools is increasing and in some schools 40% of the students are now women. There will be more jobs for women doctors as the health and university reforms take shape, and it is likely that women will assert themselves in medicine more than in any other profession.

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European Journals, Societies, and Meetings

Journals

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So far as journals are concerned in medicine and biological sciences the potential reading public is roughly the same in Europe as in North America in terms, for example, of the number of doctors concerned (somewhere between 300,000 and 500,000). In terms of actively engaged workers and readers in the biomedical sciences, the numbers for Europe are certainly less than for the U.S.A. Yet the number of journals (not just those quoted in the current contents in the *Index Medicus*) is unequivocally greater—a reflection of the much greater individuality and fragmentation of groups within Europe, both between and even within national structures, including differences in language.

There are three types of journal.

The first type is directed principally at general practitioners and specialists with broad interests in several specialties, and at all doctors interested in the socioeconomic aspects of medicine. This type of journal aims to provide information to a large number of practitioners, postgraduate and continuing education of the "refresher" type, specific information about the structure and freedom of the profession, rules and regulations of all sorts, as well as expert advice of a practical administrative kind, and evaluation of new drugs. These aims are achieved by national publications in the national languages. Usually national medical associations take on this responsibility and will very likely continue to do so.

It would probably be useful to introduce two additional features. Firstly, there should be some form of central European co-ordination among those responsible for this type of journal. Secondly, perhaps the national medical associations could agree to publish one common additional journal to be mailed to all European doctors and providing principally abstracts about important advances and important new regulations. The policy of a truly European journal should be always to accept in principle a contribution in the national language, either to publish it as such or to set up a machinery for prompt translation of digests. The languages would soon decrease to a reasonable number—French, English, perhaps German, occasionally Spanish and Italian. National associations would take over the responsibility to decide whether a translated version of some or most contributions into the national language would be required for the next issue and for local distribution. Each doctor should still receive the original, so that he has an idea of what is translated and what is not.

It must be accepted as a fact that English is and will remain the principal scientific and medical vehicle of international communication. Certainly it will be so for communication with the largest body of relevant information in the world—that is, North America. The English-speaking doctors will therefore enjoy a unique advantage—that of not having to learn other languages. This type of privilege is likely to be considered tolerable only if the English-speaking communities show evidence of special interest in arriving at and carrying through mechanisms aimed at facilitating the flow of information from English into other languages—making available freely and promptly useful information of every type and helping in its

translation and diffusion. For this purpose of course the U.K. already has vehicles of exceptional quality, adept in the prompt publication of digests as well as articles. I am speaking especially, of course, of the *B.M.J.*

Specialist Journals

The second type of journal is that directed principally at medical specialists, serving to maintain the flow of information between the relevant medical sciences and the specialty concerned, ensuring continuing education in that specialty, and publishing original investigations relevant to the specialty. At present these are produced by publishers who see a need for them, by national societies or groups of specialists, and journals edited by a European society of the specialty. I believe that this last kind should be encouraged. I am concerned with the journal on diabetes, *Diabetologia*. This started by thinking that we needed each paper in three languages. It has now graduated to being principally in English.

The third type of journal is concerned primarily with biomedical sciences. Europe has contributed some very interesting examples—such as *Experientia*—published in six languages, including Russian. The summary of each article has to be in another language of the Six.

In conclusion, all this should not destroy the existing good journals, such as the *Lancet*, *Nature*, and the *New England Journal of Medicine*. Journals are one of the major means of communication among doctors and biological scientists of different countries—and in Europe they already function as such. Equally evidently, their operation and impact must be improved and all members of the European Community must feel that they contribute to their function. This will require an imaginative approach to the problem of languages—not just single translations on a large scale, which for technical and financial reasons do not really work. It will require moves towards sharing editorial responsibility so as to satisfy the needs of the doctors—general practitioners, specialists, and medical scientists and through them the patients of Europe.

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Societies

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The history of biomedical organizations in our continent is surprisingly short. Fifteen years ago there was hardly any communication between investigators on a European level. The most important barriers were language difficulties (not only differences in actual linguistics, but also of psychology); distances and borders; lack of communication from country to country; and differences in medical training and research skill. In addition the relatively small size of geographical areas in Europe decreased the possibility of acquiring information through clinical trials. Nevertheless, in the last 15 years we have made considerable progress in Europe. In all I have been able to identify 72 biomedical organizations, of which 59 are mainly concerned with communication, eight with training or research (or both), and five with applied medicine. I will try to give one or two examples of each of these groups and discuss some of their objects and trends of development.

The main object of the societies mainly devoted to the exchange of recent scientific knowledge between members is the organization of regular (as a rule annual) meetings. For example, the history of the European Society for Clinical Investigation shows the trend of developments. This society, which is concerned not with one but with