

THE AUSTRALASIAN MEDICAL PUBLISHING COMPANY, LIMITED

EDITOR'S REPORT

FOR 1982

CONTENTS

I.	INTRODUCTION	3
II.	SIZE AND CONTENT OF THE JOURNAL	7
III.	ADVERTISING POLICY	10
IV.	EDITORIAL STAFF	19
V.	PERSONAL CONCERNS	28
VI.	EDITORIAL VISITS AND CORRESPONDENCE	30
VII.	CONCLUSION	32

I. INTRODUCTION :

AN INDEPENDENT JOURNAL?

I have the honor to present the following report on The Medical Journal of Australia for 1982. It is a particular privilege, as it is an opportunity to present free and uninterrupted observations to the four-man Board of the Australasian Medical Publishing Company, the approximately 17,000 members of the Australian Medical Association (through their Federal Council), and my successor.

In my letter of September 18, 1981 to then Chairman Sir Keith Jones of September 18, 1981, in which I applied for the editorship of The Medical Journal of Australia (having read a classified advertisement in the New England Journal of Medicine), I wrote the following:

Because medical editing is my first vocational love, I have been seeking a full-time position in this sparsely populated field. Recently, I was asked by CIBA to consider the editorship of its Clinical Symposia, but my preference would be for an independent journal.

What is an independent medical journal? It is one which applies the highest scientific and professional standards to the task of reviewing and analysing the information, ideas, and issues involved in the practice of medicine. An independent journal is also one that is solely or substantially supported by subscription fees or membership dues, to make the doctor-reader the only vested interest. This narrows the field of English language journals to a few dozen that are published by medical associations and specialty societies, and only a handful of these employ full-time physician-editors. However, the built-in strength of such journals is reader loyalty. Readers who have chosen to pay for such a medical journal are more likely to read and appreciate it, to call it to the attention of colleagues, and to contribute to it.

Some members of professional societies are understandably concerned about the costs of publishing scientific journals. All members of the AMA and their representatives on Federal Council should scrutinize the financial aspects of publishing, for these journals are not inexpensive to produce. Nor are they meant to be mere international showcases for the societies that publish them. Rather, they are, ideally, a prized benefit of membership. The days when The Medical Journal of Australia helped in large measure to finance the AMA (because it was the only game in town for advertisers) and keep the capitation fee to a bare minimum are long gone. Although the unavoidable loss of income from outside the medical profession in recent years has caused concern and has led to a decreased frequency of the Journal, there are enormous benefits to be gained by a resolute stand on the part of the AMA to support its major scientific endeavour. Indeed, the very first objective of the AMA, as written in its Articles of Association, is "To promote the medical and allied sciences."

In a sense The Medical Journal of Australia is an anachronism: a general medical journal in an age of specialization. But so are other familiar journals--The Lancet, British Medical Journal, JAMA, The New England Journal of Medicine, Canadian Medical Association Journal, and the New Zealand Journal of Medicine. These journals represent one of the few common meeting grounds for all beliefs and specialized skills within medicine.

Although it is wise to be concerned about costs, it is equally important to be mindful of the fact that a financially self-sufficient journal is by no means necessarily an independent one. This can be shown in the proliferation of publications in Australia and other countries which are sent free of charge to prescribing doctors. The editorial content of these magazines is geared to advertisers' products. As a rule, these magazines contain no editorial commentary, few controversial articles, and little or no reader correspondence. The decision of the Board in 1981 to create the position of

Publishing Manager for the Journal was imitative of these publications. Aiming to please and attract advertisers by means of various cosmetic and commercial changes cannot fail on occasion to inhibit the free and open flow of information, ideas, and opinion. In the past year and a half, the reputation of the Journal has been seriously damaged on this account (as indicated by critical comments in The Lancet, the British Medical Journal, Archives of Internal Medicine, and other journals) because of the Board's having devoted its attentions to outside commercial considerations in lieu of paying heed to the in-house needs of the professional editors.

In essence, this conflict is one between short-term commercial decisions and the whole editorial process, and not between particular editors and particular administrators.

The present annual cost to each member of the fortnightly Journal is barely \$1 per issue -- considerably less than even the cost of subscriptions to popular magazines doctors buy for their surgeries. Nonetheless, certain individuals no doubt nostalgic for the days when the token annual fee for the Journal was approximately 10¢ a head, have publicly expressed their dismay over what they believe to be the extravagant cost of the Journal and have even raised the matter of discontinuing its publication. This outcry led to the restructuring of the Board of the Company two years ago to a more profit-oriented set-up. The keynote of this Report, then, is the compromise of scientific and professional objectives for the sake of perceived commercial profit.

This is no age-old rivalry between the editorial and advertising sides. Only in the last two years have the editors found it necessary to draw attention to commercially oriented decisions that have hampered the ability of editorial staff to maintain the independent and scientific outlook which The Medical Journal of Australia has had since its inception.

At a time when the scientific role of the AMA is being directed to economic and political concerns, a peer-reviewed independent medical journal becomes even more important as a forum for original research, analysis of clinical trends, and debate on topical issues.

II. SIZE AND CONTENT OF THE JOURNAL

Volume II of 1982 contained 612 pages of reading matter in twelve issues, compared with 576 pages in the thirteen issues of Volume I and 724 and 706 in Volumes I and II of 1981, and 1384 and 1508 in Volumes I and II of 1972. In 1982 original articles numbered 136. There were 43 Leading Articles, 52 case reports, and 73 other papers.

In contrast with previous years, there was a cutback in the number of pages per issue for several months after my arrival, as I felt it necessary to return to authors for revision many manuscripts which had received inadequate preliminary review. (Considering the acting editor had had no previous editorial experience and worked only two days a week for the Journal, it is to his credit that more such manuscripts did not slip through to publication. Nonetheless, the overall quality of manuscripts published in early 1982 was not up to Journal standards.) Whereas 62% of submitted manuscripts were accepted for publication in September - November, 1981, the percentage of acceptances in 1982 has been approximately 30 - 35%, including manuscripts accepted after revision.

A major achievement was the publication of an entire issue of the Journal devoted to the problem of multiply resistant Staphylococcus aureus. It was fortunate that Dr Julian Gold of the Commonwealth Institute of Health, Professor Peter McDonald of Flinders University and Professor Harry Kramer of the University of New South Wales were able to devote countless hours to reviewing manuscripts for this issue. Dr Gold has remained the Journal's consultant in epidemiology and visits the Journal each week.

Other themes which were examined in depth in various issues of the Journal include renal dialysis and transplantation, modern medical ethics, the sodium content of processed foods, the role of doctors in the prevention of nuclear war, Legionnaire's disease, cigarette advertising and children, snake bite, continuous ambulatory peritoneal dialysis, alcohol-related diseases, and malaria. Among the distinguished authors of Leading Articles is the Nobel laureate, Professor Albert Sabin.

The Journal worked even more closely with the Adverse Drug Advisory Committee (ADRAC) than it has in the past, and I was privileged to attend a meeting of ADRAC at the invitation of its chairman.

Several sections were also introduced, most notably MJA News Features, In and ... out of context, Conference quote, What I wish I could tell doctors, Looking back ..., and a series of historical photoessays on Australian hospitals. Some fillers that had been introduced by the lay publishing manager-- Pulse 110, cartoons, quizzes, and a humour column by a Sydney television doctor -- were discontinued.

The two major headings "Scientific articles" and "Medical practice" were dropped, because medical practice is a scientific pursuit.

The focus of articles in MJA News Features has been on Australian doctors and medical issues, including ethics, public health, and advances in clinical therapeutics. The objective has been to present timely subjects of interest to the medical profession as a whole. Articles on every State and the Northern Territory have appeared. Its fortnightly frequency has afforded a greater opportunity to explore topics than in the rigid deadline atmosphere of the daily newspaper. As judged by the number of letters commenting on MJA News Features and suggesting topics, reader response is excellent.

Letters to the editor continued to be the most popular feature of the Journal. A policy of writing individual, detailed replies to all letter-writers was instituted, in keeping with my objective for the Journal to be less impersonal and more educational in its editorial correspondence than most other journals.

I am indebted to Dr Vince Higgins for reorganizing the book review system that was in disarray upon my arrival, and to Dr John Watson for "reviving" the obituary section. Both of these individuals made an

inestimable contribution to the Journal in a very troubled period. Dr Ronald Winton, editor of the Journal from 1957 to 1976, has been both a wise counsel to me as well as a valued author of Leading Articles and AMA Federal Council Reports.

III. ADVERTISING POLICY

A. Editorial content and commercial pressures

In November, 1981, an article appeared in the Round the World column of The Lancet which discussed the resignation of the previous editors of The Medical Journal of Australia. Entitled "Journal in Trouble," the article traced the origin of the unfortunate sequence of events to the reorganisation of the Board of the Company "to achieve greater economy and efficiency," and to the Board's hiring of a publishing manager. The Lancet's correspondent expressed concern lest the restructured Journal "attempting to solve its besetting financial problems by trying to attract pharmaceutical advertising become more like the 'free' publications." Were that to happen Australia would "lose its only general medical journal," and thus "the costs of a cheaper journal may be very high indeed."

In a telephone call from Chicago to Sydney that followed almost immediately upon the publication of this report, the Secretary-General of the AMA comprehensively denied its accuracy. So untrue was the story that it was not worthy of reply, he reassured.

In January a decision was taken by the Board to discontinue the practice of selling advertising space in the Journal on the basis of advanced copies of manuscripts accepted for publication or of advanced notice of the list of titles and editorial contents of specific issues of the Journal. This policy was reaffirmed in March in spite of the opposition of the Chairman.

In June an article which related to a certain advertiser was pulled from an issue without reference to the editorial staff. This article was shown to the former manager and to the Chairman, who cancelled its scheduled appearance without consultation with the editor or the Board.

At the June Board meeting a memorandum from the Journal's advertising salesman was tabled, in which it was reported that the manager of a pharmaceutical advertising agency had complained about a published manuscript and a letter to the editor that was awaiting publication. The salesman reported the request of the agency manager that there be no further criticism in the Journal of

any paid advertisement and that the Board screen all articles by the editor on the subject of advertising. The salesman added his own belief that the editor was "too biased on the subject to give a responsible decision."

I felt it was important to reaffirm the proper support of scientific and professional standards. I asked that the Board reassert the academic rigor and scientific independence of the Journal.

The result was not the upholding of the scientific and editorial independence, but the subjecting of the editor to the censorship of the business manager. The advertising salesman had found it necessary to instigate censorship by the manager and chairman in advance of any consideration of such a policy of censorship by the Board.

In fact, the Board legitimized a situation that was contrary to its own previous policy (and the policy of every Board since the inception of the Company) of editorial independence.

Although possible legal reasons for this censorship were also discussed, the editor had in fact adopted a practice of obtaining legal opinions on sensitive issues and had obtained legal advice in relation to the editorial comments which were first censored without the approval of the Board. (A second manuscript had been removed by the Chairman without the knowledge of the editor.)

A legal opinion cleared each of the pieces subject to censorship.

It was necessary to seek reaffirmation of the right of the editor to address any issue relevant to the practice of medicine. The Board affirmed this right and co-signed an editorial published in the issue of July 24, entitled "The subject of advertising."

The editorial stated that "the viability of this journal depends upon the free and open editorial discussion of all the contents of the Journal."

Still other instances of advertising-related pressures on the Company occurred, however. A particular manufacturer announced that all of its

of Australia unless an advertisement was carried by the Gazette exactly as written by the advertising agency. The particular drug has been the subject of unequivocal and severe adverse comment in journals of pharmacology in Australia and abroad. The advertisement was not published.

It was stated by the medical director of another manufacturer that the Journal's normal editorial policy of outside peer review of manuscripts should be relaxed in the instance of a proposed supplement containing manuscripts to be submitted by the manufacturer. I advised this individual that I encourage the publication of such sponsored supplements so long as a clear notation is included that the editorial process was conducted by the sponsor and not by the editorial staff. To my knowledge the supplement has not been submitted for publication.

In spite of an absence of letters to the editor from pharmaceutical manufacturers in regard to editorial content, I was informed by the Chairman that two advertisers had pulled their entire advertising commitment as the result of editorial content. In spite of my request to the business manager for verification or an explanation, none has been forthcoming.

By the latter part of the year it had become clear to me, through the timing of the advertisements that were submitted to me for approval, that advertising space was still being sold on the basis of advance notice of editorial content. This was confirmed to me by the production staff. A policy that had been determined and reaffirmed by the Board has not only not been applied, but there appears to have been no attempt made to apply it in the face of persistent and deliberate breaches.

The policy was important, for it was aimed at establishing the independence of the Journal from content-related pressures. The failure of the Board to present a united front against content-related pressures and to uphold its policy casts doubt on the continued independence of the Journal.

B. National Medical Media Council

The Medical Journal of Australia has lost advertising revenue over the last several years because of a number of factors. There has been a reduction by pharmaceutical manufacturers in the proportion of advertising dollars spent on medical journals, as opposed to personal visits to doctors' surgeries, promotion in the lay press, and festive dinners for doctors and their families to introduce new drugs or to reinforce the prescribing of older ones.

In Australia there has been a proliferation of single-sponsor publications and medical magazines composed largely of abstracts from overseas journals and articles that have previously appeared in sister publications in the United Kingdom, Canada, and the United States. Within the Company there has been a failure to appreciate the independence, credibility, and frequency of publication of the Journal as major selling points, as well as failure to attract more diversified advertising such as for books, surgical supplies, patient aids, and recreational facilities.

Twice during 1982 it was necessary to direct the attention of the Board to an advertising campaign of the National Medical Media Council that I feel will cause further serious harm to the Journal.

The objective of the campaign was to increase advertising revenue to medical periodicals in Australia. This was to be accomplished by means of mailings to marketing and sales personnel in pharmaceutical companies and then advertising agencies, supplemented by advertisements carried free of charge in journals and medical magazines.

The catchphrase of the campaign was "the Australian medical journals". ("How do you talk to doctors who won't talk to your representative?... through the Australian medical journals.") A quotation from an authority on the marketing of pharmaceutical products to doctors was used as a headline: "Journal articles... the most important influencing factor on prescribing habits."

The Medical Journal of Australia, the only peer-reviewed general medical journal in Australia, is commonly referred to as the "Australian Medical Journal." The freely distributed medical magazines that largely comprise the National Medical Media Council stand to gain by being equated with The Medical Journal of Australia as "Australian medical journals."

The Board agreed that the term "Australian medical journals" was inappropriate and made known its objections to the advertising agency for the Council -- the same agency whose manager attempted to bring to bear pressure on the Journal. The Council agreed to an alteration of its theme to "the Australian medical publications," but the thrust of the campaign was unchanged.

The National Medical Media Council is not now something to which we can properly belong for the following reasons:

1. The purpose of the Council from its founding in 1973 was, as explained by one of its founders, then editor of The Medical Journal of Australia, to set strict standards for pharmaceutical advertisements. This purpose has been superceded by an emphasis on seeking the favour of pharmaceutical advertisers.
2. The attempt by the Council to equate its non-peer review magazine members with the independent Medical Journal of Australia for the purposes of commercial profit, and the subsequent attack by the Council's advertising agency manager on the integrity of the Journal, threatens the unique independent standing of the Journal.
3. The proposed publication of the Australian Prescriber as part of The Medical Journal of Australia while the Journal remains a member of the Council jeopardizes the independence of the Prescriber.

Participation in the Council by the Journal has been in the past a matter for the editor to decide. This remains the case at other journals such as the Australian and New Zealand Journal of Psychiatry, whose editor recommended not

belonging to the Council after having attended a meeting of the Council this year and after having reviewed the Council's current activities.

I attended a meeting of the Council as a member representing the Journal. I formed a view that the Journal should not continue on the Council. I put this proposition to the Board, though without opposition to the continued membership of the Gazette and expressing my intention to attend the next meeting of the Council to help confirm or deny my view.

The result was that I was banned from the meeting of the Council to which I, as a member, had received an invitation:

MEMO TO: ALAN BLUM September 15, 1982.

FROM: GEOFF HILL

SUBJECT: NATIONAL MEDICAL MEDIA COUNCIL MEETING,
FRIDAY, SEPTEMBER 17, 1982.

Thank you for your memo dated September 14, 1982 indicating that you do plan to be at the meeting of the National Medical Media Council on Friday, September 17, 1982.

The Chairman of the Company has appointed myself and Ron Lord as representatives of The Medical Journal of Australia and the AMA Gazette respectively at the National Medical Media Council meeting.

I wish to make it quite clear to you that you have no right to be at that meeting and that if you were to attend you would be trespassing.

I reiterate, the Chairman of the Company has appointed myself to represent The Medical Journal of Australia at the meeting of the National Medical Media Council, Friday, September 17, 1982 and I am accordingly giving you a firm directive that you are not to attend that meeting.

W. W. W.

C. Australian Prescriber

Since its inception in 1975 the Australian Prescriber has established a position of independence as a source of rational drug information and an unparalleled international reputation -- increasingly so in developing nations where the need for appropriate prescribing information is greatest. The Prescriber has contained no advertising, has been edited by a career government pharmacologist and an editorial board independent of the Department of Health, and has been distributed without charge to all practicing doctors, dentists and pharmacists, and to many students in the health sciences. The Prescriber's unique position is due to the absence of advertising and commercial pressure.

Although the Prescriber was recommended for discontinuation by the Lynch Committee, the Standing Senate Committee on Social Welfare has urged that the Prescriber be retained in its present form with continued government funding. A lengthy list of health professional groups, including the Australian Dental Association and the Australasian Society of Clinical and Experimental Pharmacologists, also urged the government not to alter the course of the Prescriber.

Alone of those testifying in favour of the continuation of the Australian Prescriber, the AMA (through its member on the editorial board of the Prescriber, who was to become Chairman of the Company in 1982) offered to take over the publication of the Prescriber as a supplement to The Medical Journal of Australia should the government withdraw funding.

Due to an overlap of content, the Australian Prescriber is basically The Medical Journal of Australia without advertising, and, if published as a supplement to the Journal, it is to be feared that the content of the Australian Prescriber would influence advertising in the Journal; additionally, advertising in the Journal could be used to influence the contents of the Australian Prescriber in the same way as advertising in the Gazette was used in an attempt to influence advertising in the Journal and in the same way in which an advertising agency manager attempted to influence the contents of the Journal. The position of the

Australian Prescriber will be threatened by such threats to advertising in the Journal.

The absorption of the Australian Prescriber into the ordinary editorial process of The Medical Journal of Australia is demonstrated by the fact that there was no discussion with the editor of the Journal of additional duties, remuneration, editorial responsibilities, and staffing structure.

Despite the fact that the Board found it necessary to raise the question of the Prescriber for discussion on five occasions in the first half of 1982, neither the editor nor the editorial staff was consulted. Despite meetings and other communications in the latter half of 1982 among the business manager, the incoming and outgoing Chairmen, and the Health Department, again there was no consultation with the editor or the editorial staff of the Journal. Nonetheless, it was announced in the October 1982 issue of the Gazette that the Minister for Health had approved the transference of the Prescriber from the Health Department to the Company. It was also announced by the business manager that "planning for producing the publication was in progress" for a January 1983 issue as a supplement to The Medical Journal of Australia. That was the first the editorial staff knew of this. On November 8 the editor was directed to provide a full report on the publication needs of the Prescriber for presentation to the Board on November 17. This was done despite the knowledge of the business manager that the editor would be paying an editorial visit to Perth and Adelaide from November 10 to November 22.

October to January -- the period from the announcement in the Gazette and the promised appearance of the new Prescriber -- is approximately the time delay projected between issues of the Australian Prescriber once all arrangements have been made and it is being produced on a regular basis. The former staff and editorial advisory board of the Prescriber are hostile to the transfer of publication, and their active assistance is not anticipated.

In November, a letter was sent to the editor of the Journal by a member of the editorial board of the defunct Prescriber inquiring whether the projected publication of the first issue of the new Prescriber is likely to be kept to. This individual also requested details of the Editorial Board and policies to be followed. The letter has been forwarded to the incoming Chairman for his reply.

It should be noted that an editorial advisory board for The Medical Journal of Australia has not yet been named.

In light of the repeated opposition of the Chairman to the editor's right to appoint an editorial advisory board to The Medical Journal of Australia without prior political approval, such appointments were deferred until a new Chairman was named. It would be folly at this time for the Company to appoint an editorial board for the Prescriber if it is intended to be a supplement to the Journal, when the Journal's own editorial board has not yet been named.

From the outset the publication of the Australian Prescriber by the Company was ill-conceived. Subsequent planning has been inept. Its editorial independence and objectivity in doubt, its demise as a credible publication is assured.

IV. EDITORIAL STAFF

A. Prolonged search for an assistant editor

Following the departure of the three editors of the Journal in August, 1981, then Chairman Sir Keith Jones stepped in as two-day-per-week acting editor. The day-to-day editorial control of The Medical Journal of Australia was given to the lay publishing manager.

The publishing manager departed prior to my arrival in January. The acting editor departed on the day after my arrival.

I was then informed that Sir Keith, with whom I had discussed and agreed upon such matters as salary and editorial independence, was also no longer Chairman.

The editorial staff at the time of my arrival in January consisted of two other individuals: a copy editor and a secretary. In January of the preceding year the full-time editorial staff consisted of three editors, two copy editors, two secretaries, and a librarian.

This disparity in staffing structure was brought to the attention of the Chairman by the former business manager Mr James Astles (who himself soon would be retiring after 37 years with the Company).

I sought from the Board a written statement of objectives and responsibilities of the editor. None was submitted to me. There is now a third Chairman in less than a year, who has not yet been introduced to the editorial staff.

The important matter of finding a medical graduate in Australia with proficiency in editing to serve as full-time assistant editor was prolonged over a five month period. The lone candidate suggested to me by the Board during the first month was a pharmacist with no qualifications to serve on a peer-review medical journal. In the second month the Board approved my request to advertise for the position, but an insufficient advertisement was placed without my having seen it. No suitable candidates were identified. Discussions were initiated by the Chairman with a previous candidate for the editorship. Pressure was then directed to the hiring of this person,

who resides in England, in spite of the editor's having been provided

with no information on the individual apart from a single-page curriculum vitae.

In the third month, I felt it necessary to prepare a report in which I proposed the re-opening of advertising for the position of assistant editor. This brought applications from several medical graduates, two of whom demonstrated by their reviews of manuscripts that they would be sensitive to the needs of reader and author alike.

In having Dr Kathy King, who was named assistant editor in May and assumed the role in June, the Journal is fortunate indeed. Her enthusiasm, knowledge, critical ability, writing style, and organizational skills belie a lack of previous editorial experience. Because her field of expertise (microbiology) and special interests differ from mine, we have been able to assist one another in a most complementary way.

Importantly, in the second half of the year I have been able to write for the Journal, to get out into the community, and to solicit manuscripts.

In the future it is hoped that the editor will be made wholly responsible for the selection of an assistant editor.

B. Problems with management

Another mid-1981 innovation of the Board was the separation of the production staff from the editorial staff. This is an unusual if not a unique structure for a medical journal, in contrast to mass circulation magazines such as New Idea and TV Week.

At the Journal the production staff (consisting of a production manager and his assistant, the duties of whom have never been explained to the editorial staff), who report directly to the business manager.

The result has been a divided Journal staff, a situation which has led to countless errors. Because of the editorial - production split, there has been little issue-to-issue quality control or consistency. There is also no clear definition of responsibility. Powers have been cut up without the responsibility being cut up at the same time. Policy is not being set or applied because it is not being perceived by those in the position to correct the situation.

It is especially discouraging to learn that the dividing of a small staff into two separate parts has led to staff members working at cross purposes. In particular a decision was taken by the Board in regard to the confidentiality of editorial contents. Although the decision was made and reaffirmed that a former practice (of releasing the material to advertisers) would cease, it was felt by the production manager that it was not part of his responsibility to carry it out.

For a quality medical journal to be produced, the production coordinators must be responsible first to editorial considerations and second to those of advertising. The opposite has been the case at The Medical Journal of Australia throughout 1982.

The indefinite division of power and responsibility meant that no one was certain to whom to turn when the everyday problems that must arise needed attention.

The staff were not treated with consideration. Decision affecting every part of the Journal were either not discussed with the people most affected or were alluded to in only the most superficial and nebulous way.

Dr Archdall's observation in his Editor's Report of 1937 on the contrast between JAMA and The Medical Journal of Australia would not apply today:

The work in such a large organization is more impersonal than it is here, and though we doubtless could learn something from American efficiency, my impression is that we have something to teach them so far as the personal touch is concerned.

The constant changes have led to misunderstandings quite apart from the personalities involved. In one Editor's Report (and echoed by other editors throughout the history of the Journal) Dr Archdall wrote the following:

It has become almost a routine to express appreciation of the help given by the Manager, Mr John Noldt. However, this is far from a formality, and I am most grateful for his advice and help and for the happy relations that exist between the staff of the Journal and the managerial and printing staff.

In 1982 the constant changes, both announced and unannounced, have made good relations impossible. The fact that particular people were not suited to the positions they held exacerbated the problems, but these problems were not dependent on clashes of personalities. A clash can be resolved, but will inevitably recur when there is a failure to communicate changes in requirements and responsibilities in an appropriate way.

Unfortunately, the Board's felt necessity to make changes was so great as not to require consultation before making them. It is not my task in this Report to lay blame at the door of particular individuals. The task of the last year has been to eliminate the problems of the Journal. Those problems remain unresolved because too much time has been spent laying blame for them and too little eliminating them.

Nonetheless, the following fact remains:

Until the arrival of the new business manager and notwithstanding the presence of the former business manager, real power was exercised by the Chairman whose weekly but unscheduled visits disrupted the workings of each day on which they occurred. It proved impossible for the Chairman to make efficient decisions as to the day-to-day running of the Journal.

C. The names on the masthead

During the difficult period to which I refer throughout this Report, my secretary, Mrs Fran Lyle, performed the work of two people. For her tireless and devoted efforts, she was rewarded, after repeated requests on my part to the Chairman, with a raise of \$10 per week. She left in August.

Fortunately, Mrs Gretina Norton, whose association with the Company goes back to 1962, was rehired by the company in March in answer to my repeated requests for an assistant to Mrs Lyle. Although her hiring was originally intended to be for the purpose of coordinating the next edition of the Medical Directory, she proved to be a valuable administrative assistant and was able to shift smoothly into the position vacated by Mrs Lyle. Her good humour and organisational skills were most helpful in the face of the constant personnel changes in the Company and the uprooting of the Journal to a different part of the building. In mid-September Miss Joanna Hayman joined the staff to assume the role vacated by Mrs Norton. She brought the shorthand and tape-recorded dictation skills that had been lost with the departure of Mrs Lyle.

Miss Olga Zimoch, the lone member of the editorial staff in December 1982 who was also on staff in December 1981, continued to serve as sub-editor in a most capable way. The control of all final sub-editing of manuscripts was returned to her, after having been taken away by the Production Manager. She is quite possibly the finest medical sub-editor in Australia.

Dr Calvin Miller was added to the staff in May. He holds a PhD in physiology from Monash University and has served as a medical writer for the Macleay Argus. In addition to coordinating the entire newly introduced MJA News Features section, Dr Miller subedits all published

correspondence. The subediting of correspondence was introduced in 1982. Dr Miller's work has been excellent.

Miss Elizabeth Keenan was moved to the editorial staff from the production staff at her and my request. She is a jill-of-all-trades, having undertaken to coordinate the Notice Board, Book Reviews, Obituaries, and the semi-annual index. She has aided the editors in research and has written a series of articles on Australian hospitals. Her work is also outstanding. In spite of promises made to her at the time of her hiring by the Company, she has not yet received her journalist's grading. This is to be regretted.

My expressed wish to include on the masthead the names of other employees of the Company who have worked diligently in behalf of the Journal was knocked back by the business manager. These staff members have been acknowledged in our year-end issue.

D. Neglect of the library

A library is the lifeblood of a medical journal. Without immediate access to an up-to-date library, the job of the editorial staff is hampered in countless ways. Library services enable the editors to verify the accuracy and originality of submitted manuscripts and correspondence, to research current topics for Leading Articles, to exchange information with other journals and libraries throughout the world, to avoid duplicate publication of manuscripts, and to discover new authors and referees. That such a library would also be useful in other ways to subscribers and members of the AMA speaks for itself.

In August, 1981, the full-time librarian of The Medical Journal of Australia resigned. By January the library was in disarray. There had been no cataloguing of incoming journals; single back issues and entire volumes had gone bush; and various essential subscriptions (including Index Medicus) had been allowed to lapse. The simple but important editorial function of verifying a reference in a manuscript became such an unpredictable and time-consuming process that I attempted to spend part of each morning at the medical libraries of Sydney University and the Commonwealth Institute of Health. The physical carting of stacks of manuscripts back and forth each day proved to be impractical.

Yet the Chairman advised that a decision had been taken that a reference library, including full back volumes and key current issues, was unnecessary for the editorial working of a senior medical journal. Henceforth, such volumes as the editorial staff required for the purposes of the Journal were to be sought at Westmead, a 45-minute drive from the Company.

The reinstatement of a medical librarian was urgently requested,

but the need for such a librarian was not conceded. The needs of the editorial process were explicitly deferred to the possible views of a business manager due to take up his post several months later.

A librarian was subsequently employed at mid-year--on a temporary basis--not to assist in the editorial workings or operation of the Journal but to catalogue and mechanically supervise the dissection of the library and its transfer both within the building and to Westmead. This change of function is demonstrated by the fact that the librarian was not as in the past part of the editorial staff but an individual responsible only to, and supervised by, the business manager.

The editorial workings of an independent medical journal require a full-time medical librarian as part of the editorial process.

V. PERSONAL CONCERNS

I do not suggest that my disappointment is due solely to the encroachment on editorial independence. I have also been concerned for my family, which did not make an easy adjustment to Sydney. This adjustment was not helped by the choice of accomodation provided by the Company for the first three months of my appointment.

Our need was for adequate accomodation for an initial period to give us time to adjust to the city and find for ourselves suitable permanent accomodation. Any two-bedroom apartment or house would have been suitable. Upon our arrival in Australia in January, my wife, 2-year-old son, and I were provided with a one-room flat (plus bath and kitchenette) on the fourth floor of an apartment block in Newtown. There was neither air-conditioning nor a telephone connection.

Because I immersed myself in the Journal for a considerable portion of each working day and most week-ends in order to tackle the backlog of manuscripts and other matters that had accumulated in the five-month absence of a full-time editor, I did not at first fully appreciate the difficulties my wife was experiencing. Nonetheless, in my editor's reports to the Board in January and February, I hinted at the inadequacy of our Newtown accomodation, in the hope of stimulating some interest in our plight. Failing that, I then raised the issue with the Chairman and other Board members. The Chairman insisted that nothing could be done to assist us because a decision had been made by the previous Chairman. Except for freeing a Company employee for part of two days in March to drive us from one real estate agency to the next, there has been no consideration and no assistance to the editor and his family in his living arrangements.

Nor were we prepared for the high cost of housing in Sydney -- more than 50% higher than equivalent accomodation in Chicago. Our eventual living arrangements, obtained without the assistance of the Company, were insufficient

for our needs and were unsuitable for entertaining visitors to Sydney or for hosting dinners for friends of the Journal.

However, my family and I have been shown considerable cordiality and have received personal assistance during my editorial visits to Melbourne, Brisbane, and Cairns. I also appreciate the warm hospitality shown to me during my solo editorial visits to Perth, Adelaide, Alice Springs, and Wagga Wagga.

VI. EDITORIAL VISITS AND CORRESPONDENCE

During the course of the year I have communicated with the editors of nearly all of the medical journals in Australia, New Zealand, and the South Pacific. In July, I participated in a workshop for scientific editors at Wodonga, and on several occasions I lectured on medical editing at the Commonwealth Institute of Health. Other editorial invitations to speak which I was able to accept included the Royal Melbourne Hospital, Fairfield Hospital, the Victorian Branch of the AMA, Cairns Base Hospital, the University of Queensland, Wagga Wagga Base Hospital, Sir Charles Gairdner Hospital, Flinders Medical Centre, Westmead Medical Centre, Sydney Hospital, the Medical Women's Society of New South Wales, the New South Wales Branch of the Australian Medical Librarians Association, Sydney University, and the Clinical Oncological Society of Australia.

I also corresponded with medical editors on every continent and contributed articles to other journals, including the British Medical Journal and the Canadian Medical Association Journal. The lay press plays a major role in communicating medical information and in molding public attitudes. Accordingly, I have attempted to improve communication with experienced medical writers around Australia, who have expressed the opinion that the contents of the Journal in 1982 were of increasing public interest. The proposed change in cover date of the Journal by one week and the editor's insistence on an embargo on publication of articles in the mass media until the cover date will insure, it is hoped, that each member of the AMA will have received his or her copy of the Journal prior to the selective dissemination of editorial contents by the mass media.

In October, I was privileged to attend a meeting of twelve editors of general medical journals from around the world convened in Aarhus, Denmark. The issues discussed included the Uniform Requirements for the Submission of Manuscripts, the problem of duplicate publication of research, the role of the computer in medical editing, and the threat to peer review journals of commercialisation. Following the conference, I visited the editorial offices of the

British Medical Journal and The Lancet, at the invitation of the editors.

I was warmly received and came away all the more assured of the necessity for the editor to be entirely responsible for the contents of his journal.

Although a full-time physician-editor sacrifices the privilege of caring for patients, he still must keep up with his special interests in medicine. In regard to my own background in family practice, community medicine, and teaching, I am grateful to have had the opportunity to become acquainted with many individuals in these fields in Australia.

In 1919 Dr Henry Armit noted in his Editor's Report,

The Journal has the task of stimulating the medical profession to carry out its duties in the prevention of disease, as well as in its cure or the amelioration of its effects.

I am honored to be able to maintain the preventivist tradition of the Journal. As I wrote in 1981 for an article in the Encyclopaedia Britannica (well before I imagined I would be living here), the AMA and Australian doctors in general are among the most progressive in the world in the effort to combat the leading problems of teenage smoking and other drug abuse. But I was unprepared for the level of commitment and courage shown by 150 doctors in Perth in their highly successful campaign to mobilize public attention to the health menace of cigarette advertising and their support of Dr Tom Dadour's legislation. I extend my heartfelt gratitude to these doctors and to Mr Reg Hayward for their extraordinary effort.

VII. CONCLUSION:

A RENEWAL OF RESPONSIBILITY

1982 was a year of turmoil, both throughout Australia and within the Company. In few years since the founding of the Journal or the organization of the Australian Medical Association have doctors in general and the AMA in particular come under such sustained and caustic attack in the lay press. A cruel but catchy neologism "medifraud" was used to cast aspersions on an entire profession. The boastful anti-AMA bias of a few doctors fueled the fire on the issues of health care financing and the degree of unnecessary surgical procedures. The change of government in Victoria and South Australia, the relocation of hospital beds in New South Wales, ongoing debates over euthanasia and experimentation with human ova, and the matter of doctors' pecuniary interest in private hospitals all drew a lion's share of adverse public comment directed at the medical profession. This situation cannot have improved the "lacklustre" image of the AMA that was found to be held by doctors in general in the survey conducted by an outside consultant in 1980.

Against this background, the independence of the Journal and the integrity of the profession become even more important. Outside pressures make it all the more necessary that the medical profession be given a clear and honest image of itself in its own journal.

The Journal is a mirror of the highest aspirations of medical practice. Anywhere there is flexibility in this ideal leaves doctors with one less support. The way The Medical Journal of Australia supports doctors is not by providing revenue to the AMA, pleasing outside interests, or publishing articles that flatter the medical profession. The way it supports doctors is by upholding their utmost aims for a healthy society.

The key problem of 1982 has been the Board's treatment of the Journal as merely one among many competing interests. But the things

that make the Journal a journal cannot be competing interests. They are the Journal. Editorial independence, peer review, and freedom from content-related pressures are not the issues to be traded against a certain amount of money, a certain share of advertising, or a certain number of benefits to the AMA. There is no trade-off between the function of being a medical journal and the function of being moulded by political and commercial pressures.

Until two years ago, the editors of this journal worked with Directors who didn't regard themselves as determining the Journal's policy. It was taken for granted that this was the editor's role. Would Henry Armit or Mervyn Archdall or Ronald Winton have brooked any interference in the editorial process? These men believed in editorial independence--full-stop. Editors are selected in large measure because of their independence, conviction, and expressed social concerns. No true editor is subservient to narrow political and commercial objectives, even in difficult times. No true journal exists without a policy of maintaining editorial independence.

To be a doctor is the greatest privilege I could ever have asked for. To have become the editor of an international scholarly medical journal is an honor I shall always value. However, I shall no longer be able to work at the Journal in 1983 and must list several of the reasons for my disappointment with the Board:

- constant changing of the role of editor
- ignorance of the editorial process in attempting to place responsibility for the Australian Prescriber on the Journal staff
- selling advertising space on the basis of editorial content
- subjecting editorial content to the censorship of the business manager
- disdaining scientific truth in censoring articles and in pressing for publication of a poorly conducted study that was subsequently released to the lay press in spite of the knowledge of its considerable scientific discrepancies

- failing to consider the human side of the editorial process
- disregarding the scholarly role of the library
- failing to consult with editorial staff in the uprooting of the Journal offices to new (old) quarters
- regarding the Journal as a pretty magazine to compete with the throw-aways in pleasing advertisers rather than as a serious journal to challenge readers

While I haven't been able to succeed, there is nothing that needs doing that can't be done. It asks of Federal Council a renewal of its responsibility to affirm and assure editorial independence for the Journal.

Despite my criticisms, there are those on Federal Council and the Board to whom I am grateful. I value the friendships I have made with colleagues across the country, and I am fortunate to have worked with a kind and caring editorial staff.

Respectfully submitted December 10, 1982

Alan Blum, MD

ALAN BLUM, M.D., F.A.A.F.P.
EDITOR
THE MEDICAL JOURNAL OF AUSTRALIA

**77-79 ARUNDEL STREET
GLEBE, N.S.W. 2037
AUSTRALIA**

TEL: (02) 660-6055