
Round the World

From our Correspondent

Australia

AN EDITOR RESIGNS

THE saga of Australia's troubled medical journals continued in 1982. There was no reprieve for *Australian Prescriber*, set up seven years ago "to provide a comprehensive, balanced and objective review of management and medication and of drugs, both old and new". Despite formal letters of support from almost twenty national and international organisations and thirty-one state bodies the journal fell victim to the Federal Government's "razor gang" in June. A letter from the Minister of Health accompanied the final issue, asserting smoothly the Government's confidence that an equally useful and impartial publication would soon be established on a commercial basis. This, however, seems inherently unlikely.

Those who had claimed in 1981 that things at the *Medical Journal of Australia* were very bad indeed, so bad they couldn't be worse, turned out to be optimists. Ironically, disagreements over the Australian Medical Association's plans to fill the *Australian Prescriber* gap by including a commercially sponsored pharmaceutical section in the *MJA* contributed to the resignation of that journal's new medical editor. Dr Alan Blum left after less than a year, making no secret of his disillusionment. His editorship did not restore the lost advertising revenue from pharmaceutical companies. On the contrary, many people believed that his forthright and consistent opposition to the promotion of unhealthy products, notably tobacco, alienated advertising agencies altogether. Nor did the agencies appreciate his habit of illustrating the journal with drug advertisements from earlier years, their now exploded claims providing a neat counterpoint to current advertising promises.

Dr Blum's energy and idealism reassured those who had been anxious about the *MJA*'s survival as an independent general journal publishing original material after peer review. His early resignation has resurrected all those anxieties.

Meanwhile, the AMA's other publishing venture, a revamped *AMA Gazette* called *Medical Practice* ("Australia's medical news magazine") is so far attracting more than five times as much drug company advertising as the luckless, shrinking *MJA*. The new magazine plans to cover non-clinical aspects of medicine—politics, personalities, and private practice as a small business. The first editorial reassures the doctor, "It is also suitable for placing in your waiting room once you have read it". Presumably this is because it contains nothing about health or illness.

The only other general medical journal in the country, the Royal Australian College of General Practitioners' *Australian Family Physician*, is showing signs of partial metamorphosis into a medical news magazine as it struggles for economic survival among the throwaways.

If the giant American journal *JAMA* follows through its plans to publish an Australian, South Pacific, and Asian edition with local advertising content then the pharmaceutical companies will have one authoritative venue for promoting their products. Even the throwaways may tremble at this prospect. As for the rest of us, we will be able to stop worrying about the wellbeing of Australia's general medical journals. There won't be any.

Another editor of 'Medical Journal' quits

By MARK METHERELL

The editor of the 'Medical Journal of Australia', Dr Alan Blum, has resigned. He is the second editor to have resigned in unhappy circumstances in the past 18 months.

Dr Blum, 34, an American, in his 12 months as editor brought radical changes to the Journal's approach on public health issues such as smoking and unhealthy diet.

One issue of the once austere journal featured a cover picture of a sickly "Marlboro Man", another cover portrayed a hamburger and a bucket of chips to accompany an article on high-salt foods.

Dr Blum's predecessor, Dr Laurel Thomas, resigned with her two assistant editors in August 1981 after a dispute about editorial control of the journal.

Neither Dr Blum nor principals of the Australasian Medical Publishing Company, which publishes the journal for the Australian Medical Association, could be contacted for comment yesterday.

But it is believed that Dr Blum's departure is partly linked with disagreements between him and the publishing company's board about pharmaceutical advertising.

Dr Blum has written in the past on the need for caution in medical journals about drug advertising's claims and its possible influence on the editorial content of a scientific journal.

Drug advertising is a main source of revenue for the journal, which costs AMA members about \$600,000 a year to produce.

It is believed that disagreement about advertising was sharpened with the 'Medical Journal' incorporating the 'Australian Prescriber'. This publication, which published new information on drugs and their side-effects, was previously published by the Commonwealth Health Department and did not contain drug advertisements.

Dr Blum is returning to the United States.

MEDICAL JOURNALS IN AUSTRALIA

SIR,—We were surprised and disappointed to see your Round the World article on Australia, An Editor Resigns, in the March 19 issue of *The Lancet*. Surprised to read invented details of the situation at the *Medical Journal of Australia* and disappointed that a journal of your stature could lend respectability to so biased a report. For a *Lancet* correspondent, your writer is very poorly informed.

The situation in April, 1983, bears little relation to the situation in August, 1981. A new editor is to be appointed later in the year; otherwise the journal is now fully staffed by the same people who were responsible for its production and content for much of 1982 under Dr Blum as editor. We do not consider the journal to be "luckless". Much good material continues to be submitted to us and the number of manuscripts and letters received rises monthly—even in the temporary absence of an editor. We do not consider the journal to be "shrinking". In 1981 under Dr Thomas as editor two-thirds of journal issues were of 48 or 52 pages. To simplify production we have standardised for the moment at 48 pages per issue, although occasional issues have been larger.

The amount of advertising booked for the journal has started to grow recently and to accommodate the same quantity of editorial material we may have to consider increasing the number of pages per issue. We nevertheless continue to maintain the anti-smoking stance the journal has taken for the past 20 years and to reproduce old advertisements, many of now discredited products. We are proceeding to plan for the *Australian Prescriber* and hope to publish the first issue later this year.

There never were any plans by the Australian Medical Association "to fill the *Australian Prescriber* gap by including a commercially sponsored pharmaceutical section in the *MJA*" so this could not possibly have played any part in Dr Blum's resignation, as your correspondent claims. Furthermore, as anyone with knowledge of the editorial scene in Australia could have told you the AMA does not plan for the journal. The managerial responsibility for the *Medical Journal of Australia* rests with the independent and separate Australasian Medical Publishing Company Ltd.

The journal will miss Dr Blum's flair. But to imply that the *Medical Journal of Australia* cannot survive and prosper "as an independent general journal publishing original material after peer review" following his departure is ludicrous.

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KATHLEEN KING,
Acting editor

ROSS WEBSTER,
Chairman

SIR,—In the March 19 issue of *The Lancet*, a correspondent from Australia described the state of Australia's medical journals, in particular the *Medical Journal of Australia*. While a couple of minor points were moot, I agreed wholeheartedly with the thrust of the report. However, I disagree strongly with the anonymity attached to the article and *The Lancet's* editorial policy which supports anonymity.

A strong case for anonymity can sometimes be argued when vulnerable sources with sensitive and valuable information wish to remain unknown. In such a case, writers and editors have a profound responsibility to observe confidentiality. However, in the March 19 article, I do not see that such a defence can be argued even remotely. If there was a valid reason why the author could not attach his or her name, then an editorial footnote should have accompanied the report.

If your correspondent's facts were accurate and the opinions were reasonable (as I believe they basically were), then no reason exists for anonymity. In fact, the omission of a byline detracts from the report's credibility and raises questions of motive.

Accountability in the face of one's peers is a cornerstone of science and medicine. I encourage *The Lancet's* editors to adopt a policy that all controversial reports must carry the name of the author or an editorial comment on the necessity for anonymity.

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KALVIN MILLER,
Medical writer

CIRCUMCISION

SIR,—As I was digesting your editorial on the barbaric practice of female circumcision (March 12, p 569) it occurred to me that male circumcision, which is such an accepted ritual, is probably no less barbaric. When one considers the level of education of those who routinely perform it, the indications given for doing it, and the manner in which it is done then one can only conclude that barbarism is still with us despite our pretensions to believe otherwise. We make much ado about fanciful delivery practices such as the le Boyer method—then we set to work on those male infants who have survived the process with their foreskins intact. They are strapped down and, without the benefit of local anaesthesia which is freely available, have the foreskin stripped from the glans with clamps, scissors, and scalpel. It is often said that the administration of the local anaesthetic is more painful than the procedure and anyway the baby does not feel it. Why then does he scream his head off? In the interest of equality, enlightenment of those who benefit financially from the practice, and the children who are subjected to it you might run another editorial on male circumcision.

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FERGUS M. B. MOYLAN

PSYCHIATRIC ABUSE IN THE AMERICAN SOUTH

SIR,—In the light of recent correspondence about the abuse of psychiatry in the USSR, remarks by Robert Coles, a therapist at Harvard University's department of mental health services, may be of interest. Coles, speaking at a 1970 symposium,¹ was referring to his experiences while working in the American South with children going through school desegregation and with young people involved in the sit-in movement. "I saw one young student after another being carted off not to jail but mental hospitals". And this was being ordered, not by segregationists and racists, but by liberals, men who had been to Harvard, Yale, and Princeton and returned South to be judges. The judges said: "These young people who are waging sit-ins, who are fighting their way into cafeterias, are obviously disturbed, are obviously troubled and we are not going to send them to jail. They are college students after all. They are some of them from very fine families and they belong in a place where they will receive medical care and psychiatric evaluation".

Coles went on to note that many men later to be well known, were sent off to the mental hospitals of the South in the early 1960s—and sent out with diagnoses like "adolescent adjustment reaction, psychoneurotic disturbance, borderline personality". When he spoke with them he heard again and again the psychiatric history taking being given back. "The doctor saying 'And how long have you felt rebellious?' and 'Did this start at this stage in your life or at that stage?' And when they try to say something about what they were trying to do or what they believed, the doctors then ask them again, how long and whether there had been any difficulty with a brother or whether they had always gotten along well with their father and their mother, etc."

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SAM BAXTER

IS FIBRE ALWAYS HARMLESS?

SIR,—As with so many health fads in the past hundred years, the prevailing enthusiasm for fibre is augmented by the notion that, even if not obviously beneficial, it is at least harmless. A recent case suggests that this assumption may not be altogether justified.

In December, 1982, a 48-year-old man presented with a history of intermittent diarrhoea and weight loss, which had persisted

1. Coles R, Farber LH, Friedenberg EZ, Lux KR, Laing and anti-psychiatry. In: Boyers R, Orrill R, eds. *Laing and anti-psychiatry: a symposium*. Harmondsworth: Penguin Books, 1972: 161-62.