

COMMISSIONED ARTICLES

The Scottish Medical Journal - The First Fifty Years

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Summary

The *Scottish Medical Journal* has been published for half a century and its pages reveal not only the steady changes in Scottish medical care and careers, but also reflect the attitudes of the times. The Journal has survived a number of crises. Recent changes, both at the Journal and in Scottish politics, leave it well placed for an expanded and important place in Scottish medicine.

The *Scottish Medical Journal* appeared in 1956 from a merger between two long-established journals - the *Edinburgh Medical Journal* (founded 1805) and the almost equally long-lived *Glasgow Medical Journal* (established 1828). In detail, the events were more complex.



Figure 1 Cover of the first issue of the Scottish Medical Journal

After inception, the *GMJ* had a rocky first two decades and in Edinburgh there was a short-lived *Scottish Medical and Surgical Journal* which ran from 1897. Moreover, at the time of the apparent merger in 1956, the *Edinburgh Medical Journal*

had ceased publication in the previous year.

With the new arrangement, there was also fusion of the previous publishers, namely the Royal Medico-Chirurgical Society of Glasgow, the Medico-Chirurgical Society of Edinburgh and the Edinburgh Obstetrical Society, the latter withdrawing in 1971. The Scottish Society for Experimental Medicine added its support in 1961. The new combined 1956 Board of Management (co-chaired by physicians Thomas ("Tom") Anderson, professor of public health in Glasgow and Rae Gilchrist, the Edinburgh cardiologist) put forward the laudable aim of 'better co-operation between the medical schools in the Northern Kingdom.' Anderson remained chairman until 1973, and the longest serving member of the joint Board was James Innes, the Edinburgh physician, who was active until 1980.

The real agenda for the *SMJ* was probably different, namely that whereas in a former day the two journals had carried many long and important articles from authors in the two cities, other journals with international circulations were now favoured by Scottish medical authors. Another change was that formerly, the three societies were active academic bodies, often meeting every two weeks, and important papers with new material went straight to the two journals. Habits were changing and researchers instead favoured the growing number of national or international academic societies,

encouraged by the lowering cost and increased speed of travel. Lastly, the NHS was only eight years old when the journal emerged, and there were calls for change, with national plans and reports being sent north to the St Andrews House administration of the NHS in Scotland. A single journal might give a collective response and substitute for separate Glasgow and Edinburgh views.

The New Journal

The first issue of the new *Scottish Medical Journal* emerged in January 1956 and was thereafter published monthly until 1970. It usually had 50 pages at that time, but was to appear less often and to be smaller later. This monthly appearance allowed the journal to be topical both in the article content and also editorially. The first editor of the *SMJ* was the physician Alexander Brown of the Southern General Hospital, Glasgow, who had been editor of the *GMJ* to that point. The subsequent editors, shown in Table 1, all came from Glasgow. Contributions from Glasgow predominated in the early years of the *SMJ*, and perhaps the previous closure of the Edinburgh journal affected the balance of support from the two cities.

The *SMJ's* typography was advanced for its day and in particular the layout of the references was admired. The reader now smiles at the practice in these innocent times, when there was no need to disclaim conflicts of interest and the authors were so well-known that their institutions were not named. The papers often had a single, or perhaps, two authors. Fifty years later the average was four, with greater numbers of authors in many contributions. In the early *SMJ* patients were easily recognisable from frontal photographs or from investigations and charts. Also to be seen in a different light later was the routine raiding of the post-mortem room for normal tissues for study.

The Early Years

In the first years of the journal, a feature was the solid contributions by established consultants, perhaps not yet diverted by committee work or administration, local or distant. Nor was there much private work to take them away from reading or writing. There was also a now-forgotten incentive for this



Figure 2 Alexander Brown, first editor of the Scottish Medical Journal, had charge of medical wards in Glasgow's Southern General Hospital and then move to be a ward chief the Royal Infirmary. He contributed to the literature on haematology and made important observations at the war-time MRC Burns Unit at the Royal Infirmary.

scholarly effort by the NHS consultants, namely that the 'unit chief' posts still existed and young consultants always aimed for this desirable high-profile promotion, and the wait could be long. The academic departments were also confident and productive, and there was pride that senior lecturers were streaming out from Scotland, notably from Glasgow, to English chairs, of surgery, medicine and pathology. England was seen as being locked in a pre-scientific Dark Ages obsessed with private practice, centred on out-dated small, free-standing medical schools. There was pride in the unique Scottish arrangement of medical faculties existing within the universities, and integrated with the local health board, giving both academic links and a huge patient population and many teachers.

The Contents

There was the familiar mix usual in a medical journal of editorials, original articles, occasional advertisements, short case reports, books reviews (uniformly laudatory) and the *SMJ* had regular reports of the meetings of the societies sponsoring the journal. This was a vestigial but necessary reminder of the days when Lister or Liston would present their new data at the frequent meetings of these societies and would have a large and critical audience. The *SMJ* benefited from those giving the named lectures at the two Colleges since they were asked to publish them in the journal and this rapid publication was doubtless an attraction.

The journal reveals an optimistic profession who considered that scientific medicine was delivering. A hospital building programme was coming, and new thinking in medical education was being debated, after encouragement by the General Medical Council in 1957. There were lengthy articles on educational methods, one of the best being Charles Illingworth's critique of the medical course's tedious first three years of basic science teaching, particularly the first year:

'The trouble starts with the preclinical year, when boys and girls fresh from school discover that 'science' means no exciting introduction, at the hands of eminent professors, to the intriguing mysteries of chromosomes, electronics and the chemistry of life, but dull pack drill on the amoeba, the dogfish and the elementary mechanisms of the inclined plane.'

Illingworth, Regius Professor of Surgery at Glasgow University at the time, based at the Western Infirmary was a distinguished and prolific contributor to the *SMJ* and all his views read well today. His many invited lectures, written up in crisp prose, not without humour, were handed over promptly to the editor.

In the first years the hope for major contributions to the journal from the Scottish medical schools was realised. Authoritative research articles and reviews of therapy were a feature and reflect some strong points of Scottish medicine. Perhaps the most celebrated, and certainly most cited, article was one in 1960 on 'Myasthenia gravis: a new hypothesis' from John Simpson, the neurologist, then in Edinburgh and soon moving to Glasgow. This heralded the revolutionary insights into auto-immune disease.

The pages of the early *SMJ* at the time show a heavy bias towards hospital medicine, and this was an all-male world which took a patronising attitude to general practice. The GPs' complaint at their exclusion from the hospitals under the NHS was noted but the matter taken no further.

The Late 1950s

The monthly editorials could be robust at this time. The Medical Research Council was attacked for neglecting Scotland, and even the Royal Faculty and Colleges did not escape a rebuke, since in July 1959 the *SMJ* noted that:

'The medical corporations have come to depend so much on revenues derived from examinations: the treadmill has become a mint and we are in danger of reaching the absurd position when foreign doctors are coming to Britain merely to acquire a diploma and some of the magic letters such as FRCS. By perpetuating this nonsense we are losing caste among the truly learned bodies of the civilised world.'

There were some causes for professional unease, often, as always, over 'professional freedom.' In mid-1958 the editor could regret that, for the first, but not the last time, that:

'today there is scarcely a man of eminence in the profession who is not finding his work impaired by the need to prepare drafts on this or the other subject.'

Nor did the apparently progressive idea of a central organisation to collect cancer statistics please the editor in mid-1959. It would, he opined:

'issue circulars, memoranda, and instructions to appoint committees and regional co-ordinating bodies and planning officers and all the familiar claptrap of bureaucratic medicine... There was talk of a 'Cancer Service' with a 'Standing Cancer Committee' and 'Regional Cancer Control Officer'. There was to be a Registration Bureau... Fortunately financial stringency and sheer inertia combined to delay its inception.'

Nor did the early growth of administrative control in the hospital meet with approval. A politician had to tell the troops what was coming. In 1962 Lord Craigton, the Secretary of State's minister for health, speaking in Glasgow at the Biennial Dinner of the Royal Faculty (as it was), recalled that the limited remit of hospital management before the War was to provide:

'an efficient, heated, clean, wholesome sickhouse, equipped with the necessary furniture and fittings for the reception of patients; and to provide the necessary medicine and food. You may feel, as I do, that today these concepts are as remote as the language in which they are expressed.'

Many of his listeners did not feel as he did. Many dining that night were happy to leave management in charge of only housing the sick.

But otherwise there was general contentment with the NHS, which meant contentment with the hospital service, and its salaries and overall funding. The only improvement the journal could suggest for the NHS was in care of the elderly and Glasgow had its activists. In March 1957 the journal pointed out that:

'many clinicians feel that of recent years, much more than in the good old days before 1948, their wards often become 'cluttered up' with old people.'

Expansion of the 'geriatric' services was to follow.

The journal took historical articles but whereas there was a noticeably patriotic editorial stance and obvious Scottish self-confidence at the time, the historical content is puzzling. To the *SMJ*, medical history seemed to mean the life and works of English physicians notably Harvey, Sydenham and Heberden who were praised by dull, derivative contributions from secondary sources. A possible explanation is that Scotland was looking forward, not backwards at the time: nostalgia was to come later.

Some topics of the time are listed in Table 2.

The Journal in the 1960s

The use of the artificial kidney was precariously established and Kenneth Lowe in Dundee thought 'it would produce marginal improvement in the medical management of acute renal failure' and that one machine per 5million population would suffice. Tuberculosis was still about. New diseases appeared, and the hunt for argentaffinomas and pheochromocytomas was on, much to the distress of the stretched biochemists, and an old disease, rickets, returned in 1961. A new thought was that in 'barren marriages, the husband might be examined'. A book on healthy living was praised by the reviewer because 'the author does not avoid the question of pre-marital sex.'

In clinical work the dogma that arterial disease below the inguinal ligament was not suitable for surgery was being challenged and in 1964 it was noted that the invention of a 'balloon-ended catheter by Fogarty' the previous year had promise. In the treatment of duodenal ulcer the journal opined that the old simple stomach by-pass was at least safe, and doctors:

'might themselves take a chance with gastro-enterostomy while reserving vagotomy and gastrectomy for treatment of a possible recurrence.'

Richard Doll's Fleming Lecture at the Glasgow College on his studies of the various regimens for gastric ulcer revealed the power of the use of randomisation in medical research and the *SMJ* commented that in future:

'it will be increasingly difficult to get published, uncontrolled observations based on mere assertion...'

Hospital infection caught the eye of the infectious disease specialists looking for new roles. Tom Anderson in 1961 wrote that:

'since the 1930s surgeons and obstetricians have passed through a period when they have been free of their ancient curse of infection... During this happy phase when antibiotics rapidly abolished the main agent they [surgeons and obstetricians] have developed a resistance to the recognition of infection as strong as the antibiotic resistance.'

The issue of hospital infection did rise in priority thereafter. 'Too often there is only one wash-basin and one towel at the

end of the ward' complained the journal. In 1968 the first heroin addicts were encountered in Glasgow and described as a novelty in the journal. They were incomers who suffered from withdrawal through lack of supplies in the city.

Debates on Administration in the 1960s

The Wright Report of 1964 proposed more consultant posts for Scotland and tidied up junior staffing with proposed simple forms of rotational training. The old part-time consultant appointments to an number of hospitals were to go. Interestingly, research sessions for all consultants was suggested and welcomed in the academic mood of the times.

In 1964 the journal praised the conferring of the titular title of professor to some staff at Glasgow University and Dr A.S. Douglas at the Royal Infirmary was the first to be elevated. The journal considered this to be 'an enlightened outlook of the University Court.'

Illingworth was again ahead of time in 1966 for what he called 'Continued Medical Education.' He also wanted the 'unit chief' system abolished and consultants given equal rights. In 1964 he attacked the 'lamentable' and accepted need for young surgeons to sit the fellowship of all three surgical Colleges. This verdict was generally accepted later, and the round-Britain tour ceased.

The Farquharson-Lang Report in 1966 on administrative structures of Boards and hospitals is now celebrated for its proposal that Chief Executive Officer posts should be established in the hospitals and Boards. This radical departure was not implemented at the time, but the *SMJ* shows that there was enthusiasm for it and after request for comments, there was remarkable support from the profession. Instead the post of medical superintendent went out and the community physicians came in.

Some other issues of the 1960s are shown in Table 2.

The Journal in the 1970s

In 1970, publication of the journal was handed over to E and S Livingstone, but in spite of now carrying quite a number of advertisements, the *SMJ* had to cut back. Rising costs of production and distribution resulting from inflation meant a change from monthly to bi-monthly the total pages in the year were shrunk by half. Something had gone, not only from the change in size. The lack of monthly appearance meant a loss of immediacy.

Some symposia were arranged, often devoted to a single new drug, and were largely paid for by the pharmaceutical company involved, which caused no ethical distress at the time. Initiatives included publishing selected abstracts from the proceedings of the Scottish Society Experimental Medicine and a 'Postgraduate Section' and MCQs appeared briefly in 1970.



Figure 3 The new cover in 1980

Inflation was also causing problems with doctors, dentist's and nurses pay. Entry into Europe meant that comparisons of health care methods and allocations were appearing, and the UK's spending of 4.8 % of the GNP compared unfavourably with Italy's 6.0%. These hard times meant that value for money was to be sought. Thomas Taylor, a lecturer in medicine at the Glasgow Royal Infirmary, warned in 1975 that consultants' performance might soon be studied and that 'the face of clinical medicine in the next decade is likely to change radically. The freedom of the individual is likely to be increasingly curtailed.'

The Journal in the 1980s

From 1984, production of the journal was taken over by Durrant Publications in Pencaitland, with sponsorship from MCP Pharmaceutical. In 1988 the long-standing small page format, unaltered from 1828, was changed to the larger A4 format common to most journals and this had more impact. But the total of only 167 pages for that year, even with a reduction in type size, gave a further reduction in content and this was needed for continuing financial constraints. To assist the journal, the Aberdeen Medico-Chirurgical Society joined the other societies supporting the journal from earlier times and a number of other organisations also assisted later in that decade.



Figure 4 Charles Forbes, long-serving editor of the Scottish Medical Journal from 1978–2002. He was Senior Lecturer in Medicine at Glasgow Royal Infirmary before moving to be Professor of Medicine at Dundee University.

Charles Forbes continued as editor in spite of moving from Glasgow to the chair of medicine in Dundee in 1987 and he was to steer the *SMJ* over twenty years in all, and through its most difficult times.

The Journal in the 1990s and early 2000s

Boehringer Mannheim UK took over as sponsor in 1990, and Astra Zeneca and Roche assisted later. Publication by Durrant changed in 1996 to Hermiston Publications run by Dr Ian McKee in Edinburgh,

though Durrant took over again in 2001. The journal's perilous finances forced it to shrink again and in the mid-1990s some issues hardly exceeded 30 pages. A serious problem followed abrupt withdrawal of major sponsorship in 2002, and in response the journal had to cut back from bi-monthly to become a quarterly publication.

But printing costs were falling and with new outside assistance the crisis was averted. Charles Forbes then handed over after two distinguished decades as editor. Guy Fletcher took over and with the internet now offering new



Figure 5 The new cover in 2003

opportunities, an electronic form of the journal was made available. Finances allowed the possible size of the journal to rise, and submissions were increasing, perhaps affected by the closure of the long-running and worthy *Health Bulletin* produced from St Andrews House.

Robert Carachi was appointed editor in 2004 and with the sponsoring societies rising to eight, Glasgow's Royal College of Physicians and Surgeons

promised major support for the journal for three years, and became the publisher in 2006. The journal had a makeover in 2003, gaining a new cover design and the typeface and layout inside now followed a similar style to that of the Glasgow College's elegant *Bulletin*, which ceased printed production in 2005.

The Future

The founders of the *SMJ* felt that its first obligation was to Scotland, and that any international impact would be a bonus. This obligation to Scotland is now greater after devolution of control of health care to the Scottish Parliament. Financial support is assured in the medium term and the journal has survived into a new era where health care is a matter for the Scots within the constraints of allocated budget. The London-based journals, though interested, no longer have an obligation to report on the nuances of the separate NHSScotland, and these differences are growing. Other nations and even federal states within other nations have viable and observant journals serving the needs of those working in health care. Much is happening. The way ahead for the *Scottish Medical Journal* is wide open.

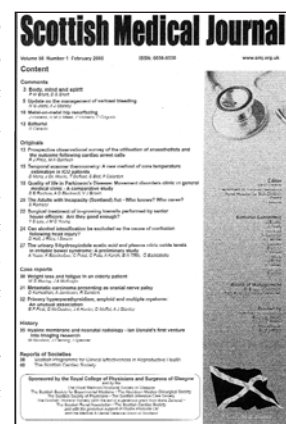


Figure 6 The cover of the journal in 2005

Table 1: Editors of the Scottish Medical Journal

<p>1956 -1958 Alexander Brown Consultant physician, Southern General Hospital, Glasgow, previously editor of the Glasgow Medical Journal 1946-1956.</p>	<p>1972-1974 James A Boyle Senior Lecturer, University Department of Medicine, Glasgow Royal Infirmary</p>
<p>1956-1960 Alastair R Currie Senior Lecturer in Pathology, Glasgow Royal Infirmary Later Professor of Pathology at Aberdeen.</p>	<p>1974-1979 William R Greig Senior Lecturer, University Department of Medicine, Glasgow Royal Infirmary</p>
<p>1960-1961 A P M (Pat) Forrest Senior Lecturer, University Department of Surgery, Western Infirmary, Glasgow. Later held the Chair of Surgery first in Cardiff and then in Edinburgh.</p>	<p>1979-1984 Iain T Boyle Senior Lecturer, University Department of Medicine, Glasgow Royal Infirmary, later Professor of Pharmacology, University of Strathclyde</p>
<p>1962-1963 Abraham (Abe) Goldberg Senior Lecturer, University Department of Medicine Western Infirmary, later Regius Professor of Materia Medica.</p>	<p>1984-2002 Charles Forbes Symposium editor from 1979. Senior Lecturer, University Department of Medicine, Glasgow Royal Infirmary, later moving to the Chair of Medicine in Dundee.</p>
<p>1963-1969 Arthur C Kennedy Senior Lecturer, University Department of Medicine, Glasgow Royal Infirmary, later Muirhead Professor of Medicine.</p>	<p>2002-2004 C G (Guy) Fletcher Consultant Anaesthetist, Royal Alexandra Hospital, Paisley</p>
<p>1969-1972 George P McNicol Senior Lecturer, University Department of Medicine, Glasgow Royal Infirmary, later Professor of Medicine at the University of Leeds and Principal, Aberdeen University.</p>	<p>2004 - present Robert Carachi Professor, University Department of Surgical Paediatrics, Royal Hospital for Sick Children, Yorkhill, Glasgow</p>

Table 2 Journal topics through the decades

<p>Journal Topics of the 1950s Adrenal physiology and pathology Thyroid pathology Smog Burge's test for complete vagotomy Resettlement clinics <i>Drugs of the day</i> - reserpine, chloramphenicol Barbiturate poisoning <i>Forgotten operations</i> - thoracoplasty <i>Forgotten diseases</i> - bromism, coal gas poisoning, lead poisoning, and byssinosis <i>Forgotten words</i> - thrombo-elastography, homografts <i>Forgotten enthusiasms</i> - hyperbaric oxygen</p>	<p>Journal Topics in the 1970s Medical hazards of travel Laparoscopy Medical problems of North Sea oil Inflation effects Nursing shortages <i>New buzz words</i> - priorities, outcome, process, accessibility, Administrative structure debates SHARE reallocation of resources Doctor's pay Merrison Committee Audit starts Strengthening general practice MCQ papers and computer marking</p>
<p>Journal Topics in the 1960s Royal 'Faculty' becomes Royal 'College' Hospital cross-infection Lasers in ophthalmology Vagotomy vs gastrectomy for duodenal ulcer Dangers of phenacetin Clyde Tunnel construction decompression problems 1963 STV carries educational post-graduate programmes CCTV and audio-visual methods appear in hospitals Computers in medicine The Glasgow-Nairobi link Edinburgh-Baroda link First consultant appointments in A&E Autoanalysers arrive First ultrasound in the SMJ - 1968 First electronmicrograph - 1970 <i>Forgotten Operations</i> - Internal mammary artery ligation Thymectomy for myasthenia gravis <i>Drugs of the time</i> - Miopressin, Pargyline, Bethanidine, Nikethamide, Colistin, Doriden, Mandrax <i>Forgotten words</i> - Endotoxic shock, lantern slides, juvenile delinquents</p>	<p>Journal Topics in the 1980s Glue sniffing HIV/AIDS Sports injuries Post-viral fatigue Skateboard injuries Thallium scanning Informed consent concerns ERCP Monoclonal antibodies</p>
	<p>Journal Topics in the 1990s Hepatitis C Medical problems of marathon runs Integrated stroke care Total parenteral nutrition Decline in the post-mortem examination NHS intranets Measuring surgical performance Scientific misconduct Waiting times</p>