WHY ARE MEDICAL JOURNALS SO DULL ?

BY

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Medical journals are dull ; I do not think there is any doubt about that. There are many causes of their dullness ; some are curable and some incurable. I do not separate them : this is a short study of the pathology, not a dissertation on the prophylaxis and treatment, of the condition.

Wrappers and Covers

Their wrappings are drab and difficult to remove, so the journals accumulate on our desks in inconvenient piles and roll on to the floor. There is little incentive to make the effort of opening them. When opened they have a strong tendency to roll themselves up again.

The covers are as drab as the wrappers. There is nothing on the cover to distinguish one copy from another or to titillate the clinical appetite. There is in some journals a table of contents on the outside page, but the titles are so discouraging that they provide very little incentive for reading the journal, especially to a man already weakened by the effort of unwrapping and correctly re-rolling the twisted pages. In other journals the table of contents is hidden among the first few pages of advertisements. Advertisers pay more if their wares are inserted half-way through the programme, as in commercial television, and so while hopefully scanning the contents one is interrupted by a vasodilator or a purgative. With the *Proceedings of the Royal Society of Medicine* I have quite often missed something because an advertisement made me think I had finished the list of contents.

Titles

Many of the titles are unattractive. Without going in for sensationalism an author can try to make his title allure as well as inform. A medical journal is an open market where each salesman must cry his goods if he wishes to get an audience at his stall. A poor title dulls the clinical appetite, whereas a good title whets it. I have called this article "Why are Medical Journals so Dull ?" I do not claim this title is specially good, but it is better than "A Study of the Negativistic Psychomotor Reactions induced by Perusal of Verbalized Clinical Material." Titles such as "A Trial of 4,4-Diethyl-hydro-balderdashic Acid in Acute Coryzal Infections" are far better changed to "A New Treatment for Colds."

An important addition to the title should be the author's name, which may attract or repel according to the reputation he enjoys ; but medical articles to-day appear to be often written by committees, and this multiple authorship is highly discouraging to readers. Ten men cannot write an article any more than ten men can drive a car. The interest evoked by an author's name is diluted by listing all his advisers.

Wanting in Colour

So much for the cover. Now for the inside. The paper is often of poor quality, and coloured pictures are almost unknown. I realize it is economically impossible that this should be otherwise, but medical journals contrast so glumly with the glossy productions of the big drug houses or with women's weeklies.

The advertisements in medical journals are essential to add revenue, but they add little else and seem far less exciting than the advertisements in lay weeklies. Prosperous people

in brightly coloured dresses sipping expensive drinks in luxurious liners provide us with happy daydreams of holidays we cannot afford. Advertisements in medical journals are quite the reverse : elderly men in shabby pyjamas hurrying along the passage with urinary frequency. They are not attractive ; nor are the other afflicted persons pictured there with tension, hypertension, insomnia, and pain. Humorous advertisements in medical advertising are rare ; it might be cheering to see a strip cartoon of the doctor whose practice dwindled because of night starvation but rose with dramatic success after Horlicks ; or the physician who found his failure to be elected to Fellowship was due to his not using Amplex.

In short, there are many factors which dull the prospect of reading a medical journal even before the letterpress is reached : the wrapping, the unwrapping, the titles, the authors, and the advertisements. There are additional psychological deterrents—the feeling of duty : "I ought to read this, for my exams. ; for my edification ; to keep up with my houseman ; because my patients will read it in the *Reader's Digest* ; or because George will ask me what I think of it. Duty, if one is aware of it, is usually a deterrent, but it is also associated with the idea that a lot of what you don't fancy does you good.

A Tedious Duty

Now for the letterpress itself. It is inevitable that editors have to accept a certain amount of junk both to fill their papers and to avoid giving offence to eminent medical men. For many doctors the achievement of a published article is a tedious duty to be surmounted as a necessary hurdle in a medical career. You have got to get over it, just as you have to dissect a dogfish for the first M.B. ; you don't like it, but it's got to be done. Though the subject of an article is important it is not much to do with its dullness. I believe if a man has something to say which interests him, and he knows how to say it, then he need never be dull. Unfortunately some people have a desire for publication but nothing more. They have nothing to say, and they do not know how to say it. They want to be seen in the *British Medical Journal* or the *Lancet* because it is respectable to be seen there, like being seen in church. They would stand no chance of publication in lay magazines, but the number of medical magazines is so large that every dull dog has his day. Often there seems to be a spate of articles on the same subject ; for example, intervertebral disks were all the rage some years ago, whereas hiatus hernia is much in the news to-day. Other subjects, especially in the correspondence columns, flower, like cacti, every two or three years ; for instance, discussions on herpes zoster and chicken-pox, or on the correct use of "tropic" and "trophic."

Good Presentation

The dullness of an article depends much on its presentation—that is, the way it is set out, the order in which the facts are put, and the way the diagrams or pictures are arranged. It is astonishing what a difference this makes. For example, here are two ways of setting out one case. A man was crushed by a bombed building, injuring his diaphragm. He consequently developed a right diaphragmatic hernia which resulted in dyspepsia from visceral displacement. Surgical repair of the hernia relieved his symptoms.

That account is factual and accurate, but not especially interesting. Here is the same case as I heard it described by the surgeon at a meeting of a clinical section. He operated on a man who had symptoms of duodenal ulcer, and to his chagrin was unable to deliver the duodenum. At length his exploring hands disappeared into a large hole in the right diaphragm, where he found much intestine. There was no duodenal ulcer. He then reviewed the chest x-ray film and found that the alleged thickened pleura was really hernia and that gas could be (and should have been) recognized in it. As soon as the man came round from the operation a fresh history was taken, and it was found that

the pain was nothing like ulcer pain ; it had no periodicity (it had been caused by the duodenum being stretched across the lumbar spine). Also, the history of the crush injury was elicited ; until then it had not been discovered. The surgeon concluded : "The moral is that one ought to take a history before the operation rather than after it."

You will agree that this second version is live ; the first was dead. The first was chronological and factual, yet was tidied up so much that there was no interest left : it had the dullness of a sieved diet.

May I mention a recently published case of my own, "A Woman with the Stiff-man Syndrome"? Here I wrote the account of events not in chronological order but in logical order, starting with my reading an annotation on this syndrome, then my realizing I had seen a case of it ten years previously, then a search for the lady, followed by a review of the notes, and finally a description of her behaviour at a clinical meeting. I thought this would make the article more alive. This device of telling a story by starting in the present and darting to the past and back is far from original, yet to my surprise I received a large number of approving letters and telephone calls praising the way the article was written. I did not know so many people minded about presentation. The amount of comment produced when trouble was taken to make the presentation as interesting as possible suggests that the average contribution may be rather dull in presentation and that a lively contribution shines like a good deed in a naughty world. I am sure many people writing for medical journals would take more trouble if they knew how much difference it made.

To refer to an article of my own in the above paragraph may suggest I am immodest. That is a risk of using the first person. Yet avoiding "I" by impersonality and circumlocution leads to dullness, and I would rather be thought conceited than dull. Articles are written to interest the reader, not to make him admire the author. Over-consciousness of anonymity can be overdone, as in the article by two authors which had a footnote, "Since this article was written, unfortunately one of us has died."

An important factor in presentation is the use of diagrams, charts, tables, and so on. I often find that I cannot understand diagrams in medical journals even when I try very hard. I take several minutes identifying the ordinates and sorting out the different types of hatching and shading and their interpretation. Then I usually find I have been looking at Fig. 1 instead of Fig. 2. A diagram should be used only if it makes something easier to understand. The purpose of a diagram is not to crowd as many facts as possible into the smallest space.

Style

Style is what matters most ; grammar, syntax, spelling, and punctuation are only useful conventions ; they matter very little, nor need we disapprove strongly about improper unions between Greek and Latin or we would have to say dicycle instead of bicycle. What *does* matter is when doctors write what Ivor Brown calls "pudder" and Sir Ernest Gowers calls "gobbledygook." They clog their meaning with muddy words and pompous prolixity ; they spend little time in seeking the shortest, neatest, and plainest way of putting down their meaning. Quiller-Couch, A. P. Herbert, Ivor Brown, and Sir Ernest Gowers have done a great deal to encourage good writing, but I think Sir Ernest Gowers's *Plain Words* is the best of all. Unfortunately those who need it most read it least, because anyone taking trouble to buy a book about using English will probably take trouble in writing it : style is largely a matter of taking trouble, though many people wrongly regard it as a gift. The people who write badly do not seem to realize they do, and so do not buy this admirable book.

Here is a sentence from a medical journal : "Experiments are described which demonstrate that in normal individuals the lowest concentration in which sucrose can be detected by means of gustation differs from the lowest con-

centration in which sucrose (in the amount employed) has to be ingested in order to produce a demonstrable decrease in olfactory acuity and a noteworthy conversion of sensations interpreted as a satiety associated with ingestion of food." All the author meant was : Experiments are described which show that normal people can taste sugar in water in quantities not strong enough to interfere with their sense of smell or take away their appetite.

Lastly, length. Medical articles should, like after-dinner speeches, finish before the audience's interest has started to wane. I finish now, pointing out that this paper, like the talk on which it is based, is only intended to provoke discussion. It solves no problems ; it only poses them. It is incomplete, inaccurate, and probably irritating ; but I hope—and I have spent many hours trying to achieve that end—that it is not dull.

STOOL-GAZING

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Jack Sprat could eat no fat.—Nursery rhyme.

This cryptic line gives us no reason for Jack's inability to eat fat. In tracing the origin of this ditty, however, we learn that the term "Jack Sprat" was used in the sixteenth and seventeenth centuries to denote a dwarf. Could it be that some prophetic individual had anticipated Samuel Gee (1888), and had unwittingly described coeliac dwarfism ? Did a high-fat diet upset Jack Sprat's bowel habits ? Did it cause diarrhoea ?

The stools are like the skin, being readily visible, frequently examined, accessible to study and scrutiny, subject to loathsome and malodorous diseases, and filling the subject and onlookers with horror and disgust.

A Disappearing Art

To a discerning physician it is clear that the art of stool-gazing is rapidly passing into oblivion. Indeed, the last half-century has seen a phase of stool scrutiny in clinical and social paediatrics the magnitude of which should not permit of its passing without notice and without epitaph. Until very recently infants' stools had been studied with a devotion paralleled only by the passionate zeal with which the Babylonians studied the liver and divined the future therefrom. The ancients cast an inquiring glance even at the stools. Aristotle, for example, held that meconium (Gr. *mekon*—poppy) was the substance responsible for keeping the infant asleep *in utero*. Throughout history various preparations of stools have been used for medicinal purposes (*Drekapotheke*). But it is only in the last fifty to seventy years that divination by stool has become widespread in the medical fraternity. "In no branch of pediatrics," writes Fischer (1928), "has so much progress been made in recent years as in the study and interpretation of infant feces."

In the autumn of 1950, during my first house job in paediatrics, I was introduced to the art of stool-gazing. Every Friday morning the medical staff congregated in the sluice-room, where a stool specimen in a labelled diaper was placed before us by the nurse in charge. All the infants were represented by their stools. These were solemnly studied, spread out with a spatula, colour, curds, and consistency noted, and a decision was made regarding a change in the infant's diet. Perhaps the sugar content of the feed was reduced, the water concentration altered, the protein changed, and the formula was thus "tailored" to fit each particular infant. Thus were digestive difficulties