

## Evolution of the Local Journal

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By Professor Alex Paton \*

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Two of the best known medical publications, the *New England Journal of Medicine* and the *British Medical Journal*, began as local journals in Massachusetts, US and Worcester, UK respectively. Their evolution was probably due to a mixture of robust editorial independence, a desire for wider contacts between doctors, and recognition (not necessarily at a conscious level) that contributions to a general journal must be both scientific and social, and must appeal to a wide audience. The overriding duty to satisfy a variety of readers persists to this day, and is increasingly threatened by specialisation and information technology.

At its simplest the items in a local journal are directed towards a narrow readership, for example, a group of doctors working in a single community, a medical society, a postgraduate centre bulletin, or a specialty newsletter. The material is of interest to members and perhaps to a wider though still local circle of colleagues. If, however, it is not confined to news and announcements but extends to "original" communications the journal begins to overstep the boundaries of local interest. Similarly its appeal may spread beyond, say, doctors or specialists to other health workers.

What then is the recipe for enlarging the scope of a local journal? While initially, like the *Bahrain Medical Bulletin*, it may be sufficient to have a group of hard-working, part-time enthusiasts to get the journal off the ground, a national or international publication will eventually require an editor (almost certainly full-time) who has the time, imagination and drive to back his or her hunches, supported by a committed and professional staff. Secondly, every technical detail of all aspects of editing – subediting, checking references, proof reading, etc. – must be immaculate – not always easy if the journal is published in a language which is not necessarily that of its authors. Thirdly, printing and publishing need to be overseen by someone with knowledge of scientific writing; it is all too easy, for example, to ruin an article by the insensitive display of illustrations and tables. One or two key staff will have to be employed full time.

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Given all this, content is still by far the most important ingredient. Local items of news will contract as the number of originals increases, but authoritative editorials, correspondence, reviews – in a word, variety – seem to be a valuable part of the process of attracting more than local readership. It is worth remembering, too, that as specialisation increases doctors and other health workers need to be informed about topics outside their own field. This is an important function of the general journal. Originals about local medical problems must also acquire an international dimension; this can best be done by collecting local data and comparing them with those obtained in the west, which up to now have been given undue prominence. As local authors are encouraged to research and write, standards of acceptance will become increasingly rigorous; help may be needed from expert referees outside the local community in order to ensure unbiased peer review. Excellence is eventually assured by creating a forum which ambitious authors cannot ignore. The crucial item for success is that they must be persuaded that it is in their own interest to submit high class work rather than send it to a prestigious journal. Not even acceptance by *Index Medicus*, *Excerpta Medica* or *Current Contents* is as vital as this.