Hart of the matter

W. F. Bynum

Mirror of Medicine. A History of the British Medical Journal. By P. W. J. Bartrip. *British Medical Journal and Clarendon Press: 1990. Pp. 352. £35.*

ROMANTIC philosophers and poets puzzled a good deal about whether the human mind should be likened more to a mirror or to a lamp. If to a mirror, it merely absorbed the external reality; if a lamp, it had the capacity somehow to impose order on that reality. The title of Peter Bartrip's fine history of the *British Medical Journal* uses the honourable but relatively passive image, but his narrative pinpoints several periods when the *Journal* has done a good deal more than simply reflect the medical knowledge and values of its time. Periodically, strong editorial leadership has transformed the *Journal* into an agent of professional and social change.

The occasion of Bartrip's monograph is the sesqui-centennial of the *Journal's* birth, although it was actually christened the *Provincial Medical and Surgical Journal* and was the entrepreneurial brain-child of its two initial editors, P. Hennis Green and Robert Streeten. Only gradually was its official relationship with what became the British Medical Association consolidated. The removal of the *Journal's* editorial offices to London was resisted by some members of the Association on the grounds that too much medical power was already concentrated in the capital; those who believed that neither the Association nor its *Journal* could otherwise become a truly national force eventually carried the day.

During its early decades, the *Journal* survived a succession of editors with variable capacities and commitment, but it was not until Ernest Hart's long reign, from 1867 to 1898, that the *Journal* became a genuine rival to its main weekly competitor, the *Lancet*, which had been established in 1823 by the equally colourful Thomas Wakley. Hart deserves a full biography, but at least Bartrip's sharp analysis brings him into clearer focus. His first stint in the editorial chair lasted a mere two years, followed by a terse resignation and disappearance for twelve

months from the medical scene, and possibly from Britain itself. His enemies (he had many) hinted that he had fled abroad to escape prosecution for the murder of, or at least culpability in the death of, his first wife. That he was reappointed so soon makes this unlikely. Whatever the reason, it hardly dampened his sense of self-importance: when the

tific and clinical papers it published. He championed Lister's surgical reforms, was committed to the role of experimental physiology and bacteriology in medical education and research, and advanced the claims of the profession as the natural guardians of the people's health. He could be an old-fashioned crusading journalist, as in his exposure of baby-farming practices. He gave public health and preventive medicine an ample hearing and if people sometimes worried that he had made the *Journal* more visible than its parent Association, this was probably not a bad thing, and, in any case, Hart was also an active BMA man.

Hart was a hard act to follow, but Bartrip also rates his successor, Dawson

Williams, as another of the *Journal's* great editors. He maintained high scientific and clinical standards in the papers he published and was particularly skilful in the way he managed things during the First World War. Dawson Williams' one major excursion into investigative journalism was the series of articles he commissioned on the contents of a large number of patent medicines. This resulted in a little volume, *Secret Remedies. What They Cost And What They Contain*, which became an edwardian best-seller and produced the inevitable sequel, *More Secret Remedies*. It also opened the stormy issue of advertisement in the *Journal*, since many of the pharmaceutical preparations, medical inventions and health aids advertised in its pages had dubious value. The BMA eventually established a committee to vet items deemed unsuitable for advertising in the *Journal's*

Doctor at large — Wandsworth Medical Treatment Centre in 1913, reproduced from *Mirror of Medicine*.

Journal (and Association) moved in 1887 to larger quarters in the Strand. Hart was unsuccessful in his bid to obtain the best room for his office, but he demanded, and got, a specially-constructed private entrance, complete with a plaque reading 'BRITISH MEDICAL JOURNAL, Editor'.

Overweening and overbearing he may have been ('scoundrel', 'vermin', 'beast', 'skunk' are some of the endearing names he was called), but his commitment to the *Journal* was absolute, even if his enemies might have claimed he took his cue from Louis XIV: '*Le British Medical Journal, c'est moi*'. Nevertheless, he turned the *Journal* around, in revenue, circulation and, above all, in the quality of the scien-

pages, but given the importance of this source of income, 'eternal vigilance' was not necessarily the committee's motto.

Dawson Williams dreaded retirement and consequently hung on long after his effectiveness had vanished. He was finally induced to retire, aged 73, in 1928, by which time the *Journal* was drifting without too much purpose. His successor, Gerald Horner, was already on the staff and was a great admirer of his boss. Unfortunately, Horner emulated only Dawson Williams' declining years. A weak man, Horner had trouble keeping good staff and surrendered editorial freedom to a management committee. Under him, the *Journal* was timid in taking up the important social issues of the interwar

Ernest Hart — a “sense of self-importance” (reproduced from *Mirror of Medicine*).

years, such as malnutrition, poverty and unemployment. Perhaps the most notable achievement of his period was the redesign of the *Journal's* format, by Stanley Morison, with the appearance of the now-familiar logo, the work of Eric Gill.

Horner was in ill-health during the last years of his editorship, and his deputy, Hugh Clegg, was effectively the editor for several years before being officially appointed in 1947, just in time to greet the birth of the National Health Service. Clegg was not enamoured of either Aneurin Bevan or his plans for the NHS, but he was realistic enough to recognize that medical opposition could not stop their implementation, and as the Appointed Day (7 July 1948) came nearer, he used the *Journal* to urge doctors to cooperate, and survived an attempt by some irate BMA members to have him sacked for his pains. Clegg proved to be a strong editor, as difficult personally as Hart, but equally effective in restoring the *Journal's* flagging reputation.

Bartrip ends his account with Clegg's retirement in 1965, although the present editor, Stephen Lock, has written a thoughtful postscript on the philosophy that has guided the *Journal's* production during the past quarter of a century.

Considering their importance, it is surprising that scientific and medical periodicals have attracted so little scholarly attention. Bartrip's monograph thus sets a standard and, one might dare to hope, a precedent. I can think of a number of other periodicals whose histories would make illuminating reading, of which *Nature* comes pretty close to the top of the list. □

W.F. Bynum is at the Wellcome Institute for the History of Medicine, 183 Euston Road, London NW1 2BN, UK.

Hypocrisies and half-truths

Roy Porter

Follies and Fallacies in Medicine. By Petr Skrabanek and James McCormick. Prometheus Books: 1990. Pp. 147. \$19.95.

THE recent inquiry, published in the *Lancet*, into the survival prospects of patients attending the Bristol Cancer Help Centre in the United Kingdom, elicited the most dreadfully predictable set of responses. Spokesman for orthodox oncology tended to say “we told you so — we always knew these quack treatments were worthless”, while advocates of alternative medicine queried the statistics, or claimed their publication was “premature”, because the result betrayed “hope”. What is so refreshing, by contrast, about Skrabanek and McCormick's entertaining syllabus of medical errors is the independent gadfly spirit of the enterprise. Wielding the lancet of critical reason against nonsense, pomposity and illogic wherever they are found, the pair slaughter the sacred cows of all manners of medicine, regular and irregular, without fear or favour.

Alternative systems form, not surprisingly, the most vulnerable sitting targets, and the authors direct devastating shafts of wit against the more gullible sectors of the fringe. How can anyone truly believe that homeopathic medications work thanks to the extremes of dilution widely recommended (and mystifyingly dubbed ‘potentization’), or that the essence of their efficacy lies in

the way they are shaken? Skrabanek and McCormick in their dossier of delusions dismiss acupuncture as “quackupuncture”; adjudge Christian science to be neither Christian nor scientific; and expose psychic surgery as a pernicious fraud.

But, when it comes to credulity, is orthodox medicine's track record so very much better? An entertaining chapter entitled “A Fistful of Fallacies” offers an alphabet of the absurdities of establishment medicine: from false faith in therapeutics (A recovers after taking medicine B, therefore B cures A: the causal link is all too often simply assumed), to semantic obfuscation and a terminal addiction to polysyllabics. Drawing upon Bacon's critique of the “idols of the mind”, and adding a generous pinch of H. L. Mencken's short way with prejudices, the authors lay bare the sloppy handling of statistics still pervading so many supposedly scientific clinical trials, and expose the way dubious diagnostic labels all too often serve as cloaks for ignorance and surrogates for understanding.

They are not critical of medicine *per se*, Skrabanek and McCormick insist, they merely want criticism in medicine. Nor is their stance wholly destructive. On the positive side, they argue that because medicine cannot be an exact science — it is, rather, a technique of healing — the human factor must be paramount.

Hence they have some robust recommendations about healing. All surveys confirm that the doctor can wield a magical power. Inert drugs, prescribed with the right flourish of confidence, produce a placebo effect; the bedside manner is itself therapeutically effective. Why, then — prejudice aside — has so little attention

been paid to the promotion of this kind of faith-healing within medicine? Isn't it time medical education capitalized upon the obvious healing power of the placebo?

‘Prevention’ forms another instance where specious theory may be taking precedence over the real interests of the patient. In the abstract, the extension of screening procedures (for example, for cervical cancer) may seem incontestable. But, taken in the round, do the outcomes actually bear this out? Include all the undesirable, and, too often, ignored, side-effects — false positives, surgical intrusions and the vast and mainly needless psychological anxiety created — and it is less clear where the balance of benefit lies.

Avoiding cynicism or

Acupuncture or “quackupuncture”?

Science Photo Library