

## MEDICAL JOURNALISM\*

T. K. MEHTA †

Mr. President, Senior colleagues and friends,

At the outset I would like to express my thanks to and deep sense of appreciation of our Association for selecting me for the annual oration for this year (1973). I consider it a signal honour.

This annual oration has been started for the last three years. When I think of the stalwarts like Drs. Rajam, Khandhari and Desai who preceded me, I feel a little diffident and hesitant, being always conscious of my limitations. However, being my seniors they inspire confidence in me to carry out the assigned task, motivated as I am always with duty consciousness. To do one's duty has been always my motto since the time I joined social life. I shall try my best to do justice to the subject chosen for the oration.

The subject for the oration is Medical Journalism. It couldn't be any other. Most of you know that I was the second editor of Indian Journal of Dermatology & Venereology after the sad demise of Dr. Narayan Rao in 1960. But I was connected with Medical Journalism much earlier. Indeed the present

'Indian Practitioner' was my creation and I was its first editor in 1952. In fact the caption was chosen by me. Prior to that it was known as Medical Guide.

Before I deal with Medical Journalism, it will be in the fitness of things if I just give a short account of journalism in general.

Journalism, basically, has three aspects in its quest for enlightenment of public opinion: The first is informative report age of news; the second seeks an aggressive tone of criticism to demolish an evil thought or eradicate the impact of a bad influence; the third presents considered and constructive opinion on various issues. Napoleon once remarked that four hostile newspapers are more to be feared than a thousand bayonets. But that can only be a truth if a person has any reason to fear the freedom of the press. Otherwise the press though a private industry remains a public service. It is too late in the day to trace the history of journalism nor is it necessary on this occasion. Suffice it to say, that the first news-sheets came into fashion as early as the fifth Century B. C.

The first paper in the world was "Acta Diurna" (Daily Acts) in Rome in the year 60 B. C. in the time of Julius Caesar, probably hand-written.

In the first two decades of the 17th century more or less regular papers printed from movable types sprang up in Germany, Australia, the Netherlands and Italy.

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† President, College of Physicians and Surgeons of Bombay, Dr. E. Borges Marg, Parel, Bombay-12, DD.

"Newes Concernynge the General Council Holden at Trydent (Thomas Raynalde, London 1949,) a translation from German, was one of the earliest. News of political interest, murders, wonders etc., were commonly published from time to time after the events had occurred some time earlier.

The first paper in India was the "Bengal Gazette" or "Calcutta General Advertiser" in 1780, started by J. A. Nicky in English. It contained the exposure of private lives of servants of the Company (East India Company). This appeared 12 years after one William Bolts had expressed his intention of publishing a paper. It was learnt that he had lots of stories about private life of individuals and was going to publish them. He was deported and his paper was still-born.

The first paper in Bombay was the "Bombay Herald" in 1789 (English). The "Courier" was started in 1790 and "Gazette" in 1791 and all the three merged in 1792. Subsequently they were incorporated with "The Times of India" in 1836.

The oldest vernacular paper was the "Bombay Samachar" in Gujarathi. It is 150 years old and still going strong. By now it changed ownership with nine hands and all were Parsis.

With the march of time, even as new techniques of printing and reproduction emerged, journalism, too took one more specific task and the idea of specialised journalism came into being. Medical Journalism is indeed a specialised field. But, even here, the noble thought of informing and enlightening public opinion, of sharing the knowledge of the expert with others for the sheer purpose of spreading new ideas and realising the full value of research and enquiries, guides the editor and the author. A sense of social responsibility characterises journalism in the main and this is

specially valid for medical journalism. Here, knowledge carries with it a deep responsibility, for medicine stands dedicated to the service of mankind. Thus it will be realised that the general journalism is news-oriented whereas medical journalism is more views-oriented.

The need for medical journalism will certainly not be challenged by anyone to-day. On the other hand, one will endorse a plea for more journals for greater dissemination of medical knowledge what with the increased facilities and achievements in medical research.

If industry and industrial research are essential for economic progress, the advancement of medicine and medical research are equally if not more essential for the modern man, for the industrial and technological revolution has brought with it greater problems of stress and survival.

Truth, in terms of exact and unbiassed presentation of conclusions, is a prime requisite for medical journalism. While one may appreciate a difference of opinion, it is imperative that any new finding in medical research be presented in medical journals with an exactitude that will preclude selfish motive of gain or personal glory.

Medical journalism brings specialists and researchers together the world over. Thus it paves the way for closer co-ordination of findings and, in time, a regular comparison of notes.

We know, to-day, that in several cases a new therapy or treatment has later brought an added complication instead of a cure. Without medical journalism, it would indeed be difficult to set matters right in such eventualities.

An editor of a medical journal has therefore to have the good of the public uppermost in mind, whatever the consequences. A medical journal binds

together not only the medical practitioners and the researches but also the physicians and the public. It is not only the healing touch that one is concerned with but also the touch of knowledge.

### History of medical journals in India

According to Lekun, anywhere in the world the early medical periodicals were only a special adaptation of the contemporary news sheets, but the formation of Scientific societies in Paris, London and Rome in the Seventeenth Century led to the serial publications of the transactions.

Medical Journalism in India had its beginning from the association of a few interested medical men, mostly members of the East India Company's Medical Services in the three Presidencies who felt it would be for the benefit of their colleagues and the Medical Profession to record their experience and observations on medical subjects, particularly on those problems they meet with in their daily practice.

Between 1820 and 1920, 88 medical periodicals had come into existence in the country but as many as 60 had merged, changed name or ceased publication during the same period leaving 28 periodicals at the end of 1920. Among the Medical periodicals founded in the last century only half a dozen survived to this day, and only two—the Indian Medical Gazette and the Indian Medical Record—have celebrated their 75th birthday. The cause for the high mortality rate of Indian Medical periodicals may be traced to some of the problems which medical journalism had to face (and probably confront them even today) in the last century.

Beginning with the first quarter of the 19th Century Medical men in India, especially members of the East India Company's medical establishments in

the three Presidencies had given serious thoughts to organise themselves as a professional group for mutual benefit, to communicate, confer and share knowledge. Put into practice this idea led to the formation of associations and societies of medical men and the development of medical periodicals in the country.

(Crawford and Mukharji have surveyed the development of medical societies and periodicals in India).

The *Transactions of the medical and physical society of Calcutta* which began publication in *March 1823* was the first PROFESSIONAL MEDICAL Periodical published in India. *Surgeon James Hare* (d. 1831) was a founder of this society.

From 1837 the title of the periodicals was changed to quarterly journal of the Calcutta Medical and Physical society and six quarterly volumes edited by H.H. Goodeve and W.B. O' Shavegnessy were issued from 1837 to 1838.

The *Indian Journal of Medical Science* takes the pride of place as the first Medical periodical in the country not sponsored by any society or association. The periodical was founded in 1834 in Calcutta and the Founders John Grant and J. T. Pearson were also its first Editors.

The Indian Journal of Medical Sciences has also the distinction of being the first monthly periodical of India.

Let me examine the position of Medical Journalism in the light of the above general remarks. The quality and quantity of medical journals in any country must depend by and large on the basis of demand and supply and also on the amount of scientific research and development. In far advanced countries like America, Russia, United

Kingdom or Germany there are bound to be more journals than in India where only after independence there has been more emphasis and some advancement in Medical research, education and medical relief. At present there are about 106 medical colleges in India with a likely annual output of 11,000 doctors per year. To-day there are nearly 1,10,000 doctors of modern medicine. This gives some idea of the number of medical persons who are likely to benefit by various medical journals in this country. In addition there are about 20 thousand senior medical students who also make use of these journals. The medical journals have also to cater to the needs of various post-graduate students studying in 29 post-graduate medical institutions that exist in India. It is estimated that the number of such students is over two thousand.

The aims and objects of a medical journal as I understand then should be :

- (1) To disseminate national and international medical news to the medical and para-medical profession. This consists of recording original articles, rare and interesting case records, new findings in clinical course of diseases, diagnostic procedures and therapy, and also publication of critical evaluation of these findings.
- (2) To provide for continuing and refreshing medical education of doctors in practice after graduation. This motive can be achieved by publishing concise, easily readable write ups on subjects of topical interest to medical practitioners. Here notes on management are highly appreciated by G.P.'s. Another way of fulfilling this object is by having following sections in the journal (i) questions and answers and (ii) abstracts of articles from other journals.
- (3) To serve as medium for publication of fundamental and technical research pertaining to various disciplines. Here arises the need for speciality and specialized journals, as these type of articles will be read only by specialists concerned. Incidentally the journal provides a forum for exchange of and comparison of ideas and notes between various research workers in the country.
- (4) To focus attention of the medical profession on medical problems, peculiar to one's country. This object can be fulfilled by editorials, leaders, annotations, etc. and by inviting special articles by experts on the subject.
- (5) To provide a forum to discuss and highlight national problems and programmes of public health and prevention e.g. Medical education, medical relief and most important of them. Family Planning or population control. Also to provide guidance on health measures and rational nutrition.
- (6) To serve as a mouthpiece of Medical Associations, Societies or Institutions of local, regional or all-India character. Most of our medical journals belong to this category. Apart from prestige, the journal serves as a source of income to the associations concerned to carry out its various academic and social activities. The surplus income can be utilized for establishing scholarships, lectureships and to meet travel expenses of guest speakers at annual conferences.
- (7) To provide a medium for advertisement of ethical products of various pharmaceutical and allied companies. It is very gratifying to

note that by and large most of our journals have so far resisted temptation to give publicity to products not directly of utility to medical profession.

- (8) Lastly a Journal may be published as a commercial venture. This should be discouraged. We have a few business journals which thrive because they are able to exploit names of eminent medical men as editors and as members of the Editorial Board etc. This helps them to attract a large number of subscribers (paid and complimentary) and as a consequence a large number of advertisements which swell their coffers. This type of journals might encourage malpractice also. However, Lancet of England is a striking example of a private journal with global reputation.

**Nomenclature**—Members of the medical profession are bound by a rigid code of medical ethics and we do not name our journals as the rest of the press does. Amongst us there is no “Free Press” “People’s Herald”, National Chronicle, Leader, Pioneer or in our own language names like ‘Rang Tarang’ ‘Rup Ranga’, ‘Preet Lavi’, ‘Chitra Lekha’ and so on, we are content with calling ourselves the Journal of Medical Association of Physicians or Surgeons etc. However we too have an ‘Antiseptic’ not that it deals with antiseptics only.

It is noteworthy that amongst the medical journals there were three in our own languages, viz., Hyderabad Medical Journal in Hindustani, Medical Reformer, Agra, in Urdu and Chikitse-O-Samalochak in Bengali. Strange as it may seem but when the teaching of medical education in Western medicine was first started in India in 1822 by establishing a medical school in Calcutta *the medium of instruction was in Sanskrit* Within a few years English was adopted as the medium in the first three medical colleges of India in Calcutta, Bombay and Madras. Special mention must be made of the Indian Medical Gazette first published in 1866, six years earlier than even the British Medical Journal, which successfully maintained an excellent standard and served the Indian Medical profession usefully for a long period. Indian Journal of Medical Research, the first journal entirely devoted to research started in 1913 and has made valuable contributions in this field.

The present status of medical journals in India published in the English language as obtained from 1961 Annual Report of the Registrar of Newspapers for India is that there are about 59 Medical journals available to the Medical profession. Among these are 28 monthlies, 24 quarterlies, 6 bi-monthlies and one fortnightly publication. Now there are at least 300 medical journals in India, as was pointed out at the time of Silver Jubilee celebration of Indian Journal of Medical Science of Bombay in 1972.

TABLE 1  
Showing State-wise Data of Medical Journals in India

State	Fortnightly	Monthly	Bi-monthly	Quarterly	Total
Bihar	—	1	—	—	1
Delhi	—	4	2	5	11
Madras	—	6	1	3	10
Maharashtra	—	7	—	10	17
Punjab	—	3	—	1	4
West Bengal	1	7	3	5	16

**World Medical Periodicals (1961).**

Total number of Journals in the World	5789
Total number of Journals in India	63
Total number of Journals in Bombay	20
Total number of Journals in Skin & V.D. in World	48
Total number of Journals in Skin & V.D. in India	1
Total number of Journals in Skin & V.D. in Bombay	1
Total number of Journals in World (V.D.)	8
Total number of Journals in India (V.D.)	0
Total number of Journals in Bombay (V.D.)	0
Total number of Skin Journals in World	22
Total number of Skin Journals in India	1
Total number of Skin Journals in Bombay	nil
Total number of Leprosy Journals in the World	10
Total number of Leprosy Journals in India	1

In addition to these there are local Magazines in almost all medical colleges of India which serve the medical students and staff and are usually published once or twice a year.

Another type of medical journal or so called medical journals, which it is not proposed to include are the various monthly or quarterly pamphlets by the many pharmaceutical firms that exist in India. They are nothing but an advertisement medium for their own products with a few short abstracts of articles, an occasional small review and a page devoted to wit and humour or medical cartoons the reading of which many of us enjoy. Even amongst these there are exceptions and particular mention must be made of at least one, the 'Triangle' which maintains an excellent standard of current thought and conception of medical problems. The many journals on Ayurveda, Unani and Homoeopathy are not included in this list, strangely many such journals are available in regional language, but regarding the standard, utility or scientific nature, I am not qualified to express any opinion. They certainly cater to the rural population to a far greater extent than the other journals.

Amongst the English journals the place of pride belongs to the fortnightly journal of the Indian Medical Association (in twice a month publication issued on the 1st and 16th of each month making a total of 24 issues a year; a fortnightly publishes 26 issues instead - ED, J. Indian M.A.) which has the largest circulation of over 22 thousand subscribers and maintains an excellent standard. It was started in 1930 under the editorship of the well known and respected teacher and physician of Calcutta Sir Nilratan Sirkar. Journals of various specialities represent the various all India Associations of Physicians, Surgeons, Obstetricians, Pediatricians, Dermatologists & Venereologists, Cardiologists, Radiologists, Neurologists etc. They also maintain a fairly high academic standard and most of the clinical and basic research done in this country is published through these journals. A greater importance to journals published in English is given for the simple reason that under the present circumstances this language has a great integrating value throughout India and till the time Hindi can take its place, it must continue and even then most of the members of the profession are of the opinion that it must continue as a compulsory associate language for international contact and knowledge.

The problem that one is often faced with today is that are these journals sufficient or do we need more or less? It is certain that if these are too many, the academic standard of the journal will go down and the number of subscribers will be less; even today there are journals which do not have more than two or three hundred subscribers. But the main reason for paucity of subscribers for some is the poor standard of papers published, for others they are specialised, highly technical journals and naturally there are only a few hundred interested in that particular subject.

Personally bearing in mind the fact that within a few years there will be more than one and a half lakh of doctors in India and considering that there is a vast amount of clinical material available in the country, one would certainly say that there is still need for more journals, only they must be of the right kind and organised on proper lines. Each journal should devote itself to a particular field, not only that but there should be a larger number of subscribers for these journals. This is only possible if the needs of particular types of doctors, i.e., general practitioners, consultants, teachers, post-graduate students are met with. We badly need a weekly journal of the status of Lancet or B.M.J. or the journal of American Medical Association.

At this stage it will be worthwhile to take up the challenge of finding ways and means against introduction of drugs that have not been properly tried out and may be of potential danger to the human race. Thalidomide is only one such example but there may be many more. I strongly feel that the World Medical Editors can put an effective check on this problem by refusing to accept advertisements of new drugs not accompanied by thorough and certified authoritative checks on their toxicity and effects on the human body. There should be a strict censoring of drugs advertisement by the medical editors.

One feels that in India there is still need for the proper kind of medical journals, the need of a medical weekly is specially emphasised. Another lacuna which is glaring is as regards the paucity of instructive health magazines. Somehow the journals have not reached a larger number of doctors, therefore ways and means should be thought out to increase the number of subscribers. In this connection, the late Prime Minister Pandit Jawaharlal Nehru,

while inaugurating a book exhibition made very pertinent remarks. He observed that in India there is general poor reading habit even among educated people. In our own profession the majority are just apathetic and that explains the poor circulation of many medical journals.

### Role in Development of Specialities

One interesting point about medical journalism is its role in fostering and in development of specialities. In this respect our speciality has an unique evolution. Late Dr. Narayan Rao started on his own "the Journal of Venereal Diseases and Dermatology" in 1935, whereas the post-graduate qualifications in Skin and V.D. and the Association developed in 1945 and 1947 respectively. Usually it is the other way about. Once the associations and societies and post-graduate courses are formed the need for a journal is felt. Popularity of a speciality journal as indicated by increase in the number of subscribers is a measure of its contribution towards the growth of a particular discipline. This has what exactly happened in the case of our official journal.

Thus the journal was responsible initially in arousing interest in the twin speciality among general practitioners. The number of subscribers went on increasing year by year. There was demand for refresher courses which was duly met by the then available Bombay specialities.

Besides the editor made it further popular by (i) writing editorials on topical subjects, (ii) publishing important articles, case records, professional news and (iii) encouraging correspondence amongst readers. All this helped the journal to claim nation-wide circulation and in course of time celebrated silver jubilee. With increase in circulation of the journal and consequent popularity of the twin speciality, quite a number

of general practitioners and other graduate doctors were attracted to go in for diploma or degree course initially of the Bombay university and the College of Physicians and Surgeons of Bombay and later of other universities. Dr. S. M. Mathur, Prof. & Head, Skin & V. D. Department, S. M. S. Medical College & Hospital, Jaipur, is one such example. He was trained at T. N. Medical College and Nair Hospital, Bombay.

Discussion on medical journalism cannot be and should not be complete without reference to its relationship with the Pharmaceutical Industry. In fact medical journals all over the world depend for their existence on the financial support they get from the industry by way of generous advertisements.

#### Medical Journalism and Pharmaceutical Industry.

In most countries successful publication of medical journals depends a great deal upon the support received from the Pharmaceutical companies. It is absolutely necessary that there should be a very close liaison purely on scientific basis between the editorial staff and the physicians working in the industries. Industry should ensure that their promotional claims are based upon scientific facts and not merely upon wishful thinking. This should be the responsibility of the individual pharmaceutical company because the editorial staff of a medical journal is not in a position to verify the various claims made in the advertisements of the pharmaceutical companies. The editorial staff should encourage publication of scientifically carried out clinical trials and other clinical pharmacological studies, a new and progressive branch in medicine. It is also, I feel, the duty of the editorial staff of a medical journal to comment upon the problems related to the pharmaceutical industry if they are of a scientific nature and particularly when it comes to concern the medical profession

as well. An example which comes to my mind immediately is the present controversy about generic prescribing and therapeutic equivalents. It is a sad state of affairs that no medical journal in India has yet touched upon this topic although it concerns the profession so very deeply. The prescribing physician, to my mind, knows what is good for his patient when he issues a prescription of a specific brand of product. If he was to prescribe by a generic name he will be leaving the ultimate responsibility in the hands of the chemist. Such a situation should never be allowed to happen. There are numerous factors, apart from the active chemical, such as, the particle size, the PH, the solubility, the excipient, and the base, which may completely alter the therapeutic efficacy of a product. Therefore, to ensure an adequate response for his patient, a physician would always like to choose his tested and trusted brand of product rather than letting the chemist prescribe the generic with an equivalent amount of active chemical compound. Such controversies, I feel, should be highlighted in the journals and the members of the profession should be given an opportunity to express their opinion.

Striking a personal note, I think some of you might be curious to know my experiences as an editor. Well it is not possible to elaborate on all aspects of medical journals in the short time at my disposal. By itself it requires a conference as was amply demonstrated at the Bombay conference in 1972. As for me, well while I was editor I tried to discharge my duties as efficiently as I could do. For efficient functioning there should be co-ordination and co-operation amongst various people concerned with the production of a journal viz., editor, members of advisory board, office staff (if any), printer, publisher, contributions, referees, subscribers, book reviewers and last but not the least advertisers. Incidentally as editor



one makes lot of invisible friendships. I had a very appreciative and advising friend in Dr. Marshall of S. Africa. Besides of course, I used to feel little important also: As a tail piece I might add here that an editor should always be receptive and responsive. Further he should be vigilant to take note of achievements of the members of the medical fraternity and publish them in the journal for the benefit of the reader. I may also point out the need for a short training course in medical journalism.

Finally as regards the value of a medical journal I can do no better than

refer to the very apt remarks of one of our respected past Presidents, Dr. Jayaram who observed in his Presidential speech at Mangalore in 1971:

“A journal can be assessed for its intrinsic and extrinsic value. The intrinsic value of the journal depends on scholarship of the members who contribute to it. The extrinsic worth depends on the printer and the editor. The work of the printer and editor in turn depends on the time and money we can provide for them. And these are in limited supply”.

#### REFERENCES

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2. Neelameghan A: Development of Medical Societies and Medical Periodicals in India, Calcutta, 1780-1920,

#### TRUE or FALSE?

Focal epithelial hyperplasia is an asymptomatic, hyperplastic condition of the oral mucous membrane with a persistent or self-limiting course, sometimes mistaken for warts.

(Answer page No. 78)