60th anniversary of *Thorax*

Thorax in the early 1970s

C Ogilvie

When I edited *Thorax* in the early 1970s, it was the official publication of the old Thoracic Society whose membership included surgeons. There was therefore a surgical as well as a medical editor. This was the dawning era of open heart surgery, so many of the surgical papers dealt with this topic but also (since *Thorax* was an anatomical concept) with oesophageal disorders.

A change in the growing points of respiratory medicine is revealed by a comparison of papers published in the June 2006 issue of *Thorax* with those published when I was editor. About one third of all medical papers appearing in 1973 dealt with advances in lung physiology compared with only one of 21 articles in the June issue. Conversely, some current topics were scarcely heard of in the early 1970s: sleep apnoea, CT scans, and many advances in the genetics and biochemistry of the lung.

Thorax now reflects the highest standards of current respiratory research. The editorial team should be proud to attract such distinguished contributions.

Editor, 1971–1977

Thorax 2006;**61**:1017.
doi: 10.1136/thx.2006.072322

60th anniversary of *Thorax*

The old case: *Thorax* in the 1970s

A Seaton

As a young consultant in Cardiff in the 1970s I inherited two things: a battered old brown bakelite case that had been carried by earlier South Wales tuberculosis doctors and the editorship of *Thorax*. The two fitted well together. The work was shared with the surgical editors, Ben Milstein then Hugoe Matthews, who dealt with thoracic surgery and anatomy, the rest coming to me. The *BMJ* agreed to buy me an electric typewriter and pay secretarial expenses. Approximately one or two papers arrived each day, to be filed in the brown case. This held about 15, and it was possible to carry a week's work together with my stethoscope wherever I went; when it was full I knew I had to deal with it. The process was quite simple and conducted by letter. Like my predecessors, I read every paper, decided whether it was of sufficient interest and, if it was, wrote to a referee asking for his or her opinion on the science and giving my personal views, thus immediately introducing a bias. Sometimes, if I didn't think it at all interesting, I rejected it politely but firmly without asking a referee. Occasionally this attracted some discussion with the authors and once resulted in a death threat (from an overseas colleague), but generally caused no problems other than having to be wary of meeting disappointed colleagues at conferences.

The process of refereeing was interesting. I also had a wide range of very helpful colleagues and most were very fair referees. Occasionally, however, some were undoubtedly destructive and motivated by rivalry or a personal dislike of the authors or their ideas. Sometimes they found no scientific fault but blamed the authors for not doing a completely different study. I occasionally used two referees when I had questions about the first one, and I sometimes published papers that referees didn't like. It was often possible to predict a referee's response, and this allowed me to steer papers to sympathetic ones when I thought the work interesting. It also allowed me to learn the characteristic refereeing styles of many colleagues, so for years I was able to guess the names of referees of my own papers.

What are referees for? To guide an editor as to whether the science is valid, the analysis appropriate, and the work original—not to usurp the editorial role of deciding what is most likely to interest the journal's readers. Although the journal had already been well established as an international one by my predecessors, I had a strong sense that it was the Thoracic Society's journal and, since I knew almost all the members, I had a fair view as to what would be of interest to them. Two refereeing moments stick in my memory. One rather obscure physiological paper seemed good to me, and Neil Pride as referee agreed, with one small proviso—he recalled reading exactly the same paper from the same author 15 years before! Editors beware—people now rarely look back more than five. Another rather indifferent paper reached me on the same day that it also came to me for refereeing from the *BMJ*—bad luck on the authors, as both were rejected and they got a stern letter from Stephen Lock.

In those days a journal's circulation depended on library subscriptions primarily and this was affected more by the price of the dollar than by the journal's content. Our motivation was to produce a journal that our readers would enjoy and find educational, but we were not troubled by citation indices. European doctors sent their best work to European journals, which were generally more readable than American ones; in my opinion they still should. Because American journals are sent to more people and thus quoted by more does not make the reported work any better and, in these www days, does not influence greatly the chances of a good paper being read by those who are interested. Progress of science does not depend on research assessment exercises and citation indices but on good ideas, carefully tested and clearly explained in journals like *Thorax*.

Several things of note happened during my tenure. Ben Milstein changed the colour of the cover from bilious post-war yellow to shiny silver—the nicest it has ever been in my biased opinion. We decided to publish editorials and I wrote the first one myself for the first issue of 1978: ''Asthma – contrasts in care''. It is interesting to re-read it almost 30 years later, as it took some 25 years for my suggestions to be taken up. We also introduced 600 word short reports and a fascinating series on the Thorax in

History. We extended the editorial board and agreed with the BMA to share the profits of the journal with the Thoracic Society, to the considerable benefit of the Society.

One of the pleasures of academic life was to search the old literature for a reference; the smell of dusty volumes, the quiet of the library, and the interest of finding those completely unexpected papers close to the one you were looking for. How much the modern researcher misses by simply sitting at a computer screen. Try looking through old *Thorax* volumes. You will find the first description of mesothelioma, Richard Doll's first paper (no statistics), results of lung cancer resection not bettered today, the first papers on mesothelioma in erionite exposure, early papers on bronchopulmonary aspergillosis and occupational asthma, and a description of the morning dip in asthma. In 1981 we published a short series of papers to mark the bicentenary of Läennec's birth.

We were pretty strict on the length of papers and I was a ruthless remover of unnecessary words and sentences, but by 1980 we needed to expand to monthly publication. The work was becoming impossible from a full time post so I negotiated a part time salary for my successor, urged on him the need for seeking greater editorial help, and gratefully handed over to Alistair Brewis. It had been a wonderful experience of continuing medical education without the need to fill in forms and satisfy appraisers. Now, next time you are in the library, take this test. Open an early volume at random at three or four pages and then do the same in a recent one. What does that tell you about life?

Editor, 1977–1982

Thorax 2006;**61**:1017–1018.
doi: 10.1136/thx.2006.072330

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60th anniversary of *Thorax*

Thorax in the 1980s

R A L Brewis

Reflecting on the experience of editing *Thorax*, now more than 20 years ago, what stands out in the memory is not any individual ground breaking paper but rather an impression of the huge variety of topics which clamoured for attention under the thoracic banner, and of the general mood of enthusiasm and cooperation which prevailed at the time.

By the early 1980s respiratory medicine had broadened out from its earlier essential focus on tuberculosis and industrial lung disease and seemed at last to have an established position within general medicine. Bright young academic minds were increasingly attracted to the specialty and the quantity and quality of research were advancing in proportion. The British Thoracic Society was newly formed and had confirmed *Thorax* as its official organ. The general enthusiasm for the subject clearly evident in the Society's meetings was transmitted to the journal. Specialists from a rapidly widening variety of clinical disciplines and basic sciences contributed to the submitted papers, and there was a steady increase in submissions from overseas. Thoracic surgery with its more direct links to cardiology was also changing in character but maintained a strong presence and, up to this time, *Thorax* still had medical and surgical editors working in tandem. The Editorial Board, which had tended to be the preserve of the silver haired and distinguished, became populated by younger high performers.

The task of editing *Thorax* was an exciting one involving responsibility, privilege, and a great deal of hard graft—much like doctoring in general. The role had something in common with that of an overworked paediatrician confronted by doting parents (authors) with ailing offspring (papers). In each case a careful history would be followed by detailed examination and, with the help of investigations and specialist advice, the formulation of a diagnosis and then a plan of action directed, wherever possible, towards a successful outcome (publication). In some the course of the illness was protracted; in others radical surgery might be required. Regularly it was necessary to break bad news.

The Editor felt responsible for ensuring fair treatment of authors and an obligation to be true to scientific and ethical principles, but additionally felt a duty to stand as representative of the common reader. This proxy role was assumed to excuse the arrogance of the working rule that, if the editor did not understand something, there was something wrong with the material or the author's presentation. Experience showed that the most impressive researchers were able to describe even advanced concepts in simple terms whereas lesser individuals often tended towards over-elaboration and lack of clarity. One of the most enjoyable aspects of the Editor's role was the licence it gave to approach anyone with special understanding or expertise with a view to producing an illuminating editorial.

An underlying practical challenge was that of improving the actual process of assessing and publishing papers. Opportunities to meet editors from other fields and access to kindly guidance from Stephen Lock were helpful here, as was a steady improvement in the overall standard of work submitted. This was typified by better understanding of the use of statistics, facilitated in the medical field by Douglas Altman and Sheila Gore among others.

Any Editor leans heavily on those who are both highly effective and good natured, and it quickly becomes clear who qualifies under both headings. One of the lessons learnt as Editor was how astonishingly consistent people are. Someone who returns material the next day will continue to be a lightning performer; someone who requires two reminders before replying will *always* require two reminders. On the theme of reliability it may be interesting to record that, in the days before e-mails and before the Editorial Office had even a word processor let alone a computer, thousands of paper handling actions were completed without loss or significant delay using a manual typewriter, a handwritten ledger system, and the Royal Mail. In those days at least, the mail performed impressively. If a manuscript was held up or thought to be lost, it was invariably located later in some hospital or university post room, or in the office of the author making the enquiry. It is nice to be able to record here the contribution made by *Thorax* secretaries. Some authors writing in the 1980s will recall the efficiency and alertness of Pat Haselhurst who set a standard happily taken up by the