

Frank Davidoff. Am Int Med 1999; 353: 252

Putting out a biomedical journal is almost as much a performing art as an intellectual exercise, and an enormously complex one at that. Journals are needed because “one of the strictures of the scientific ethos is that a discovery does not exist until it is safely reviewed and print”. But getting those discoveries safely reviewed and into print in a major journal depends directly on a very large cast of characters; a few editors; some highly sophisticated statisticians; a great many more production and support staff (nowadays including some with high-level expertise in electronic information systems); peer reviewers by the thousands; advertisers by the dozen; an editorial board; and a sponsoring organization, which is usually also the journal’s publisher. A vigorous journal of course needs a dedicated readership, and these days a journal also connects in important ways with an ever-expanding array of interested parties, including industry, foundations, government agencies, the media, and the general public.

As in the performing arts, the success of a journal depends on the actions and interactions of many individual players linked together dynamically in circles of causality. (...) Thus, for example, the publication of the good papers attracts better papers; better papers mean that reviewers are more willing to review; stronger reviews further increase quality, leading to greater journal utility and credibility, hence more readers.(...)

The performing arts have their patrons who control much of their destiny; biomedical journals have their sponsors-professional societies in most cases, commercial publishers in a few. And thereby hangs the tale, since medicine, even at its scientific best, is always a social act. Biomedical journals therefore feel a responsibility to speak out on the social, economic, and political issues that increasingly bear on medical practise.(...)

Marcia Angel. New Eng J Med 2000 ; 342: 1989

At the end of this month, I will be leaving the *Journal* after 21 years as an editor.(...)

I have had the opportunity to witness from a front row seat the unfolding of some of the most spectacular advances in medicine and to shape the recording of many of them. I have seen the system for financing and delivering medical care undergo a series of cataclysmic upheavals and realignments, many of which were played out in the pages of the *Journal*. And I have seen reflected in these pages the painful evolution of the doctor-patient relationship from a largely private affair to one embedded in the “health care industry” (a term and concept unheard of in 1979).(…)

Simon Wessely. J Royal Soc Med 1996; 89: 721

Stress is fascinating. As a clinical psychiatrist I use the term every day in my dealing with patients, and then again when I return home to explain why I don’t feel like doing, well, anything that I don’t want to. But in my other life as an academic psychiatrist and epidemiologist, stress simply doesn’t figure. A new text edited by Cary Cooper encapsulates why that is – the good, and the bad, side of stress.

The reason why psychiatrists of an academic inclination tend to avoid the word is simply one – what is it, and how can we measure it? The problem is one of tautology: stress is in the eye of the beholder. I am stressed, because I say I am. Why am I stressed? Because of stress. One man’s stress is indeed another person’s challenge. An event is not *per se* stressful; it depends upon the person’s interpretation. All of these problems have been accentuated by the recent upsurge in “stress at work” cases. How can one objectively define a stressful environment? How does one escape the almost insuperable problems of attribution, and knowing what is cause and effect? (...)