

was in Thomson's hands was a somewhat intimidating affair.

As I recall, the meeting was held at the back end of 1983 at the Westbury Hotel in central London. This was Gordon Westerman's watering hole, but he, the editor, was not there and unfortunately I never got to meet him.

My arrival, and his alcoholism, had sent Gordon into a panic. This necessitated him staying away from work although not, I gather, from him holding court from time to time at the Westbury while I was doing a more humdrum job at base camp, attempting to get to grips with the journal.

I had been recruited by International Thomson to establish a medical division and to 'sort out' *BJHM*. To be frank, I did not know what I was doing. I had no previous experience of medical publishing and, as a non-scientist who could barely tell the difference between an arm and a leg, let alone a tibia and a fibia, I was in uncomfortable territory.

Entering the room where the board meeting was in full swing was like entering the lion's den. I was viewed with suspicion, Gordon having presumably convinced one or two of the board's illustrious members that I was some kind of outer space plebian, from a publishing planet called Reed, who would not be able to understand the nuances and collegiate ties with which these cerebral meetings were held. And they were right, of course.

Professor John Blandy, I believe, was holding forth. There was a half flicker of acknowledgement as I walked in but the conversation never wavered. I think they were talking about some form of heart disease. 'And what do you think are the psychiatric implications, Sidney?' said someone, eyeing the distinguished sex psychiatrist Sidney Crown before unleashing him on a long explanation, the implications of which I never understood.

I noticed Jack Tinker, of course, studiously smoking his pipe. He did not speak much but when he did he weighed his words and everyone listened.

The meeting did not teach me anything about medicine – that was beyond me. However, I did learn something about people and the journal, about the way all the members of the board inter-related with one another and about how each member felt free to communicate, even

outside his area of specialism. Somehow the loose ends got tied together.

A year and a half later, and much to my surprise and annoyance at the time, Thomson became tired of *BJHM*, as well as the motley collections of journals I had bought or launched in a very short time. And then I found myself the proud owner of this illustrious journal.

In the intervening years I have still not, I am afraid, learnt very much about medicine. However, by then I had Jack by my side and his invaluable help, until his death in the spring of 2010, was the cornerstone of the journal, which provided its intellectual and clinical credibility.

However, I think I did absorb a crucial lesson from that first board meeting. *BJHM* adopts a collegiate and interdisciplinary approach to all parts of its vision: it is rarely tunnel visioned. And I believe it is this approach that sets it apart from other medical journals.

It is the fundamental reason why I am so proud to be its proprietor.

The mantle has passed from Michael Hession, Gordon Westerman and Professor John Blandy and his colleagues to Editor-in-Chief Professor Rob Miller and Editor Rebecca Linssen and, of course, to its current distinguished editorial board. After 45 years the heart of the journal still beats proudly. And the current 'doctors' are looking after it just as well, if not better, than ever before.

Mark Allen

Proprietor

British Journal of Hospital Medicine

Taking the journal forward: the next 45 years

The *British Journal of Hospital Medicine* still holds a fond place in the hearts of many doctors. When we meet them at conferences or talk to them on the wards, many recall that it 'got them through their exams' and many juniors have had it recommended to them by their seniors as a good source of up-to-date, easy to digest but reliable information. As the ethos of the journal, this hasn't changed since its launch in 1966.

The editorial from the first issue of *BJHM* talks of 'radical changes in the system of postgraduate medical education' (p. 546). The responsibility for medical educa-

tion is now well defined, and it is interesting to see that the suggestions made in 1966 have been working for many years.

The rationale for launching a review journal still stands good today – 45 years later. The launch editorial emphasizes that '...the continued existence of this journal will depend entirely on its ability to satisfy the demand for the right type of information presented in the right way.' We strongly believe that this is still the case – there are many benefits of reading a good, well-written review article in updating one's knowledge and understanding of the area. We encourage senior authors to work closely with juniors so that the articles have the benefit of both experience and relevance to the clinical setting, and at the same time the trainees are supported in developing their medical writing skills.

As emphasized by Mark Allen, a major strength of the journal is its editorial board. We are very grateful to all our board members, past and present, for their suggestions, ideas, reviews of articles and support for the ideals of the journal.

The launch editorial also emphasized that '[this journal] can make a valuable and positive contribution to postgraduate medical education in the United Kingdom.' The publication of high quality medical audit continues to be overlooked in the publishing community. Both as a driver to ensuring best medical practice for patients and as a positive contribution to postgraduate medical education, audit and re-audit has emerged as an essential component of clinical governance committees and every doctor's back page. *BJHM* supports the dissemination of important audit outcomes to a wider audience and as such plans to publish such work subject to successful peer review. In the forthcoming months we will launch an audit section in the journal which we hope will encourage best practice, make interesting reading and learning, and help deliver best care for patients.

We continue to juggle the content of the journal to ensure that it meets its original aims and the needs of practicing hospital doctors but also reflects changes in the practice of medicine. **BJHM**

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