

EDITORIALS

Where have all the editorialists gone?

Readership surveys show that the editorials in *CMAJ* are the most popular section with our readers. Other general medical journals would probably report the same: the *British Medical Journal* has its Leading Articles, the *New England Journal of Medicine* its Editorials and Sounding Board, the *Journal of the American Medical Association* its succinct opinion pieces, and the *Lancet* its "no-name" editorials. Despite this apparent profusion of editorials elsewhere, *CMAJ*'s editors find that while other types of scientific papers are abundant and must wait their turn to be published, editorials are often in short supply. Some editorials are written by the editors, but in 1848 Oliver Wendell Holmes pointed out the limitations of this practice:¹

The task of filling a vessel which had no bottom, used to be thought a severe punishment enough for regions where the art of torture was a science, but to fill a quarterly or monthly, or weekly receptacle with the pure distillation of two or three brains which have been tapped once, thrice, or a dozen times a quarter for an indefinite period, is more than mortal stamina can support.

In these less leisurely times of esoteric technology and competitive specialization, scientific editors are happy to see most editorials written by "outside" contributors. Indeed, the tone, direction and quality of the scientific content of a medical journal can be set by its scientific editorials, written by experts. Editorials differ from scientific articles in three major respects: they need not present original data; they allow and even encourage expression of opinion and speculation that may stimulate further research; and they should include exhortations to act.

The best editorials are born of sound rhetoric applied to accurate scientific evidence. Expert knowledge, a sense of history and complete objectivity are essential. An editorial should be based on a theme that can be expressed in simple declarative sentences and developed through the following devices: introducing and stating the problem as a hypothesis; gathering the recent and relevant data; weighing the data to deter-

PETER P. MORGAN,* MD, DPH, DECH
ANDREW SHERRINGTON,† MA, BM, MMSBC, DHMSA

mine their value and application to the problem; framing alternative hypotheses; selecting the best and most logical conclusion; and exhorting the reader to act.² The line of thought should be maintained without digression and with the utmost economy of words.

The open interchange of knowledge and viewpoints between colleagues is essential for the progress of medicine, and journals are the appropriate place for the more reasoned and important of these interchanges. Good editorials should explore controversial issues and stimulate correspondence. The *CMAJ* editorial is a convenient vehicle for opinions that need to be widely aired among Canada's doctors.

Many editorials are solicited to accompany articles that are going to be published in the same issue; the editorialist may extend, highlight or caution against the author's conclusions. Whether the editorialist chooses to play variations on the author's theme or to deliver a contrasting statement the result should stimulate and inform the reader. "Free-standing" editorials give the editorialist more freedom, but should still be simple and direct. British journals, whose letters already teem with opinions, seem to favour objective minireviews; North American journals, on the other hand, feature editorials conveying learned opinion or urging action. *CMAJ* sends editorials out for peer review. Scientific editorials are indexed in *Index Medicus* and listed in *Current Contents*.

While we shall continue to solicit editorials from our established editorialists, reviewers and authors, we invite other readers to write editorials on subjects in which they have special experience, or to suggest topics for editorials and the names of those who might prepare them. Even if you have not written an editorial before, an original idea* refined by the reviewers' comments and highlighted by some skilled editing can be of considerable interest to our 37 000 members and subscribers and our even greater number of readers.

References

1. Report of the Committee on Medical Literature. *AMA Trans* 1848: 1: 256-257
2. CALNAN J, BARABAS A: *Writing Medical Papers — a Practical Guide*, Heinemann, London, Engl, 1973: 51-53

*Deputy scientific editor, *CMAJ*

†Scientific editor, *CMAJ*

Reprint requests to: Dr. Andrew Sherrington, CMA House, PO Box 8650, Ottawa, Ont. K1G 0G8

*It would be prudent to telephone the scientific editor before starting to write an editorial to check that no one else is writing on the same topic.