



# The *Journal of Medical Biography* is 30 years old: Past achievements and future prospects

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The *Journal of Medical Biography* was first published in February 1993, and this 30th-anniversary issue provides an opportunity to reflect on what has been achieved and also to think about the future because journals may wither if they stagnate and fail to evolve. Its founder and first editor, John Michael Henderson Moll (1939–2017) DM, FRCP, PhD, was a man of manifold interests, perhaps reflecting his diverse ancestry.<sup>1</sup> His father, Henry Henderson Moll (1896–1949) MD FRCP, was born in Milan, the son of a French father and a Scottish mother. He became a physician in Leeds where John was born.<sup>2</sup> John undertook his preclinical studies in Leeds before moving to Oxford for his clinical course. He went on to become a rheumatologist in Sheffield and was highly respected both there and beyond.<sup>1</sup>

In addition to this *Journal*, he also founded the *Journal of Orthopaedic Rheumatology*,<sup>3</sup> a title that suggests a belief in the importance of inter-specialty collaboration. His own publications in *The Journal of Medical Biography* reflect his extensive historical interests and include, *inter alia*, contributions on Paracelsus, Charcot, Billroth, Malpighi, von Helmholtz, Velpeau, Lavoisier, Pasteur, Robert Graves and Thomas Henry Huxley. He also wrote and illustrated books on the Presidents of the Royal Society of Medicine and the Presidents of the Heberden Society. He wrote, co-authored or edited several works on rheumatology, as well as *Clinical Teaching, Past and Present* (1989) and *Studies of Visual Perception in Medical Communication* (1980). On PubMed, he has eight entries, of which only one relates to this *Journal*, but many more on Google Scholar including his papers about the founding of this *Journal*.<sup>4,5</sup> He was an excellent cartoonist, a talent perhaps inherited from his artist mother,<sup>3</sup> and some of his publications were illustrated with pen and ink images.

Moll's meticulous planning is an exemplar of how to inaugurate a new journal, especially one which had no existing constituency such as a specialty or a society. Work began three years before the publication of the first issue, by creating an 'editorial group', honing the original concept, commissioning manuscripts to kick-start the *Journal* and marketing to launch it nationally and internationally.<sup>5</sup> The *Journal* was aimed not only at clinicians but also at scientists, historians, archivists and indeed anyone with an interest in biographical aspects of the history of medicine. It was recognised that 'an original,

viable and sustainable model' was needed if the venture was to be successful, and there was a clear vision as to how this was to be achieved.<sup>4,5</sup>

Although the *Journal* would (and still does) accept submissions on any biographical aspect of the history of medicine, 'Sections' or 'Categories' were used to stimulate ideas from potential contributors. These categories included Physicians, Surgeons, Patients, Investigators, Places, Collections, Bibliographies and Anniversaries. Another of the original categories was 'Truants', a term borrowed from Lord Moynihan's work.<sup>6</sup> Later categories included Statues, Memorials and Bibliographies. Some categories were for detailed papers, while others were intended as short articles. The latter were interspersed among the longer works in each issue, to provide variety.<sup>4,5</sup> Papers on well-known and already well-documented subjects were to be accepted if they contained new information, but Moll was keen to encourage submissions on those 'less well known, or even totally unknown, whose lives have been of special interest or fascination'.<sup>5</sup> He also preferred contributions that contained images of the subject of the biography to satisfy 'that fundamental spirit of curiosity – the need to put a face to a name'.<sup>5</sup> He believed that this format would provide 'food for intellectual curiosity, scope for rigorous scholarship, and ideas for a constellation of interesting titles'.<sup>4</sup> He was to be proved correct.

It seems probable that the original 'editorial group' would have included representatives of the Royal Society of Medicine Press who published the *Journal* until the transition to SAGE Publishing in 2012–13,<sup>7</sup> as well as some of the Section and Advisory Editors named in the first issue. The latter included some distinguished doctors with an interest in the history of medicine, most notably Lord Walton of Detchant, Sir Christopher Booth and Professor Harold Ellis CBE, as well as at least one name with no obvious interest in the subject. The Hon. Mr Justice Ognall (1934–2021), a High Court Judge, grew up in Leeds and although he was five years older than Moll, they may have known each other since childhood.

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When Moll reviewed what had been achieved in the first ten years of the *Journal's* existence he was able to describe a thriving publication that had published papers from authors in 22 countries covering more than 70 categories, and which also had a flourishing 'Correspondence' section.<sup>5</sup> He concluded that 'the future would seem to be limitless' because there was widespread interest in new information about already well-known figures and because there were continual discoveries of new archival material about them and also about previously undescribed individuals. On Moll's death in 2017 his successors as editor believed, with good reason, that his original objectives had been, and continued to be, achieved.<sup>7</sup>

So what now of the future, as the *Journal* enters its 31st year? There are perhaps at least two areas that merit special attention and consideration. The first is a significant decrease in recent years in the numbers of shorter papers and letters. This may derive from the current online submission requirements which do not distinguish adequately between requirements for full papers and those for shorter contributions and letters so that authors for the latter group are required to provide answers for inappropriate topics such as abstracts and keywords. We are currently working with our publisher to introduce more flexibility into the system.

The second point concerns historical methodology in general and contextual information in particular. In these areas, most of those who, like myself, are 'clinician historians' (for want of a better term) and who provide the majority of the submissions to the *Journal*, have much that we can learn from professional historians, and especially from social historians of medicine. Some of this can be absorbed by regular reading of journals that primarily publish the work of the professional. However, those seeking more formal but accessible instruction might wish to consider relevant sections of these works by Ian Miller,<sup>8</sup> John Burnham,<sup>9</sup> Jacalyn Duffin<sup>10</sup> and Bill Bynum.<sup>11</sup>

The chronological facts of a subject's life are but the bare bones; without context, they are no more than the skeleton of that life. The anonymous reviewers and the discerning reader will look also for flesh on those bones, and much of that flesh comes in the form of context. *Who* influenced the subject of the biography and *what* was the effect or consequence of this influence? *How* did the subject's work or teaching then influence others? *Why* did the change occur *when* and *where* it did?<sup>12</sup>

The editor may be prepared to permit a degree of latitude on the word limit for those submissions which place special emphasis on contextual information but authors hoping to make use of this concession are advised to submit a preliminary proposal to the editor at [morrishilary48@gmail.com](mailto:morrishilary48@gmail.com)

With these suggestions, and subject to a fair wind and an ever-watchful editorial board, there seems no reason why the *Journal* should not continue to thrive for another 30 years and beyond.

## Acknowledgements

The author is very grateful to Professor Jonathan Reinarz, Dr Christopher Gardner-Thorpe, Dr Steve Brennan, Dr Derek Cullen and Mr Harvey White for helpful discussion and advice.


## Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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