

The Royal College of Physicians and Oxford Brookes University Medical Sciences  
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**Dr Stephen Lock CBE in interview with Sir Christopher Booth**  
**Oxford, 1 May 1992**

CB Dr Stephen Lock, we all know you well as a highly successful editor of the *British Medical Journal*, a job from which you've just recently stood down. But you've had in your medical career a very wide interest in medicine, far beyond medical journalism, and I think perhaps we should start at the beginning and ask you where you were born, where you came from, your education?

SL Well, I'm almost a Cockney. In fact, my mother-in-law used to call me a bloody Cockney when she got annoyed with me. I was born in Essex, Romford Essex. Both my parents were school-teachers. They'd both come up a very hard way, indeed. My grandfather, in fact, was a gardener at Christ's College in Cambridge, and when my uncle made his way in the world he used to say, 'Of course, my father was a Christ's man.' Indeed he was, but he was the under gardener. My father was a school-teacher. His father was a baker. His father, my grandfather, was an alcoholic who'd clearly gone down in the world because the rest of the family disowned him. And they were quite aristocrat; they were yeoman farmers out in Sussex, with many, many acres, and we occasionally saw them. So they'd come up the hard way, the good old way through the grammar school. The way you get into the middle class if you're working class is to become a teacher, and that's what they'd done. And he'd gone into the army in the First World War and he'd become an English master. And I think, you know, because he was an English master we were corrected right from the beginning. I mean, we were never allowed to say between when we meant among. Between is restricted to two, by twain, and among is more than two. We did learn English the hard way and it's really stuck with me and I'm still pained when I see all these grammatical infelicities.

CB So you had a literary background at home.

SL Yes, very much so. It was a very bookish background. Books and authors were the sort of thing that we really cared about and they were our standard of values. I went to a day school in London, the City of London School. I used to travel up, commute, from the age of nine. I was evacuated for two years to Marlborough to the school there, so I had some of the experiences of a boarding school but not many of them. And I came back in the war to the London blitz and I actually slept in an air-raid shelter two or three years, I suppose, whilst the blitzkrieg and the V1s and the V2s were on. I took my school certificate, which is now of course O-levels, in the crypt of the Guildhall while the V1s were crashing about overhead, which is quite an experience, it was very exciting. And then I decided I was interested in science and in medicine, I'm not really sure why.

CB Had there been medicine in your family?

SL Not at all. No science at all. Such relatives as I know about had all been really in teaching, and of course teaching was a respected profession then. If you were in a town and you were a headmaster or something, as my father eventually became, you were a pillar of the community. It's only in the last twenty years or something that we've seen the denigration of teaching to the same extent that we've got today.

CB And then, what about medical school and university and so on?

SL Well, my mother lived in Cambridge much of her life. I mean marriage was just a sort of interlude. She died there only last year, aged ninety-six. And she'd been involved with the colleges and she was absolutely insistent that her children - I had a brother - went to Oxbridge. My brother went to Oxford, he was younger, and I went to Cambridge.

CB What year are we talking about now?

SL I went up to Cambridge in '47. And I had an episode when I was rowing in the school eight and I was taking out a skiff in that frightful winter of '47 and my skiff overturned and for some reason I got rheumatic fever. I went into Bart's which meant I couldn't sit the scholarship examination. I was given, in fact, a county scholarship and a scholarship by the school, but it did mean that I had two terms off, I think, from school. I think it's not a bad idea. I mean, Osbert Sitwell says somewhere that people who want to think or to do things or to reflect probably need a period of serious illness. And, yes, I had acute rheumatic fever and I was mishandled in various places. I finally went to Bart's. It was very interesting to lie in a public ward, people dying around you, people from a totally different social level. I'll never forget the person opposite me, who was actually dying and died of rheumatic heart disease, who'd been a railway guard, or something else like that, eating eggs and bacon and actually nibbling, taking up the rind of the bacon and nibbling right along so that he ate every bit of it. And that really spoke an awful lot about poverty and everything else, and it's something that I've never forgotten.

CB And that was before the Health Service?

SL That was just before the Health Service, yes indeed. Of course the act, the demonstrations and everything else were very much in our mind. The people at Bart's, the medical students were very square and totally against it. Of course, they fell in like everybody else. And I came out of Bart's in about June and went up to Cambridge in September.

CB Which college?

SL Queens', which is a nice college. I chose it because it was small. It expanded quite rapidly but it did have a full-time medical tutor, a man called Max Bull, who was very square but had just come out of the forces and was a really good tutor. I mean, his research wasn't very much, he was an anatomist, he was a very good teacher and very concerned about his boys. And I kept up with him. He was a very nice man indeed.

CB So you presumably did a pre-clinical degree in Cambridge, in what subjects?

SL They were the ordinary natural sciences: anatomy, physiology, pathology and biochemistry. But one did get a lot of exposure to other disciplines there, particularly music which I was particularly interested in. They were three absolutely marvellous years and I think in contradistinction perhaps to today, they were very egalitarian years because, whether you'd come from Eton or what, you didn't have a car, you couldn't really eat anymore than anybody else, you couldn't really travel because there was a limit on travel. We were all in it together and I think there was some feeling of solidness and something which I've never really experienced since.

CB And you must have been at Cambridge for three years until '51?

SL That's right, '50, yes.

CB And anything you remember particularly about Cambridge, any formative influences there that impelled you later?

SL I think the teaching was very good. My experience of academics since then hasn't really been quite so happy, particularly in the natural sciences. And I don't think it was just because one was overawed, they were extremely good teachers. There were world famous people there, Nobel prize winners. I mean, Lord Adrian, I think, was a tremendous influence. He was a very humble man. He cycled around like the rest of us all, all his experiments worked. He had a sort of presence, a bit like, I should imagine, somebody like T S Elliott or somebody like that. But you could go up and ask him if you didn't understand something, you would go and talk to him. He came round and he demonstrated if you were doing work on a frog or something else like that. He would actually be there demonstrating like everybody else.

CB And who else do you remember as teachers then?

SL Well there was Daddy Dean. Daddy Dean, of course, was very old then.

CB Professor of pathology.

SL That's right. He'd been appointed, I think, in 1923 and I think it was in 1925 Cambridge brought in an ordinance that you had to retire at sixty-seven. Daddy Dean by then was in his eighties and he said, 'I know I'm a disgrace. I mean to go on until I'm a scandal.' He was a good teacher, he taught very well, he was really quite clear. He was a bit of a joke, he knew he was a joke. There were some very outstanding people there. And on the musical side we had Edward Dent, a King's man, an Etonian, who spoke fourteen languages, he had been Chairman of The International Society of Contemporary Music. Boris Ord, a very great figure indeed, and I was delighted he got in the Dictionary of National Biography. He was the chorus master of King's College Chapel and things like that. So there were people within science, within medicine, and outside that, and I think one was exposed to them. Of course, in the college clubs you went and heard people like Basil Woolley, for instance, who was a great man, an historian. And literary people: E M W Tillyard talking about

Shakespeare, things like that. It was a very exhilarating time. I hope it still is when people go up to be undergraduates. I'm sure it is. But it is very influential.

CB And then you moved on to medical school.

SL I went to Bart's.

CB Why did you choose Bart's, because you'd been a patient there?

SL Yes, I'd been a patient there, my mother had been a patient there before me. Bart's did have link with Queens', they'd been evacuated there in the war, when most of the silver disappeared - I don't know whether we need say that in a tape - but they soon had to go into EPNS once Bart's came down because they had solid silver beforehand and then didn't have much of it left. Yes, I went to Bart's just at the time of the Festival of Britain which, I think, for those of us who worked in Britain during the Festival of Britain, that was another tremendous time of optimism. And it's really been downhill all the way since.

CB Well, I'm not sure about that. But tell us about Bart's, what was Bart's like?

SL Bart's was absolutely dreadful. I've said this in the public domain so I can go on saying it. There was no research; there was no education. The first day I was there, one of the senior physicians, I won't name, but he became a friend of mine subsequently, said that he thought medical students were an irrelevance to a great teaching hospital. Now, he wasn't doing any research himself, he'd done some case studies and everything else, he was a formidable figure in the medical establishment. But the teaching was poor; they didn't care whether you turned up or not. On my second day I was offered tickets to go to the dress rehearsal, morning dress rehearsals at Covent Garden, and Furtwängler was conducting, Kirsten Flagstad was singing. I used to go from about ten thirty to one thirty everyday, and came back overwhelmed with a sort of orgasm of Wagner to a very dreary ward round where the people couldn't care whether you'd seen the patient or not. The teaching was poor; the consultants didn't turn up.

CB But there were professors there?

SL Yes, there were professors there. Christie was there.

CB Did you meet them?

SL Yes, in fact, I was on Christie's firm, but he wasn't a good teacher. He was very interested in respiratory physiology. He couldn't communicate. He didn't really have very good juniors. I mean they are world famous names now, some of them only just retiring, but it was poor. The surgery was much better; surgery was practical. We had somebody called John Hosford I looked up to very much. Paterson Ross who'd been one of the foundation professors of surgery. He'd originally been a neurosurgeon and then went into general surgery. But it was poor. They didn't care a damn. And I think the only time one enjoyed one's career there, was when one got out. Particularly during obstetrics you suddenly had responsibility, you suddenly had

people who were interested in you, you could relate to the patients much more. It was a happy time because you were instrumental in delivering babies.

CB And do you think things have changed since then?

SL Oh, enormously.

CB Why?

SL Well, its personalities. Bart's took a great decision that they would spend a lot of their tremendous capital on building new premises. The premises weren't for patients, they were for research. They also determined that they must - I don't know whether this was Max Rosenheim or whoever advocated the policy - they must, in fact, get outside people. They must do what most other London teaching hospitals had done and that was to have a free exchange. Something that had been going on in medicine, after all, since William Harvey when people travelled round Europe. And as a result they got some superb people. Anthony Dawson was obviously one of them. They got John Dickinson as a professor. They got Lesley Rees, admittedly who was a Bart's person but she was a woman. And suddenly Bart's changed over night and I didn't believe that it had changed. I organised a reunion of our year and I got John Dickinson to speak and I said 'I'm sure that you will say that Bart's has changed.' I said 'I've been hearing that Bart's has changed for the last twenty years. I don't believe it.' He said 'I'll undertake to prove to you, from the outside peer review of research grants we've got, from the publications, from the research we're doing, and from what the students say, that Bart's has totally changed.' And I have to admit that it has. I went to judge the posters at the Harvey Day last year and I'm going again this year. And the amount of intellectual activity is unbelievable. I think it's one of the great teaching hospitals. I just hope it's not too late.

CB So what ever has happened to teaching in general in the country, medical teaching has improved.

SL Yes, I think it has.

CB So that you'd say that although teaching in general has gone down since your parents' time, that medical teaching since you were a student has got better, certainly at Bart's.

SL Yes, I think it has. I think probably all over the place. I think the standard of medical teaching is really quite good. We've got a lot of critical people around. We don't actually tolerate bullshit. I think you see this particularly in the postgraduate field, where the English performance at conferences and things, I think, compares - it sounds very chauvinistic - does compare very well with the Americans who tend to read and use far too many slides and not to emphasise things. Certainly with the continent of Europe, I think we do very well, and I don't know whether this is the influence of the Medical Research Society or what. But on the whole, I go to other things, I go to a lot of weekend meetings on art and history and things like that, and I think the standard of delivery is absolutely lamentable. I am surprised that people put up with it. I think Mrs Thatcher was in a sense right, there are some of these laid back

academics who are doing precious little in the way of research, and their teaching is absolutely lamentable, and something ought to be done about it. As a consumer I resent it.

CB Well, you graduated in '54 then.

SL '53.

CB '53. And you went back to Cambridge for your exam?

SL Yes, I did, yes.

CB Then?

SL Then I did a house job at Bart's. And then I did a job in a peripheral hospital which was part of Bart's, and then I went into the Air Force and I did two years National Service, all in this country because, unless you were prepared to sign on for three years, they kept you here and I was a sort of perpetual locum wandering around. But it was very useful because I ended up at Bomber Command near High Wycombe. It meant I could go to Horton, it meant I could read for the MRCP, I could go to weekly or bi-weekly case demonstrations. I had my fare paid to come up to demonstrations at the National, Queen's Square, things like that. It was actually really quite useful.

CB And who were the teachers you remember from that postgraduate period?

SL I think particularly the great neurologists. I used to go to Queen's Square quite a bit and there were the great people there. Denis Williams who was, I think, a superb teacher, a great man. I got him to write one of the introductions to one of the books we produced under the Keynes Press, because I knew that he'd be interested. This was Lord Moran's book on 'the Anatomy of Courage', and I knew that Denis Williams had been part of the Air Force psychology unit investigating what we used to call 'lack of moral fibre' and we called it 'shell-shock' in the First World War. He'd done an enormously good job there. He was a marvellous neurologist. I think, obviously, as a neurologist you can't fail. I mean you have these patients with these wonderful physical signs and you can pin-point where the lesion must be in the brain and everything else. But he was very good to patients. Not all neurologists are good to patients, they don't think about their patient's feelings. He was an urbane, nice, pleasant Welshman. I don't think he really got his true deserts. I think he was one of the great neurologists.

CB What happened next? You got your MRCP, came out of the Air Force.

SL And then I went to the Brompton. I hadn't in fact got the MRCP in the Air Force. I went to the Brompton because there were quite a number of Bart's physicians. There was Neville Oswald, there was George Simon, who was a very great radiologist, and people like that. Then after the Brompton, which I greatly enjoyed, and particularly Paul Wood who, I think, is one of the outstanding people of

all time for his contribution to cardiology - enormously powerful man. And then I went to the Central Middlesex.

CB Where you first met Richard Asher.

SL Where I met you of course as well. Yes, I was Richard Asher's houseman. A curious fellow, he's almost become a saint these days. I, of course, like all juniors, saw the other side to him. I think he wrote very well. I think like many of these, quotes 'great men' he had his feet of clay. He was a very peculiar, difficult man. For instance, he had described a condition called Münchausen syndrome, which is patients who go round the casualty departments with feigned illnesses, and they're probably pethidine addicts or something. I actually diagnosed a patient with Münchausen syndrome, which he had failed to spot. And he was really rather slightly bitter about this and he said to me, 'You're behaving as if you've shot the first grouse of the season.' I think for a young person - I was about twenty-five or something like that - he could have been a bit more generous.

CB Did he in any sense influence you in your interest in writing and getting into medical journalism?

SL No, I don't think so. I edited the hospital journal actually at Bart's when I was a student, so I was already sort of into it and obviously I still cared about it. And I can remember, for instance, we used to have a little bookseller - you probably remember at the Central [Middlesex] who came round with sort of new books and I always spent my cremation fees on buying books. And I can remember getting Kenneth what's his name's translation of Harvey which is a wonderful book.

CB Franklin.

SL Franklin, that's right. So I was really quite concerned with books even then.

CB And what about getting into medical journalism. I'm puzzled to know how you made that move from, what was at that stage, a clinical career.

SL Well yes, I went to the London and did the clin lab job because I'd decided that I probably wasn't going to make it...

CB Clin lab?

SL Clinical laboratory. This was going into clinical pathology, as it then was. The disciplines of course were all still fused, and I thought, well, one is not going to make it in general medicine, certainly not from Bart's. I mean it's going to be very difficult. Go into pathology which is obviously not. I went to the clinical laboratory which I think was probably the most unhappy job, the most unhappy time of my life. I mean you think about Bart's being low-grade, this was positively under the sump.

CB The London was even worse?

SL The London was absolutely dreadful. The London was divided between the Freemasons and the Jews, and if you weren't one or the other you'd absolutely had it. It was dreadful. It had people like Lord Brain...

CB Well, he didn't fit into either of those.

SL He didn't fit, he didn't fit into either of those. I mean, he was a person by himself. It had what was his name, Horace...?

CB Horace Evans?

SL Horace Evans and people like that. They didn't turn up for their ward rounds; they were very remote. I think the whole medical unit under Clifford Wilson had lost its way. Pathology was really demoted. I mean, you were very much a third tier person. And I think this was where one became aware of what I'd always heard had been going on in the war, where the physicians and the surgeons fought it out with the other people and that the original proposals were they were going to pay the other people rather less than the top dogs, the physicians and surgeons.

CB But were you a budding journalist at that time?

SL I wasn't writing but then I saw this job advertised at the *Lancet* and I applied for it and got it.

CB When was that, about '57, '58?

SL Yes, this would be '58. Yes.

CB And you applied for a job at the *Lancet* because I know you worked there only for a relatively short time.

SL Yes, there were twenty-four people, junior assistant editors, all of whom got the sack. And just to put it into perspective there were some quite good eggs. There was Graham Wilson, there was Nordin who became a calcium metabolism expert, there was Dai Davies. There had been a whole succession of people, they only lasted for six months. They weren't told about the prognosis or anything else. They were given to believe that the whole marvellous world of the *Lancet* was open for them. It was a most peculiar society; it was an open-plan office, nobody really spoke.

CB This is the old building in Adelphi.

SL This is the old building.

CB Sort of early Regency.

SL This was an Adam building and in fact we had an Angelica Kauffmann roundel in the ceiling which was absolutely gorgeous, very elegant. But it was very hair shirt, nobody really spoke.



CB And the editor, of course, was the famous....

SL The editor was the great Theodore Fox 'Robby Fox', I think probably the greatest editor of all time. So I am grateful to have had the opportunity of working under him but it was extremely difficult to get back into medicine once I'd got the sack. I got a little note on my desk one day saying 'Will you come up and see me'. I went up to see him and he said.....

CB This was Fox?

SL Yes. 'You're a writer and not an editor.' I don't know quite what the difference is, but that's what he said. And I said, 'Well, Sir Theodore, it's awful to be weighed in the balance and found wanting.' And he said, 'Ah, but it's a very difficult balance.'

CB And that's a term you used later on.

SL And it's a personal joke I used as the title of a book<sup>1</sup> I produced about peer review.

CB We'll come to that later

SL But it was dreadful to be put into a labour market where...

CB So you were just thrown out like that after six months?

SL Well, not thrown out, I mean you could stay on until you got a job, and that was nice.

CB And then you went back into clinical medicine.

SL I went back into clinical medicine. I was very fortunate, a friend of mine was working at Great Ormond Street in the haematology department, and the registrar elect had just become pregnant, she didn't want to go on, and they wanted somebody to fill that job. I went round to see the boss, Roger Hardisty, who became a very distinguished professor of paediatric haematology and we clicked - we're still great friends - and I got the job, but it was absolute touch and go. And I feel for people who're made out of work, who are made redundant.

CB And you only really spent another two years, I think, in clinical practice.

SL No, I didn't. No, I was two years at Great Ormond Street and I then went back to Bart's for a year to do morbid anatomy and then I was three years as a senior registrar doing haematology.

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<sup>1</sup> Lock, S. (1985) *A Difficult Balance: editorial peer review in medicine*, London: Nuffield Provincial Hospitals Trust.

CB So you were back in clinical medicine looking for a career in medicine. Had you really given up the idea of journalism at that point?

SL Well, there weren't many opportunities. There are still only about fifteen or sixteen people who earn their living in this country full-time, and there can't of been many more then. And given that one had been weighed in the balance, given that one had two children by then and everything else, it was a tremendous risk. Where with a higher degree and everything else you were obviously going to soldier on and go into some consultant job. The other thing that was happening at that time of course, which was quite important, was that the College of Pathology was emerging. And consultants in the various disciplines, as they had become, were going to have a lot more esteem. They were going to have beds of their own, they were going to have merit awards, they were going to have publications, they had got journals and societies of their own. So we weren't into the sort of sheep and goats that had happened when you and I were really very young. I mean the whole thing had emerged. And I think really because of the intransigence of our College.

CB The College of Physicians.

SL Yes. I think the College of Physicians, and of Surgeons and of Obstetricians, who should have known better, had held back the whole progress of medicine in this country compared with the States. Not only as far as their own, as physicians or surgeons or somebody else, general practitioners, were concerned but as far as scientists were concerned. It was quite incredible, the distinguished scientists who weren't admitted to go or could just be introduced to societies when they were contributing and often knew as much clinical medicine as the so-called doctor. But that's an aside.

CB We're really moving into the sixties now, early sixties. When did you actually join the *BMJ*?

SL I joined the *BMJ*, 1 January 1964.

CB Right. Was that in response to an advertisement?

SL It was advertised but I was actually head-hunted. I was slightly difficult to get because obviously I'd been burnt before. I had been offered two jobs already. There was a consultant job in haematology in the Docks, and I went down and looked at it. One of the chaps - well, he's dead now - he was an alcoholic. Another person sailed all the time. The third person....And I said 'Well, what does a haematologist do? I'm interested in leukaemia.' 'Oh no, leukaemia goes to Lewisham.' 'I've done a lot of work with haemophilia.' 'No the haemophilia all goes to King's.' 'What does the haematologist do?' 'Well, he looks at the white counts and when the morbid anatomist is at the group committee meetings, which he frequently is, he does the routine post-mortems.' Well, you know that is no sort of life. I'd also got a lectureship at Thomas's but the prognosis for the lecturers at Thomas's, they went, actually, all into ordinary service work, as well. And I'm not sure I was academically inclined. I'd done some research at Great Ormond Street, but not too much else.

CB No regrets at moving into journalism.

SL I was very apprehensive. Obviously, I didn't miss the patients because even then clinical haematologists weren't seeing many patients. I mean, one was mostly dealing with blood, blood films, and dead patients in morbid anatomy, and things like that, so it wasn't that. It was good-bye to quite a lot. It was, I think, going down quite a long way in social status and everything else like that, and one cares about that sort of thing. People said 'What went wrong', a bit like somebody whose medical advisor to a drug company or something else like that. There were sheep and goats and I think one was affected by that, but I'd done as a senior registrar, I'd done quite a lot of freelance writing for both the *Lancet* and the *BMJ* because of course everything was anonymous then so one could do book reviews. A lot of editorials, I wrote in the *RSM* on a Saturday afternoon for money and things like that, not really knowing very much about the subject.

CB So they knew you as a writer and a journalist.

SL Yes, they did.

CB At the journal. And you joined in '64, who was the editor?

SL Hugh Clegg.

CB Tell us about Clegg.

SL Clegg is a rather unsung editor. He was a very difficult man, a very curious man, a sensitive man in some ways, and a bully and a bastard in others. He'd offended an awful lot of people. He tended to speak his mind. He loved the fact that Clegg, of course, is the old English for gadfly, somebody who goes round stinging people and everything else like that. He terrified people. He had a very curious cycle of acquaintance and relationships in the office. You'd go through a sine wave where you couldn't do anything wrong and you'd been given everything, and then you'd gradually come into disapproval when you'd been given nothing, all your responsibilities would be removed from you. And pretty well everybody went through this, and what Clegg used to do was that he would summon you to his office and you were clearly expected to read the notes on his desk - he wasn't there - and they were derogatory of you and you realised then..... A lot of people get out at this stage. There were quite a lot of people who couldn't stand it any longer. People who survived usually got some sort of relationship with him, went into other sort of pursuits or were just insensitive. I was only there for two years. I mean designedly, I don't think if Hugh had been there for three or four I would have gone in.

CB He retired then, did he?

SL He retired. I knew the situation.

CB And you attended his retirement party?

SL Yes indeed.

CB Was that a great occasion?

SL It was a great occasion actually. It was an embarrassing occasion because he had asked his deputy, his successor, to collect money for him and the money partly went for a portrait but an awful lot went to Hugh. And Hugh had created so many enemies. And my predecessor Martin Ware wrote round to all these people, many of whom responded with fairly forthright letters, but there was quite a big cheque, and Hugh then went off and became extremely difficult. He was one of these people who didn't know how to retire. He'd insisted on staying on until he was all most sixty-seven because of his pension. He was more or less back on the first day. He was more or less telling us that we had to produce a tropical diseases journal. Now, Hugh really didn't know anything about the Third World. His successor Martin Ware did, he'd been a medical officer in Africa during the war. Dougal Swinscow, who was the deputy by then, had had a lot of time in Africa mostly doing his research on lichens and things like that, but he did know the problems of the district medical officer. They weren't for the sort of special journal Hugh had got in mind. Hugh had got an ivory tower special journal a bit like *GUT* and the other very reputable special journals that Hugh had started during the war. And he had to be persuaded that this was no good. And he besieged the *BMJ* so much so that the editor, Martin Ware, and the business manager were reduced to editing the journal in an hotel, where there was no communication at all. They were terrified of this man and finally we got hold, of Alan Woodruff - and I don't know whether you've had one of these [interviews] with Alan Woodruff, you certainly should have - a very distinguished man indeed, Professor of Tropical Medicine and Hygiene at the London School, who's still working in Juba and various places. Alan was one of the only people that Hugh would pay any attention to at all because Hugh had been sacked by the council of the BMA for writing an editorial called the 'Gold-headed cane'. Woodruff had got him reinstated by the representative body three months later, so Hugh had survived. Now, Hugh was inordinately grateful to Alan. And Alan took Hugh to a lunch or dinner, I think, in the Athenaeum, filled him up with alcohol and said, 'Hugh, you're behaving abominably. Martin is not the most confident of people at the best of times and you are destroying him and you are destroying the journal. The journal can't work, and the journal is greater than you are, and you've got to find some other sort of play therapy.' And I think, in fact, he found him a job at the Royal Society of Medicine.

CB And what was the standing of the journal at that time. If I remember that's the period when Asher wrote his famous critique.

SL 'Why Are Medical Journals So Dull.'

CB Why are they so dull, particularly the *BMJ*?

SL Yes. I think it was fairly low, Hugh had a great dislike of soft subjects and one anecdote I would like to get into this tape is the recent play that Alan Bennett has just done 'The Madness of George III'. Now this was based on two articles published by Ida Macalpine and her son Richard Hunter in the *BMJ*. The first week I was at the journal, Martin Ware asked me to read these articles. They'd been peer reviewed and the peer reviewer thought highly of them. It was then left up to the individual editor

to decide whether to accept the article or not, we didn't have an editorial committee and a statistician, everything else we have developed since. But Martin was rather frightened of accepting articles without telling Hugh. Hugh didn't mind usually if they were science, but anything soft he wanted to know about. We took these two articles along. Hugh flicked through them, all of thirty seconds. This was about porphyria and it was quite a complicated argument. And he said to Martin, 'No, Martin, there is a hundred word nova et vetera.' Nova et vetera was a filler in those days of some historical, but not very interesting actually anyway. Martin went out of the room with his tail between his legs and Hugh turned to me and winked and said 'What is porphyria, Lock, anyway?' To his great credit Martin kept those for the remaining two years and they were the first articles he ever published.

CB When he became editor.

SL When he became editor. And we had a leading article, we had an editorial, we had a press conference and everything else. They were a sensation. Now, I think myself, they've always been debatable, and I was absolutely staggered when I found that the historical establishment have now taken them on board and when the medical establishment still thinks it's a matter for debate.

CB You mean the nature of the proof that George III suffered from porphyria.

SL Absolutely. And I wrote to Alan Bennett about this and got a charming letter back by return, in spite of the fact that he was acting that week. And he was absolutely fascinated. I mean, he never thought there was any doubt about this. Jonathan Miller had told him about it, he regarded the porphyria story as true. I regard it as a very interesting debating point.

CB As a junior person at the journal in those days, what influence did you have on the selection of papers? Was your opinion sought or did the editor do it all?

SL Papers went round the office. They were, of course, peer reviewed, they went round the office then for another read. There was a batch of papers that was probably too ludicrous, or out of the journal's scope anyway, to send to a peer reviewer, so that one would be involved in that sense, but it was very tangential. But that's not to say that one didn't have any influence. Hugh wanted to get people out and about and because I was at the top of my sine wave he said 'The BMA is against health centres. There are only fourteen health centres, yet they were in the Dawson report of 1922, as a fundamental plank. They were then in the 1948 National Health Service Act. We still don't have very many, we don't even have group practices. I want you to go out and write a series of articles about health centres and we'll put them into a book if they're any good.' Now, that was extremely good because it meant I went up and down the country. I went to every health centre. There were only about sixteen. I went to quite a number of group practices and compared and contrasted them. Henry Cohen produced it as a book.<sup>2</sup> Henry Cohen, Lord Cohen he became, wrote the preface and it really was a very nice introduction on something that one did oneself.

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<sup>2</sup> Lock, S. (1966) *Health Centres and Group Practices*

He was very generous in that sort of way. It wouldn't have happened to me probably a year later if he'd stayed, but I enjoyed it very much.

CB I think it's fair to say that Hugh Clegg's successor, Martin Ware, whom you served with of course, left not as great impact as Hugh Clegg had done on the journal.

SL I think it was very difficult. I mean, Hugh Clegg was a very difficult man to follow. A lot of people - it was a bit like the Thatcher government - a lot of people who were really very good indeed, like Gordon Ostlere, the author of 'The Doctor in the House' and things like that, they'd left. For example, John Crammer who became professor of biochemistry at the Maudsley. They'd left because they really couldn't take Hugh. So yes, Martin, I think, did seem to be a bit cowed by Hugh when Hugh was there, but he was his own man. He was a very generous man himself, I think one of the nicest people in medicine I've ever met. He was very good to his juniors, very generous too. He actually got them travelling all over the world. He'd been allowed to travel. There was a tradition that the editor and the deputy travelled but nobody else did. Martin started off the travel. He also fought a libel action which we had, one of the major key libel actions in science about a paper I was responsible for accepting and a paper that I was responsible for getting an editorial around. A very interesting libel action, it cost us a lot of time, it cost us...

CB What was the paper?

SL The paper was a paper by a dentist called Drummond-Jackson who had made his name by giving intravenous methohexatone as a single operator and then would run round and do dental fillings. Now, there had been quite a lot of trouble in the papers. There had been ten deaths associated with this technique. We published an original scientific article from the University of Sheffield showing that the partial pressure of oxygen in the blood went down to dangerous levels during this technique, they simulated it. And therefore this was dangerous and should be condemned. Now, the first reference in this paper was to Drummond-Jackson. He sued us because he claimed that this called him into hatred, ridicule and abuse, and it had destroyed his livelihood, which was based on this technique. Now, as you know, libel is a question of malice. We had offered Drummond-Jackson refutation in the correspondence column and everything else that keeps the balance of science. It's after all Hegelian dialectic of thesis, antithesis and synthesis. We offered him space to put his point of view. He wouldn't have that, he sued us. This was a unique case and eventually we went to court. So much was the documentation that at one stage the whole of London ran out of a particular bit of photostatic paper. It was absolutely fantastic. It lasted ten weeks. We didn't come to judgement. And the last day we got to the state where the council suddenly said to Sir Robert MacIntosh, who was defending Drummond-Jackson, 'You don't believe that Christ died on the cross, do you?' We said 'What on earth?' He said 'No, my Lord, I don't.' 'You think that Christ fainted and was then put into the cave and got up and walked out.' 'Yes, I do.' 'And you think that people given methohexatone faint, and then are not put in the correct position and may die because of that not because of methohexatone.' And that destroyed their case. The principal witness, Drummond-Jackson actually rang up one of his witnesses overnight and tried to tell him what to say. He came into the court the next morning, confessed to the judge and the thing was over. Unfortunately, it didn't come to judgement.

Perhaps just as well because our case got more and more malicious in the legal sense as we got further forward. Unbeknown to me, the person who had refereed the paper was after a knighthood and refused to appear in court.

CB After a knighthood?

SL He wanted a knighthood. He thought he would get one, he didn't. He refused to appear. He was malicious towards this. He'd actually chaired a government commission of enquiry into this. One of the people who drafted the unsigned leading article used to go and barrack Drummond-Jackson. He'd been, the week before he wrote the editorial, to King's College in the Strand and had shouted out 'How many patients did you kill last week, Drummond-Jackson?' The terrible thing was that two years after this Drummond-Jackson who had believed in this and was sincere.....

CB What sort of date is this, late sixties?

SL Yes, early seventies. He actually killed the son-in-law of a distinguished physician from a nearby teaching hospital and then he gave up. But it was something revolutionary, something Messianic. And I never forgot Peter Medawar saying when I got on my later interests in medical fraud that the commonest cause of fraud is not greed or status or anything else like that, it's a Messianic knowledge that you are right about schizophrenia or cancer. You don't actually need to go into the laboratory to prove it, that you know. And Drummond-Jackson was like this with this anaesthesia, and he was destroyed.

CB You became editor of the journal.

SL In 1975.

CB And was that a great relief, taking over as boss or did you feel it as a daunting possibility or what?

SL No, I think if one's around as a deputy and there for some time, one knows what one wants to do. One knows what new things ought to be introduced. There was a ground swell at the time of what was known as journalology, became known as journalology. In other words, that the one part of the scientific process, the important part that had never been subjected to any examination at all was publication. People had always accepted that publication just happened, and of course like any other scientific process, like the statisticians, like the scientific method and everything else, it had to be examined with the same sort of rigour and we had to put the house right. And I could see an opportunity to try to put various things right, obviously not by myself, to form groupings with other editors, which we managed: to have I think much more open debate about the whole process. I mean most people aren't interested, but I do think they want reassurance that there is some intelligent dialogue going on about this whole thing.

CB You made a very detailed personal assessment of the peer review process haven't you? You published a Rock Carling lecture on this, and that's the book you entitled ?

SL 'A Difficult Balance.'

CB And I think you've been one of the pioneers in this field, internationally.

SL There were several others. I mean, there was Ed Huth who was editor of *Annals of Internal Medicine* for the College of Physicians of Philadelphia. Franz Ingelfinger, of course, a great figure, editor, gastroenterologist like yourself, then full-time editor of the *New England Journal of Medicine*. Arnold Relman after him, there have been a number of people who've studied this.

CB And what have been the achievements of that group?

SL Well, we founded in 1979 the so-called Vancouver group of editors, which met together to try to standardise various practices and to see what people could agree on. Now editors are very personal people. I think it's absolutely right that they should be. The pressures on editors, of course, are enormous; from all sorts of...from their owning institutions, society as a whole, medical society and lay society. They are controlling all sorts of things and if they get things wrong the reputation of their journal can go down overnight. And you and I have seen journals that have risen: we've also seen journals that have really gone I think right downhill. So I think it's important for them to get together and to discuss things and to realise that there are ways of solving it. The first thing we wanted to do was to set a style for references. This seemed to be a good... it sounds simple but there are something like one thousand and four hundred different ways of styling references in journalism, this was before word-processors. Secretaries were getting fed up, and a secretary at the *Annals of Internal Medicine* said 'Why can't you editors get your heads, knock your heads together and get one standard style.' And this was the first thing we started. We had a meeting in Vancouver, it took two days, based on a lot of research by John Murray who was a respiratory physiologist, editing the *American Review of Respiratory Diseases* at that time, who'd actually gone into a library and found out what most journals were doing. They were mostly using the numbered sequential system, which became known as the Vancouver system. At that time there was a proposal for an American standard, for a world standard, a European standard, a British standard. We had the National Library of Medicine there, we had the influential full-time editors from all over the world, librarians and people like that, and in two days we hammered out a standard style. This is now general practice.

CB In the medical publishing world and other scientific journals, too?

SL Yes, increasing all the time and I think a bit like Monsieur Jourdain talking prose, a lot of journals are practising it without realising it.

CB Coming back to a peer review system. Did you find when you were an editor you had problems with peer review?

SL Oh enormous. Still do.

CB Tell us some.



SL There's no doubt about it that it relies heavily on perhaps one man. Now, the peer reviewer, the referee, is not the decision maker, he's the adviser to the editor, one always makes this clear. But I think too often he is the decision maker ultimately. Indeed he has to be.

CB Often he is a scientific competitor.

SL I think he has to be. I think he's got to be knowledgeable and everything else. If he's a good egg, if he takes his duties seriously, if he documents things, then it won't matter that he's a competitor.

CB Could you identify bad eggs?

SL Oh yes, very much so and I think all the time your reviewing your reviewers. One of the things that I think we introduced at the time - The Vancouver Group - was this dialogue between the author and the editor. In that way, you're possibly getting rid of ten per cent of your reviewers every year. They were biased, they were timid, they were ignorant, they were lazy, and I'm not sure which the worse of that is. I think it's probably laziness. I think the person who gives a bad review like 'I see no reason why this article should not be published.' And you waste so much time and you waste money. Each journal at the moment costs the *BMJ* in handling charges something like one hundred pounds. It's an inordinately lengthy and expensive process. Four full-time people, two of them medically qualified. We introduced an editorial committee, known as a hanging committee. We got particularly keen on statistical review because it was quite obvious that even once they'd passed ordinary scientific peer review, that is to say clinical scientific peer review, a lot of them are statistically inadequate. Something like sixty per cent of all articles - it didn't matter about the *BMJ*, the *New England Journal [of Medicine]*, the *Lancet* - they were very poor statistically and in many cases that could be put right by attention to simple detail. And so, therefore, you made the process even more complicated and lengthy. But I do think you turned the whole screw of scientific rigour another twist and that is very important to do.

CB There's one other problem I know you've been involved in. You were secretary of the College of Physicians committee on fraud - fraudulent publication. As an editor you must have been aware of problems of this nature.

SL A lot of it, yes. I first encountered it very much in the early days, and it was the plagiarism. I mean fraud is really after all four or three bits: it is actually forgery of results, piracy of ideas and it's plagiarism of other people. One of the special journals - and I was responsible for sixteen speciality journals at the BMA - the *Journal of Clinical Pathology*, one of the articles there was pirated by a man called El Sabti, who copied it out and published it in the Japanese *Journal of Clinical Oncology*. And the author, actually, curiously enough, found out and was furious. We could never get it in touch with El Sabti. It turned out he'd done about twenty-five other similar things, put it down on his publication list, presumably for his CV. He was a Jordanian and he thanked the King of Jordan for his financial help with his papers, things like that. But we could never get in touch. At that stage the big

American frauds were happening. We had one or two minor ones in this country. Mike Purvis, of course, was in the public domain. He did research into foetal glucose metabolism in the brain and it couldn't be replicated, and he apologised, resigned his readership, a letter to *Nature*. He was deprived of his fellowship of the College of Physicians. A tragic case and nobody quite knows why he'd done it. There were a number of other cases, but the big attention was in the USA. I was the European representative in the USA on the Council of Biology Editors at the time. A lot of conferences were going on, and we clearly had to do something. There were major Australian frauds as well, the MacBride case which has only just come to closure, as the Americans would say. And I thought the College of Physicians...after all, academic bodies sets its standards and it has to enforce them, that's what academic bodies are about. Academic bodies rightly need proof that there's a problem. How do you get that? It's very difficult. And I thought there were probably a number of cases that had been settled out of court, either brushed aside, which often happened, or say in the case of PhD students who go up to Manchester and copy out a PhD thesis, bring it back to Oxford and then if they have the misfortune to be examined by the chap who wrote the Manchester thesis, as I know has happened although not at Oxford, the compact is made that they won't get the degree, they leave the university quietly, they get a good testimonial. But the whole thing has been brushed aside. I wrote round to a lot of editors. I wrote round to one professor of medicine, one professor of surgery in every medical school in the UK and I said 'Do you know of any definite cases, any probable cases. Who perpetrated it, what discipline, what was done?' And I got fifty nine proved cases.

CB That's quite a lot.

SL Only one of these was in the public domain, and most of them had concerned post-docs and things like that. They'd either been cautioned or people had turned a blind eye to it and it really wasn't good enough. When I took this to the College of Physicians - Bill Hoffenberg was the president then - we had a meeting of the three chief officers, not the librarian, the other chief officers in the president's room, and each of those chief officers produced a case of fraud. One of them actually had a tape-recorded confession in his pocket. And we looked at each other and we said 'The College must do something.' So we set up a broad ranging committee, representatives of the Royal Society, the General Medical Council, which of course had been involved, the College of Surgeons, the College of General Practitioners and things like that. And we had very good and instructive sessions and we produced a report. And my only criticism, I think, of the College, and I would put this in the public domain because I've said it to people, was that they would not have a press conference to launch this report.

CB I didn't know that.

SL I think it was a pity. They didn't want dirty linen washed in public. I think myself that a college should wash what dirty linen... This is minute, this is not even one per cent, this is.....we can't say what it's like. It's like adultery in general practice, we know it happens but not many cases come into the public domain. And if it was common I think there would be tittle-tattle round the dinner table and there's not.

CB Well apart from these things, what do you see as your greatest achievement as editor of the *BMJ*? You were sixteen years I think, in the chair.

SL Very difficult to know, I think peer review, I'm fairly proud of. I think we did get peer review taken seriously. We organised a first world conference on peer-review in Chicago two years ago and we've got another in Chicago next year. And there were some abominable old men there - people you and I know from some of the best journals - who got up and said, 'It's my opinion, it's my experience' and they hadn't got a 'p' value they hadn't got confidence limits. And you've got to put peer review, and got to do research into it on a proper rigorous basis like everything else.

CB What in terms of campaigns did you mount? I mean have you got a particular feeling about say smoking or anything of this nature that the journal was associated with.

SL I think smoking was very important. It did take over from Martin, it did take over from Hugh Clegg. We had published the whole saga, right from the original Bradford-Hill and Doll paper, we published a lot. We supported ASH [Action on Smoking for Health]. It was a question of going on publishing this, it was a question of finding new tacks because you were boring people, you weren't necessarily getting home all the time. I think the other thing that one encouraged taking this on, was to encourage your juniors, and I 'm glad to say my distinguished successor Richard Smith, who's still only forty, with some encouragement from me did look at various problems. He looked at the General Medical Council, which in some ways is terribly unsatisfactory. And that really bridled people. I mean one of the times I have really had words by the establishment spoken in my ear is over the General Medical Council. Lay off us.

CB Now you've had particular difficulties with the GMC.

SL Yes, over confidentiality.

CB Briefly would you like to say something about that.

SL We published an obituary of a man who had been Wingate's physician at one stage.

CB Buttle.

SL Buttle, who'd been a blood transfusion officer in Cairo. Now, Orde Wingate cut his wrists when he locked his room in Cairo, this is before he went back to the Chindits, and this was always put down to madness. Wingate was deranged and everything else. Buttle, as transpired in the obituary, had listened to all this and had said, 'My God, that man's got cerebral malaria, send me down a blood film.' And indeed Wingate had, and he was treated and he recovered. I put this into the obituary of Buttle, and I was surprised to read a very pompous letter from the GMC saying that I'd disclosed confidential information about a patient which had come into my possession, this was unprofessional. Now: (a) Wingate was dead; (b) I thought it was important to rehabilitate him. I think it is an interesting comment on me that, you

know, I regard the badness of malaria as much more respectable than the madness of somebody who is manic and goes and cuts his veins. And that was certainly a judgement on me and some of the psychiatrists writing in the correspondence columns pointed out. Well, I was absolutely appalled at this. I could resign from the GMC because it didn't really matter. My first impulse was perhaps to be a coward and to just do that. But the pomposity of everything. I knew what was going on behind the scenes because I had friends there and everything else. One really had to use the establishment and the fact that I was a good egg, and I know that this happened in the debate rather than the principle. You kindly supported me in the correspondence columns and everything else and there were a number of other people. The principle is all important and I'm still not sure that it's truly established yet. I think that they're frightened, they're never really thought these things out and this is one of the things I have against British society in general, and medicine in particular, that we will not face issues square on. We tend to make a joke of it, we tend to go for personalities and I think this has happened to peer review. And one of the spin offs of the research into peer review which Chappell Hill of North Carolina has done is that anonymous peer review... I mean the old dinosaurs have been saying that anonymous peer review doesn't work because you can identify people: you can't. And it won't give better opinions because they're trying to work out the fact that who authored the paper: they don't. They give a much better opinion. You can draw up objective criteria of a good peer review, and blind review produces it. This has been shown. The other thing that research has shown, and hasn't yet been published, but the single marker of bad peer review now, is age over forty. The old men can't do it. You get a young person...

CB They are usually better and they do their homework.

SL They're very cruel and they don't see necessarily the wood for the trees. They can't put it in a global perspective and perhaps the lesson is - I'm sure we shall be coming to this - is that you use two peer reviewers. You use an older man, a journalist to put the thing into perspective, and you use a super sharp, super specialist under forty.

CB Just before we finish, you extended the publishing activities of the journal beyond journals to the Memoir Club, the Keynes Press who published Archie Cochrane.

SL Indeed, which I was very proud of. I think that there are a lot of civilised people out there in medicine. We expanded the Miller articles, we had special Christmas issues, we had a lot of illustrations and things like that.

CB You made it more fun to read.

SL Well, I hope so. It's nice of you to say so. But there is a lot out there besides just strict p values and clinical medicine. You should deal with those, you should make them better, you should try and get the best papers. But there is a whole other art dimension to medicine and I think that comes out in people's biographies, it comes out in the historical writings. And I just hope that one just pushed it a little towards that way, although regrettably since I left, it doesn't seem to have continued.

CB I think you did. In terms of your private life, your family mean a lot to you, clearly, and you are interested in music. Your wife is a singer.

SL She's a singer. She was a professional singer and read music at Cambridge and sang at the first sixteen Aldeburgh festivals and did a lot of free lance work with the Purcell singers and with the BBC Singers and various other groups like that. And then she, like all doctors wives, she has an interesting clotting deficiency, and got a deep vein thrombosis and had to give up which was a great shame.

CB Well, I think we can leave it there and may I thank you, Dr Stephen Lock, very much indeed for coming and telling us about your very interesting exciting life in medical journalism. And perhaps I can also say how much we all appreciate what you've done for the *BMJ* and journalism in general.

SL Thank you very much.

CB Thank you very much indeed.