

# Editorial

Dear Reader

This issue marks the 30th anniversary of the Morecambe Bay Medical Journal (known as the Lancaster and Westmorland Medical Journal until January 1999). Its longevity is largely down to the generosity and commitment of the Trust in supporting academic activities, as well as the dedication and enthusiasm of all involved over the years.

This issue is interspersed with references to the first issue of the Journal. The contents of the very first issue have influenced the production of this MBMJ commemorative spring publication. The invited articles on developments in radiology, rheumatology and respiratory, including a piece on the nationally recognised work on inclusion and diversity, highlight the progress that the Trust has made over time.

The Editorial itself is from none other than Dr Jim Morris, our eminent microbiologist who produced the first ever issue of the Journal. For me it is indeed a privilege to be the editor of the MBMJ for this anniversary issue.

There are as always changes within the editorial board. There is also a new online ISSN to reflect the fact the MBMJ is now also an online publication. We will update you on further changes to the instructions for authors in the next issue.

As far as COVID19 is concerned please remain safe, observe government guidance/precautions and keep healthy.

THANHS for reading, Shadaba Ahmed, Editor



## Lancaster and Westmorland Medical Journal – the initial aims: “to further medical education, improve clinical practice and foster medical research”

Professor James A Morris MA MB BChir FRCPath, Consultant Pathologist (retired)

In the second half of the 1980s I was the postgraduate clinical tutor for the Lancaster and Kendal group of hospitals. A major part of this role was to run a series of lectures in the Postgraduate Centre, which was situated on the site of the current Education Centre at the Royal Lancaster Infirmary. This programme of lectures would now be termed continuing medical education (CME) or continuous professional development (CPD). The aim was to keep local doctors and local health professionals up to date with new developments. I organised a weekly lunchtime lecture in Lancaster, a monthly lunchtime lecture in Kendal, and a monthly evening lecture in Lancaster. The lunchtime sessions had local speakers; newly appointed consultants, local general practitioners, public health doctors, and health professionals etc. There were debates on ethical issues, discussions on new service developments, clinical up-dates, reviews of new research findings and case presentations. The evening lectures were mainly given by outside speakers. Eminent people like Sir Richard Doll were prepared to travel to Lancaster and address our local audience. One of the great pleasures of the job was to meet these “big names” at the station in Lancaster, take them to dinner at a local restaurant and then to the Postgraduate Centre for the lecture. This was followed by refreshments in the bar (yes we had a licence and served alcohol), before dropping our speaker off at a local hotel. One thing I learned from these encounters is that eminent people tend to be modest; they have nothing to prove.

We got reasonable sized audiences for the weekly lectures in Lancaster, rather thin audiences in Kendal but the room was usually packed for the evening lecture in Lancaster. But even a packed room was still only a minority of the total pool of health professionals in the district who would have benefited from attendance. This was my main reason for founding the Lancaster and Westmorland Medical Journal. I realised that health professionals are busy people who cannot always get to lectures. But they could find time to read a journal and my aim was to get the subject matter of the lectures into a written form.

The Lancaster and Westmorland Journal was, therefore, an extension of the local programme of postgraduate education. But there was also a broader aim. I entered medical school in 1966 and became a student of medicine. I discovered it is a life-sentence. I have been a student of medicine throughout my career, and I still am, 12 years after retirement from full time practice. I suspect most doctors feel the same; medicine is endlessly fascinating. Increasing specialisation narrows our focus, guidelines restrict our initiative and the sheer pressure of work and responsibility can dampen our enthusiasm. But so long as we can find time to think, read and write we remain students of medicine and we can enjoy what we do. The journal provides an opportunity to realise, develop and sustain those scholastic interests.

In the late 1980s and early 1990s there was considerable emphasis on fostering medical research in the health service. I saw the journal as contributing to this process. We are well placed to achieve this in Lancaster because of the proximity of Lancaster University. Most medical research is undertaken by scientists working in Universities. Their job includes time for writing grant applications, obtaining ethical approval, planning and supervising PhD studentships and administering grant income. They have the intellect, training and technical skills required for pushing forward the frontiers of medicine. But a deep understanding of the nature of disease requires a lifetime of medical practice and the key concepts and questions are unlikely to arise if research is isolated from clinical practice. That is why full intellectual partnership between medics and scientists is the best way to conduct medical research. I must say, however, that this has not been as successful as I had hoped.

The first issue of the journal appeared in January 1990 and I edited a total of 12 with the last in September 1993. I then handed over to Mike Flanagan. The journal has been a success and is still going 30 years later. I hope that those basic aims of “furthering medical education, improving clinical practice and fostering medical research” still apply. The success, however, depended on much more than my initial ideas and thoughts. I underestimated the technical and logistic difficulties of publishing. However those aspects were taken on by Alison Harry who arranged sub-editing, finance, typesetting, publication and distribution. Alison set high grammatical standards from the start. Many other people, too numerous to mention, also contributed ideas, practical advice and interesting articles. I am proud of the journal and its success; but what pleases me most is that the success is indicative of the extent of the academic and intellectual talent within our district.

The journal's title changed to the Morecambe Bay Medical Journal when Lancaster and Kendal merged with Barrow to form the Morecambe Bay Hospital Trust. Mike Flanagan and the subsequent editors have held true to the initial aims of the journal but have all introduced new ideas and themes and kept the material topical. I do not wish to comment on the history post 1993 other than to offer praise to all involved. I would, however, like to mention one issue: which is the advent of Lancaster Medical School and its links with the journal. I am delighted to see how much the medical students have become involved with the journal and how this has strengthened links between the Hospital and the University. I live in hope that it will lead to more joint research activity and fulfil the one aim that has been only partially achieved; that of fostering medical research.