1978: Forty years later

Robert Bortolussi¹, Stuart MacLeod², David Bevan³ and Jonathan Angel⁴

Think back; think wayyy back: before laptops, internet and smartphones. Bank machines didn't exist, telephones were permanently plugged into the wall, airport security meant only checking that you paid for your ticket and medical journals came in the mail (as did the bills for the journals). As it turned out, the 1970s was not a kind decade for medical journals, and several were struggling financially. Even the New England Journal of Medicine (NEJM), desperate for cash, was forced to offer a lifetime subscription to anyone who could pay the princely sum of \$350! (A colleague of ours, now retired, still receives the weekly NEJM by mail, 45 years later!)

In 1978, the first issue of Clinical Investigative Medicine (CIM) was printed and mailed to members of the Canadian Society for Clinical Investigation (CSCI). Since this first issue, CIM has reported seminal articles from and for Canadian and international clinical researchers. A lot has changed in the past 40 years. For any journal, reaching this milestone is both a reason for celebrating and a time for reflection. This special issue of CIM recounts aspects of the history of the Journal and of research from the viewpoint of those involved in its evolution. Other articles in this special issue are reflections on career paths and insights into the future by CSCI leaders and research leaders in Canada.

In the late 1970s, members of the CSCI believed Canada needed a journal dedicated to advances in clinical research. They felt that the Canadian Medical Association Journal (CMAJ), the only national general medical journal, did not adequately meet this need. This concept was strongly supported by research professors of medicine. Thus, the Journal was able to recruit an extremely strong editorial board, many of whom later becoming Deans of Medicine and/or members of the Order of Canada. The journal had support from CSCI, its members and from the Royal College of Physicians and Surgeons of Canada.

Despite initial enthusiasm, the Journal lacked a reliable ongoing source of revenue. It survived by virtue of a dedicated staff, which proved capable of running the Journal on a shoestring budget. But by 1985, it was about to fold and the CSCI was approached with a request to take over full responsibility for the Journal. Stu-

art MacLeod from University of Toronto was the CSCI President and Jacques de Champlain from the University of Montreal was President Elect. They approached the Royal College and the Medical Research Council of Canada, arguing successfully that Canada absolutely needed a clinical research journal. The two or three years of support that was granted proved to be enough to get the Journal through this period of jeopardy.

At this critical point, Carl Goresky from McGill University was appointed Editor-in-Chief in 1984. Carl was an outstanding hepatologist, mathematician and clinical researcher with extremely high scientific standards, and he demanded equally high standards from any would-be CIM author. He did his best, with notable success, to make the Journal scientifically respectable over his 12 years as Editor-in-Chief. Since then the editorial mandate has been passed from John Hoey, to George Sweeney, to Mel Silverman, to David Bevan, to Jonathan Angel and finally to Bob Bortolussi. Through these years, the modes of production and distribution have changed, but the Journal continues to offer to clinicians the insights into advances in care obtained through research.

Mel Silverman, who became Editor in the late 1990s, was also Director of the largest MD/PhD program in Canada. Thus, he had unique access to the work of some of the brightest young minds in academic medicine, and promoted CIM among his students. When he stepped down as Editor of CIM in 2003, the challenge was to maintain the quality of the publication and deal with the ongoing pressure of the cost of publication.

Fortunately, the person chosen after Mel's term as

editor, had a great deal of experience in writing and editorial tasks. David Bevan was the right person for the time! With David as Editor-in-Chief, the publication process was efficient, supportive and polite for all involved. All copy-editing was performed in the editorial office and David made sure that the articles and the abstract clearly showed the “Why, How, What and So- What” of the paper (Purpose, Methods, Results and Conclusions). David also introduced CIM as an electronic publication with the support of the University of Toronto Libraries in 2007.

While the move to a completely electronic publication addressed some of the cost issues, CIM still faced financial challenges. When Jonathan Angel took the reigns in 2009, and following much debate at the CSCI, an author payment system was introduced.

While still allowing CSCI members to publish at no cost, author payments became necessary for the survival of CIM, as has been the case for many other journals.

The establishment of a Memorandum of Understanding between CSCI and the Clinician Investigator Trainee Association of Canada (CITAC) also saw the creation of a dedicated Trainee Section, which continues as an integral part of CIM.

Bob Bortolussi took over from Jonathan as editor-in-chief in 2016 and has introduced more changes to achieve the goals set by the CSCI while remaining fiscally responsible. In 2018 CIM became a quarterly publication. CIM introduced dedicated journal space for original research by trainees and news from the CITAC. Like all journals, CIM faces challenges, fiscal and scientific. In an era of “fake news”, predatory journals - whose sole purpose is profit for their publishers - pose a serious threat to scientific integrity. Our defense against predatory journals, and means to retain public trust in science, comes from the work of expert reviewers. We are enormously grateful for their help and hope you will agree to review a manuscript for the Journal if asked.

So what next for CIM? As we launch the next era for clinician health scientists, we know that CIM will continue to evolve and will continue to face challenges. Whatever happens, we will strive to provide our readers with the best insights into medical and surgical advances with a Canadian clinical research perspective.

AFFILIATIONS:

¹ Dalhousie University, Halifax, NS

² University of British Columbia, BC Children’s Hospital Research Institute, Vancouver, BC

³ University of Toronto, Toronto, ON

⁴ University of Ottawa and Ottawa Hospital Research Institute, Ottawa, ON