

A dialogue with editors, past and present, on how the *CJS* came of age

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Introduction

by G.L. Warnock

Seldom does an opportunity arise to summarize 50 years of history with direct input from people who have been leaders in molding the direction and growth of a major journal. Therefore, as part of the 50th anniversary of the *Canadian Journal of Surgery (CJS)*, the editorial board endorsed the concept of interviewing editors, past and present. We aimed to follow up on the inaugural editorial authored by Dr. Robert M. Janes in 1957 and determine how the Journal has lived up to its reputation and what challenges were encountered through its years of growth.

A series of interview questions grew naturally from the readership survey of 2006 (summarized elsewhere in this anniversary section). To offer some perspective on the challenges faced by the editors-in-chief, the editorial boards and the managing editors, these questions covered the organization and governance of the Journal, including finances, journal content, readership opinions, challenges and the quality and significance of the *CJS*. Former editors Drs. C. Barber Mueller, Lloyd D. MacLean, Roger G. Keith and Jonathan L. Meakins, as well as current editor Dr. James P. Waddell and

former managing editor Gillian Pancirov, were contacted by teleconference. The questions were reviewed by Dr. Nis Schmidt and Ms. Rachel Cadelina. Final transcripts of the interviews were lightly edited and reproduced in the sections that follow.

During the course of the interviews, 2 important observations emerged. First, the Journal has remained under the stewardship of very solid board chairmen or coeditors who have steered it through turbulent and challenging times. All of the editors, past and present, are unanimous in one observation — a solid acknowledgement of former managing editor, Gillian Pancirov. The praise for Gillian's effort remains effusive for the roles that she played to maintain a high-quality reputable journal of surgical scholarship. A second major observation is the acknowledgement of solid enduring quality, which informs the peer group of Canadian surgeons about the science and practice of surgery across many surgical disciplines in Canada. This unique perspective on Canadian surgery is unparalleled among national surgical journals in Canada. Finally, these largely unedited transcripts chronicle many challenges in bringing a high-quality journal to its readers through decades of solid leadership and contributions from coast to coast in Canada.

Organization and governance

What was the makeup of the editorial board?

Barber Mueller: The first business is coeditors, as opposed to an editor. I came to Canada in 1967, and 2 or 3 years later, around 1970, Fred Kergin called [to ask if] I'd be willing to serve as editor. At that time, I was heavily involved with all the activity going on at Mac [McMaster University] and said that was not for me. And then about a year later, he asked a second time, and I agreed, under one condition ... I said, "I'm an American. I really don't belong as editor of the Canadian Journal unless I have a coeditor." [I said] I would become coeditor if a Canadian was the other coeditor. He agreed to that and said, "Who do you want?" I said, "I'll take Lloyd MacLean." Lloyd and I became coeditors of the *Canadian Journal of Surgery*, as I recall, somewhere around 1972.

The *CJS* was owned by the CMA, which provided the personnel to make it operate. The appointments of the editorial board and the coeditors came from the Royal College of Physicians and Surgeons of Canada (Royal College). And what they did that really made the Journal run was give us Gillian Pancirov. She was

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functionally the operating editor, and we were advisers to her.

I come back again to fact that the *CJS* was owned by the CMA. The Royal College appointed the editors and the editorial board, which was, of course, recommended by the editors. We generally had some general surgeons and at least 1 specialist member from each of the major surgical specialties.

Lloyd MacLean: The editorial board comprised — at the beginning — the heads of surgery of the departments [of surgery] across Canada, and that changed afterwards.

Roger Keith: They were kind of elected [rather] than selected ... elected more than anything else by the CMA and *CJS* from across the country and were probably more general surgeons than they were any other specialists. I think they tried to keep it fairly broadly spread, but I think it was more a selection by the coeditors at the time — Lloyd and Barb.

Then [1991], they announced that within a year they would both be resigning, and that started the proposal for new coeditors. I was individually asked if I would be interested in serving as a coeditor. I had done a fair bit of work with this, and so I said yes.

Gillian Pancirov was really the mainstay and managing editor at the time with [the] CMA, and [she] did a huge job. In fact, she was there with Barb and Lloyd.

Jonathan Meakins: When Mueller and MacLean retired in '92, Roger was first appointed, as I understand it, by the CMA Publications Committee. And then they had an application process, and I was asked if I would like to apply. [Because] Roger got there first, the office moved to Saskatchewan.

I've forgotten what Roger's term was, but for a variety of reasons, he decided to move on, and the [coeditors'] office was moved to Montréal. The Journal was in a fragile financial state for quite a while in the mid-'90s, ... and I felt that, and I probably dis-

cussed this with [Dr. Bruce] Squires, *CMAJ* editor at that time, that we had to bring the orthopedic surgeons into the tent. They were as strong academically, from a publishing point of view, as the general surgeons in the country. So one of the obvious people to ask to step up to the plate was Jim Waddell, and he did that very enthusiastically. My memory is that the orthopedic representatives on the editorial board were Cecil Rorabeck and Waddell. We eventually went to having a very strong representation from orthopedics.

So the journal office, when I moved to Oxford, went to Toronto. Jim and I talked a lot about who ought to take my place. The way we looked at it was that it had to be someone who had very clear-cut academic stature in the country. But, we thought, you can't have both of the editors in Toronto, and there was no one else in Ontario with that kind of credibility; was it necessary to have someone else from Montréal? [No one from the University of Montréal was likely to do it, although we always had someone on the board from there. East of Montréal, there wasn't any academic stature. So we felt we should look west, and once we did, it wasn't that hard; I'm sure they [the CMA] went through some kind of a process that was also independent of me, as it should be. Both of us thought that Garth [Warnock] would be the guy, and he has really gotten increasingly interested over time.

James Waddell: Initially, the editorial board consisted of people primarily from the Canadian Association of General Surgeons (CAGS), but then of course we had to have a more balanced editorial board, which we did. And we wanted some geographic diversity. I mean this is Canada after all, so we needed some people from the Maritimes, Quebec, the Prairies, and the West Coast, as well as Ontario. As the Journal evolved, we wanted to have sort of some specialty sections, and some specialty editors. So we have a section for surgical biology ...

for trauma, ... for evidence-based medicine ... that kind of thing. In order for that to happen, we had to have people nominated by the editorial board to be these section editors. That was a significant change, I think.

How was the Journal financed? (e.g., advertising dollars and source, subscriptions, CMA, Royal College)

Barber Mueller: It was financed by advertising dollars and by the Royal College of Physicians and Surgeons of Canada. There were personal subscriptions, but it was really underpinned by the CMA. The Royal College gave financial support to the board, and I don't know the formula on which that support was based. I think it was probably based on how many Royal College people were surgeons.

Anyway, somewhere in the mid- or early '80s, the internists wished for some Royal College support for their journal. There was a Canadian Society of Clinical Investigation, and the Canadian society had its own journal. And they were pushing for some Royal College money, but they were unwilling to give to the Royal College the prerogatives which had been given to the *Canadian Journal of Surgery*. In true Canadian fashion, the Royal College says, "Well, if they don't want it, we can't have somebody get it when somebody else doesn't want it", so they ultimately withdrew their funding.

Lloyd MacLean: The thing was very generously supported by the CMA.

We got support ultimately, after about 3 years of negotiation. And ... in the mid '70s we did get significant support from the Royal College. But that disappeared after a few years, and we were then faced with a few financial binds because it looked like the CMA couldn't handle it.

Roger Keith: It was when Jean Couture was president of the CAGS and I was the secretary that the CMA Publications Committee felt that the Journal wasn't able to be

self-funding. It suffered because of ... advertising revenues going to their other publications.

I sat on the CMA Publications Committee as the *CJS* rep., along with several people from the *CMAJ*, which is of course their flagship, and others representing the smaller journals. The Publications Committee financial statement was just amazing. The *CMAJ* was a very profitable item. Some of the others would break even, and some of these financial bulletins made a fair bit of money as well. I said there were a lot of advertisers who would be appropriate for *CJS*, in particular, pharmaceutical companies because our only other groups are the mechanical people and the suture people, and they were only 2 companies, and so we were picking their pocket continually, so why can't you shift some of the pharmaceutical money, at least on paper, into *CJS*? Well, because the pharmaceutical companies don't want to be involved with a journal having only 6 issues a year, and they don't reach the same readership as *CMAJ*, and most of their prescribing physicians are family physicians. So the CMA wouldn't allow that. But I thought, well even on paper, this is one large publication committee, why don't we try and share the wealth. Then they said they would rather absorb the deficiencies than officially transfer the monies into *CJS*. So we would meet every year, and would be told that *CJS* was broke, that we were under the gun, and then we would be told that they would want to float us along for another year. And then what they wanted was for us to increase our subscription fee. I said "Well, if you do that, CAGS won't continue, and I'm sure the COA [Canadian Orthopaedic Association] won't continue, and we won't have a journal." This went on for all the years that I was on the Publications Committee.

Jonathan Meakins: The Royal College participated for quite awhile, and then sort of scooped out ... this is in

respect to the Journal being financed by them. So their name came off the front of the Journal in 1994 or so.

James Waddell: When I came on, I was the first orthopedic surgeon to be a coeditor. At the time the Journal needed additional institutional support. As I recall, it was being supported primarily by the CAGS, plus some subscriptions by other individuals. They wanted the COA to enter into a partnership with them, and so orthopedic surgeons, through the COA, began providing annual financial support to the Journal. The editorial board changed because we had to include orthopedic surgeons, and the content of the Journal changed because it had to reflect now not just the interest of the CAGS, but the COA.

Right now, the Journal is financed by a combination of direct support from these 2 associations, plus subscription revenue from people who are not members of those organizations, plus advertising revenue.

Which specialty societies sponsored the Journal?

Barber Mueller: When the Royal College ultimately withdrew their funding, this was a real crisis in the *CJS*. The man who jumped into the fray was Jean Couture. An ex-president of the College he spent about 2 years cajoling, admonishing and pleading with the Canadian specialty surgical societies to support this journal. He ended up getting some support from each of the societies, and that they would appoint one board member. The *CJS* would be sent to all members of that society. One reluctant girl dragged to this marriage was the COA. Orthopods are pretty independent as you may realize. They wanted the *Journal of Bone and Joint Surgery* to be the journal for the COA. We finally got financial contributions by society, and automatically see on the Journal cover participation from a society and board representation.

Lloyd MacLean: We did go to some

societies, and we had been publishing things over the years from them. When the idea arose, the CAGS didn't exist, but when it did the Association was very eager and very supportive. Also, the Canadian Society for Vascular Surgery has contributed a lot of papers over the years. Orthopedics was part of the Journal right from the very beginning. It is very unusual to have a surgical journal with so much ortho in it, but that's been a prominent feature right from the beginning and I think may well reflect Canadian surgeons' practice.

In addition to those 3, we got support from the Canadian Society of Cardiovascular and Thoracic Surgeons, and the Canadian Society of Surgical Oncology.

Roger Keith: After we had presented a suggestion to them that there be funding and new ownership for *CJS*, the CMA approached the specialty societies. At that time, within the CAGS executive, we talked about whether we could afford to own the Journal and came to the conclusion that we couldn't. But we could share ownership if the CMA were willing to continue and the orthopods would be willing to become equal partners. Although the reception initially was tentative, they agreed to go along with it.

Jonathan Meakins: Specialty societies are listed always on the front page and they have fluctuated slightly. But it's basically been the CAGS, the COA, and then a few hangers-on. But the 2 principal organizations that have taken responsibility and lots of interest have been — and to be fair to the CMA, them — the 2 orthopedic and general surgical organizations.

Did provincial surgical societies publish their programs?

Barber Mueller: No.

Jonathan Meakins: The provincial surgical societies have not had much to do with the Journal.

James Waddell: I don't think so ... I don't recall any of that. That may have happened before I came on.

Content

What were some highlights when you were editor?

Barber Mueller: The highlight thing for me was the soliciting and the keeping of authors. The real crisis of the Journal in those years — at least in the first years — was not financial, but authorship. The Journal at that time, and it still may be for the size of it I think, is author-dependent. At one time, I remember we had so few manuscripts accepted that we were barely over one issue. Enough manuscripts in-house to provide for the next issue, but not the following one. And so, when it came to manuscripts, I did the best I could to support the authors, to make suggestions, and encourage their participation. If there was anything possible that I thought we could print, we would make sure we got that in print.

Jonathan Meakins: I think that you could highlight evidence-based surgery as one of the things that the Journal has really contributed.

James Waddell: I think the highlights for me are 2 things. First of all, it's quite an honour for me to be the first orthopedic surgeon to be a coeditor of the Journal. A little bit of a trail blazer thing there for orthopedic surgery, which I'm proud of. Second, I think it's great that the Journal has been going for 50 years, and I'm going to be one of the coeditors at the time of its 50th birthday. Third, I think this online system is going to be fantastic for us. A lot of the top-ranked journals have already moved to online submission and online review, and this is going to put us up there with the top-ranked journals, so I'm pleased about that. We've been talking about it for about a year, but it's pretty much good to go now. I think we're going to announce it in the October issue,

the anniversary issue, and have it up and running in January.

What sections of the Journal existed? were most popular? i.e., History of Surgery, Evidence-Based Surgery, Original Research, Reviews, Editorial, Case Reports, Trauma and Critical Care, CME, Meeting Abstracts, Quill on Scalpel, Surgical Biology for the Clinician, Correspondence, Book Reviews

Barber Mueller: We were responsive to the authors, not directive of them. And we didn't have enough material so we could pick and choose like the AMA and the New England journals.

Lloyd MacLean: Those things that the Journal presented at that time — there was always a prominent feature on the history of surgery in Canada, which is very important and good. There was space for original articles, book reviews were done extremely well, the Journal was bilingual — not many French articles, but a few — and there was a translation in the summary. There was something, not always, but the presence of the Royal College was there right from the very beginning. And there was encouragement of trying to elicit research work from residents. *CJS* also had a section of notices, for instance, somebody who was appointed this or that, or the Royal College time meeting.

Roger Keith: I think at the beginning of my time, the sections that were probably most consistent were Quill on Scalpel, which served in part as an editorial base, and submissions from various readers would be put in there. In addition to that were letters to the editor. That was a fairly active section at time. And then Joe, I believe, was the one who initially brought in the surgical biology idea and the radiology [and surgical images] sections. There were a lot of announcements that were valuable to the readership ... meeting announcements. And we still published abstracts of the CAGS meeting and the orthopedic meeting and the Trauma

Association meeting when they met with the CAGS. We tried a couple of times, to have the CAGS Newsletter become an official part of the Journal, but the CMA wouldn't go for that. They would go for a supplement included within the mailing as a separate supplement, which was done I think for a couple of years.

I think we may have been perhaps the journal with the largest number, and for the longest time, of publication of case reports. That became kind of our filler. If we didn't have anything that was scientifically satisfying or if we didn't have a review article, we certainly had a large number of case reports that could be added, which was not a strong point. It did allow the average practitioner to have a spot where he could present something for publication.

Jonathan Meakins: The other area that is referred to frequently is the section on evidence-based surgery.

James Waddell: When we took over, we didn't have a history of surgery section, but we have the occasional article submitted for history of surgery. Evidence-based surgery as I said is very positive, original research is also very positive — people like that. Surgical Biology for the Clinician is very popular.

What were the really key topics when you were editor?

Barber Mueller: The topics were those that were submitted.

Lloyd MacLean: I think Quill on Scalpel, symposia, correspondence, the contributions of the CAGS and invited presentations.

Roger Keith: Minimal access surgery was probably the new hot topic through our time. I think our Journal did quite well to keep the minimal access stuff (a) up front, and (b) at least somewhat controlled.

James Waddell: Well I think we tried to do a few things with the Journal that are a little different. One of them was to start soliciting manuscripts for the Journal for the specific sections.

What were some controversial topics of surgery?

Barber Mueller: I don't think we touched those.

Roger Keith: Bariatric surgery.

Jonathan Meakins: Anything that was controversial, or we thought people ought to pay attention to, we wrote up in our own little views [Editor's View]. So we talked about resident education, and the Institute of Medicine, and patient safety issues, plagiarism, and anything that seemed topical we would use that tool, or that instrument as a way in which we can contribute.

James Waddell: There's always some controversy. One of the things that's come up that's controversial ... was a significant problem for us at the Journal — was that some people have suggested there's a link between abortion and breast cancer ... So that was certainly controversial, and there also was some controversy, when I first started, around what we call minimal incision surgery ... MIS surgery, and there was some quite good stuff published around that. There's always ongoing controversy around surgical education and hours of work and how you train residents appropriately.

What were some major changes to the Journal when you were editor?

Barber Mueller: You've heard my story.

Lloyd MacLean: There was very little editorial opinion, very little on correspondence. Nobody really communicated with anybody. Very few review articles and actually very little research. So, there was quite a bit to be done, and I think what Barb and I tried to do was introduce some of those things.

We made a great point of recruiting papers. That is, if somebody came by, or gave a talk in Toronto, Vancouver, Montréal, or anywhere, we would go after them to try and get a written manuscript.

The first Gallie Lecture was published, given by R.I. Harris, in the Journal. The Donald Balfour Lecture ... we went after Rodney Smith for that. Then the Gordon Murray Lecture, given by Roy Cohn, the CAGS guest lecturer on trauma, Donald Trunkey and the Royal College Lecture, given by Uvahrt Swenson. These are just a few.

The second thing that we did was we tried to encourage the Quill on Scalpel section. That was started by Fred Kergin and I think was a very good thing to have an editorial comment.

Then we went after symposia. The Royal College, and later the CAGS, were always having symposia on current topics. There was one early one on inflammatory bowel disease, one on pancreatitis and its complications, oral hypertension and how to deal with it, nutritional requirements of the surgical patient, one on trauma, one on obesity, and one on Crohn's disease. The reviews I think were not as popular, but I thought they were quite well done and we emphasized that. We also encouraged correspondence, that is, people writing in to comment about what people's original article had stated. We started some things ... state of the art, how I do it, and our surgical heritage, by Joe Shugar who was, I think, on the editorial staff up in Ottawa, and he was very good.

Jonathan Meakins: From that point of view I think [clinical epidemiology] was, in any respect, pioneered in the *Canadian Journal of Surgery*.

The changes are related to the sections titled Surgical Images, Radiology for the Surgeon, Evidence-Based Surgery, Surgical Biology for the Clinician, and 1 or 2 other things. Those were the principal changes and they were really made to make *CJS* more attractive to the reader.

I have always been anti case reports, and so if a case report came in that was particularly interesting, we sort of canned all the literature review and turned it into — we had a

different term for it, didn't want to call it a case report — an "interesting observation," or something like that. That would be somewhere in the late '90s when we tried to change that terminology. And they'd come and go, but generally speaking, we wanted to use the Surgical Images section, or what does this x-ray show? and then give the answer at the back as a method of showing case reports rather than anything else. I guess another thing that I did occasionally was put art on the front cover. That picture on the front I thought really was quite useful.

James Waddell: We wanted some ongoing interest in the readership around things like surgical biology, or biology for the clinician, evidence-based medicine, images section, trauma section. So those were the significant changes that have started under Meakins and have continued with Warnock and myself.

The second thing was having what we call the case notes. They are a special kind of case report where we make the author tell his story in a very rigid format — it can only be so long, so many references, so many pictures. That way we're able to publish more of these case reports with fewer pages. So that was another innovation.

The third innovation I think, that's going to be big, is we're going to start going online. So we're going to have people submit their papers online, submit their reviews online, that kind of thing.

What was timely?

Barber Mueller: We were not very directive, in terms of the thrust of that journal. We dealt with what we were given and did our best.

Was there interest from international contributors as well as Canadian?

Barber Mueller: Yes, I think we got quite a few submissions from abroad,

and they gradually increased. I think Israel and some places in the Near East were interested in publishing in the *CJS*. Some from England or Germany, Spain or Italy, maybe.

Lloyd MacLean: I would have thought that was minimal. We had the odd submission during our time from some guy in India or something. We recruited some material from international people, but I don't think we made as much of an impact outside of Canada.

Roger Keith: We would get some submissions from international contributions, but I guesstimate it was probably no more than 25%.

Jonathan Meakins: The 2 areas, internationally, that contributed effectively were interestingly Turkey and Hong Kong. So we used to get quite a significant number of submissions from Turkey. And I've always assumed that they decided that that was the easiest route into an Anglo-Saxon publication. On the other hand, a lot of what they submitted was really pretty good because I've seen some stuff that they sent to the *Journal of American College of Surgeons*. So there's quite a lot of reasonable work being done in Turkey. The other location that we got submissions from that I could think of was Hong Kong.

James Waddell: It's very interesting ... the Journal is a good vehicle for people who would normally only be able to publish in their country. So we get lots of submissions, for example, from Turkey ... that's a good example. Turkey is a big country, has a big medical population, but if you publish in a Turkish medical journal, no one will ever read your stuff except other Turks. Nobody else can read it. So in countries like that, like Romania, Turkey, that don't have an indigenous medical journal population in English, those people are anxious to publish in English and so they submit work to the *CJS*. So we see a lot of work from I would say eastern Europe, some from Asia, China. If you look at big countries in

Europe: Germany, France, and so on, they all have English surgical publications. Believe it or not, Germany has a lot of journals that publish in English because that's the language the guys want to publish in because they want people outside of Germany to read their work. Of course, they have a very large medical publishing industry in German also, but they have the option. These other countries don't have a lot of other options, so they often seek to publish in English journals.

How did the Journal involve surgical trainees as contributors / readers?

Barber Mueller: Lloyd and I set up an annual prize for a trainee to submit something. This prize, after we departed, was made a little more formal, which I think is still underway, the MacLean–Mueller Prize.

Lloyd MacLean: I think the Journal did try to do something to support surgical trainees, and that was the Davis & Geck Award, and SESAP. The Royal College encouraged people to contribute papers. But I don't think the Journal ever had an overwhelming success across the country with everybody.

Roger Keith: Something that began during our tenure, was the business of how we were going to get the residents involved in the CAGS, but as part of the carrot to have them get the Journal. We decided we would re-emphasize that the CAGS would have an associate membership for residents. That was at least a beginning to make sure residents got the Journal.

James Waddell: We have a prize for the best paper published at any given year by a surgical trainee ... the MacLean–Mueller Prize. So that's awarded every year and we have quite a few submissions from residents. And the nice thing about it is first of all, the guys are obviously interested in the Journal because they're submitting their stuff, and

second, it's important from our perspective that we engage trainees so that they become an integral part of the Journal ... we think that that's important.

Readership

Who were the readers? Where did they come from (e.g., society membership, institutional membership, international)?

Barber Mueller: The Journal was then received, as I remember, by all of the surgical members of the Royal College. I don't know who the readers were, other than the Canadian surgeons. They came from I guess the societies that contributed, but that was in the last half. The first was Royal College readers.

Lloyd MacLean: Fellows of the Royal College, on the surgical side.

Jonathan Meakins: I thought the readership were our principal constituencies. And 2 of the association societies got the Journal for free. It was distributed tolerably well internationally, but we did not consider that our readership was American, or British, or European ... that distribution would be to libraries, but I doubt there were many issues sent around the world. There were Canadians who maintained their subscription in the States. Some people kept their membership in Canadian societies.

James Waddell: Everybody in the COA and everybody in the CAGS gets a copy of the Journal, so there's 2200 readers right there, roughly. Then the institutions at which these people work, most of them have subscriptions to the Journal as well. We have some trainee subscriptions, not very many. And we have some overseas subscriptions, mostly institutional. Let's say the readers, by and large, are orthopedic surgeons and general surgeons working in Canada.

I think we have some small readership [in the United States]. I think they're mostly expatriate Canadians, guys who moved to the States to

work might keep up their Journal subscription, like reading about what's happening at home kind of thing.

The readership is fairly constant. The way the system is set up now, through association support, every member of the association gets the Journal, so we do have a substantially increased readership over what we used to have. The down side is that some people may be getting the Journal and just throwing it in the garbage, or the blue box, never even looking at it. But I think a significant number of people who would not subscribe to the Journal ordinarily now get the Journal, they open it up, they look at the editorial, they look at the Evidence-Based Surgery section, they look at the Case Reports, that kind of thing. So I think we are engaging more surgeons than we ever did before.

Was the Journal viewed as a platform for Canadian-focused research and opinion not necessarily of interest to other international journals?

Lloyd MacLean: You would think if that was the case, people would be contributing to the Journal from the international places.

Jonathan Meakins: We did think of it as, to some extent, a research issue, so there were 3 or 4 real research papers, but we tried to make sure that it was full of features of one sort or another, as I've described to you, and a certain amount of opinion. It was never opinion or issues that wouldn't have been of interest to anybody else, it just happened to be produced largely by Canadians.

James Waddell: Yes, I think that's fair. We tried to position the Journal, unofficially, as a perfect vehicle for Canadian surgical issues, so we published original publications on things like skidoo accidents and that sort of thing ... that's a natural for our Journal obviously. The problem we have is that what's known as our impact

factor is not as high as some of the top-notch international journals, so people will want to submit their best work to what they see as the high-impact journal, they want that out there for the audience. So as a consequence of that, we — in some circumstances — become kind of a default journal. So like I tried to put it in Journal A, they won't take it because it's not relevant, whatever, let's try in the *CJS*. So we're sort of stuck a little bit with the concept that we're a second-class citizen, that we're publishing stuff that other people don't think is good enough. And I think we do have some articles like that, that you can see they probably wanted a little bigger audience, but they didn't get it because maybe the quality of the work wasn't really up to scratch. Now, that's not common. I wouldn't want you to think that we're concerned that we're publishing a bunch of crap because we're not, we're publishing some good stuff. So my feeling is that a lot of the stuff that we do publish is good quality, made in Canada, and people want their Canadian peer group to know what they're doing. So if we run a big series of something down here at St. Michael's Hospital, we may be happy to publish in the *CJS* and make sure that people out there understand what we're doing down here. That's what makes the sections in education, for example, so interesting, trauma care, that kind of thing because we have kind of a uniquely Canadian flavour to that sort of topic.

Did the Journal disseminate research / practice outcomes / education / opinion to Canadian government, industry and charities?

Barber Mueller: Not to my knowledge.

James Waddell: We don't deliberately target the government. But then again, when we're reporting on health-care outcomes in Canada, like

length of stay, information, surgical complication rates, that kind of thing, that's very interesting to government. I think that the government likes to see its position, or is interested in what you might like to call population health research, because it helps governments make decisions regarding spending priorities and so on. So no, we don't target those specifically, but we like the fact that they read the Journal.

Challenges

Was publication misconduct a problem in your day? How was it handled?

Barber Mueller: I don't remember anything about publication misconduct. It had not reached the radar screen I don't think, although I've heard of publication fabrications that were going on. But I don't think anything like that happened in the *CJS* because we weren't a research journal, and therefore, to falsify something wasn't to anybody's benefit.

Lloyd MacLean: We didn't look upon that as a problem. I think where people are competing on an international scale for some new breakthrough, that's much more likely to happen and most of our material I don't think revolves in that category, so we were never conscious of malpractice in that way. Anything is possible, but I don't think it's likely to be a problem for a journal like the *CJS*.

Roger Keith: No, it would be unusual.

Jonathan Meakins: We talked about it a couple of times in our little Editor's View at the beginning where publication misconduct was brought up. There might have been one publication misconduct linked to the Journal, one way or another, and it was handled carefully and sorted. I don't think that there's anything that was overly dramatic about the whole issue. I don't think I need to go into it.

James Waddell: Well, we have had

some discussions about this. We have had 2 or 3 examples of publication misconduct that have come to our attention. To our knowledge, we have never been guilty of a duplicate publication ... that's never happened to our journal. So we're pretty vigilant about this. There's an international organization of medical journal editors that may have taken a stand on the policy around publication misconduct. Garth [Warnock] is a member of that organization and has had discussions with them, and so we have adopted their definitions of publication misconduct, that's the first thing. And second, we've come to a decision about if someone is guilty of publication misconduct, what we should do about it. So we do have a policy in place that notifies not only the individual that we feel that he's been guilty of misconduct, or attempted misconduct, but we're also prepared to notify the people with whom he/she works ... the guys who run the department and sign the grant applications and stuff. We're comfortable with our current policy.

It's rare for us. It's rare for our journal and I think it's pretty rare in clinical medicine. I think that's distinctly uncommon in clinical research. To my knowledge, concerns about publication misconduct are much more common in basic science publication and basic science research.

Were there challenges to the Journal's viability during your editorship?

Barber Mueller: Absolutely!!! It was big financial crisis. And almost as big was author support. That to me was an ever-riding, ever-present issue.

Lloyd MacLean: There was a time early on when we were desperate for decent material to publish. But we got over that. By 1980, we had a lot of material.

Roger Keith: I think we've talked about the biggest challenge and I think that was the maintaining the viability of the Journal.

Manuscripts were always I think in excess, but only by maybe a couple of dozen. And to publish good quality stuff, we nearly always had to refuse some of these papers that we had waiting, rather than try to reduce the quality. And they felt that because we did not have a backlog, therefore we weren't a high-volume, high-potential journal, and that maybe we didn't need to exist ... and that was another point.

Jonathan Meakins: The real challenges to the viability during my time was financial, and there was quite a crisis, it would be around '96/'97. It was when I think the Royal College was bailing out. And the CMA takes a very cost-centred approach to a lot of what it does. So while we had reasonable representation on the CMA Publications Committee, we were always able to maintain ourselves.

I would say that the partnership with the COA and the CAGS, the COA coming in was very important, but I thought that that was what really made the Journal really viable.

James Waddell: Well, I would have to say that there's a constant, constant anxiety around money. The Journal's 50 years old now, and it used to be sponsored by the CMA and the Royal College. The financial support for the Journal was withdrawn by the College, and so we've sort of been on our own, in terms of having to pay our own way, which is fine, but we don't have a lot of advertising revenue. Every so often, either the COA or the CAGS gets their shirt in a knot about they're paying too much money for the Journal, or they're unhappy about how the money is being spent at the Journal. So I would have to say that there are some challenges to financial viability.

Quality / significance

How did authors submit their contributions?

Barber Mueller: By type-written

manuscript ... on paper. Hopefully it was double-spaced. And some of them were quality and some were less than quality. But that was Gillian's job to make sure that that was all right.

When a manuscript came in, she would sort them and send alternate ones to Lloyd and to me. And when I got one, after reading it, I would send Gillian suggested reviewers. She received the reviews and then sent them back to me to make the decision, which was either accept, reject or revise. Then I would send them back to her and she would carry out all of that stuff. She did the layout, the selection of the approved articles. She laid out the front pictures. She reviewed — even corrected — some of the editorial glitches of the manuscripts.

Lloyd MacLean: I think they came to Gillian and she would rotate them between Barb Mueller and me. We'd read them over and decide on reviewers. And we'd make the decision ultimately. She would help with editing them. Some of them had to be rewritten — the technical side — just the English. We never went through it looking for spelling mistakes or anything like that ... we looked at the big picture. But she did the other quite meticulously and I think as well as anybody I've been in contact with, without hurting the feelings of the author.

Roger Keith: Our office here in Saskatoon sort of served as the ancillary office, but most of the correspondence from the submitters went to CMA to Gillian, and then Gillian would more or less decide which co-editor it would go to. Then the coeditor would pick 3 reviewers and off the articles went.

James Waddell: Well right now, we have paper contributions. As I said, we're hoping to change that starting next year. We're hoping to not only have the authors submit electronically, but also have us send the papers out for review electronically. Right now, what happens is that the authors have to submit I think it's 4

copies, we take 3 copies and send them out for review. So the paper copies go out in the mail, and the guys read them, and then they send us back their reviews in the mail. It's generally time-consuming and occasionally a manuscript is lost in the post office or something ... we have a problem sometimes like that. The advantage of doing this electronically now is that first of all, it'll be way quicker. Second, we know that the guy has got the manuscript, it's there, we sent it to his e-mail address. The time to get it back from him will be shorter. I think the quality of the review will be better too.

How was quality of manuscripts assessed and judged: according to the subject? the interest of the subject? preparation of the paper?

Barber Mueller: That's what I called on reviewers to do. I had a fair knowledge of much of what was being written about, but I depended heavily on my reviewers to make sure that they looked at the correctness and the quality of the material. On rare occasions — maybe once or no more than 3 times a year — Lloyd and I would ask each other for help in reviewing manuscripts. Now for me, and I can't speak for Lloyd, when I picked a reviewer I always picked one member of the board, plus another member of my own selection.

The quality of the subject was of temporary interest. I don't think that we knew what was of interest today and yesterday or tomorrow, except by what was submitted. But the preparation quality, well that was all — as I had mentioned before — redone by Gillian.

Roger Keith: Most of what we received, we initially chose on the basis of the interest to the readers, and similarly suggested the reviewers on their interest on the subject. We didn't have a true reviewer board, or anything at that time ... just picked a

name and hoped that they would be prompt. The reviews went back to the office of the coeditor, and then back to Gillian. And then we would have a draft for each issue, which would be circulated to the 2 of us.

Jonathan Meakins: The quality of the Journal I think has improved generally and our reviewers got a little more critical. I would have to say that I virtually never accepted a manuscript without some alteration. So I thought that the manuscripts got better and there's no doubt that, as time went on, almost nothing got accepted without correction.

James Waddell: Well, first of all, if someone submitted a paper on gallbladder surgery — we're talking about a peer-reviewed paper now, not a paper that we've solicited, we haven't asked somebody to write a paper on gallbladder surgery — we look to see if first of all if it'll fit into one of the sections that we're already publishing; you know, does it fit into trauma, does it fit into education or something, so that's the first thing. Second, we sort of try to look at what's happening in — to use the same analogy — gallbladder surgery in Canada today, and is there a lot of interest in gallbladder surgery? Yes, there is, because with MIS surgery, it's become a hot new topic for general surgeons. And then we want to know ... is this a new idea? is it a reconfirmation of an idea that someone advanced a year or 2 ago and said, "you know, you guys should try this. We think it works pretty well." And this author has tried it, and indeed found, yes it does work well, or no, it doesn't work well. And that might be 2 different things. If the guy says, "yes, it works well," and 20 other people have said, "yes, it works well," we're not that interested. If he says, "you know something, I've tried this and I don't think it works very well at all," we're definitely interested because this guy may have found a reason why this doesn't work on certain kinds of patients ... you know, that kind of a thing.

So we put all of that together and then we pick 3 people that we feel that have a good interest in the subject, then we send them the paper and they write back and they say, "Yes, this is a great paper. I think you should publish it, this is terrific work." And then another guy reading exactly the same paper writes back and says, "This is the biggest bunch of crap I've ever read, it should never be published anywhere." And then we have to make a decision.

The third person might be the tie-breaker, or we might just decide ourselves. You know something, I like this paper. I'm going to publish it, I think it's a good paper. So that's the process, it's called peer review. And that's what's meant by peer review, you send the paper to peers of the author, not anybody he knows obviously, but people working in similar circumstances and say, "What do you think of this paper, and how could it be improved." And what you're hoping for is a nice comprehensive review. We send guidelines to the reviewers so that they know what we're looking for when they do their review.

Did people worry about impact factors? How was the Journal's impact ranked?

Barber Mueller: The CMA conducted studies on impact and gave us all kinds of data that compared the Journal with other journals. The reports were of interest to Lloyd and to me, but I don't think they had a great deal of effect on what we did because we were pretty much bound, again by our authorship inadequacy.

Roger Keith: Now, I think (there is some) slippage. But there are some newer and more appealing journals as well. I don't know whether the slippage is because of the high content of orthopedics now, compared with what we had, or whether it's just other journals.

Jonathan Meakins: There was a time when I did worry about impact factors and tried to get people to refer

to work that had been submitted and published by the Journal. But in fact, I eventually gave up on that as being not really what we were on about and not actually in many ways being that crucial to the Journal itself. A lot of editors for a few minutes, and I include myself, thought that the impact factor defined who and what we were, and I have changed my view on that. While it's nice to have the high impact factor, I don't think that that was what our mission was in this instance and I think that's when we decided to relax a little bit over that.

James Waddell: Yes, I think that people are concerned about the impact factor. In a lot of universities, people's promotion and that kind of thing are determined by the number and quality of their publications. First-rank journals have a high impact factor, second-rank journals have a lower impact factor. We're in the lower impact factor group, although, we do have a pretty good impact factor and our impact factor is improving every year I think, because we're publishing better quality articles. That's why it's better to keep the Journal small and keep out poor articles, than to make the Journal big and include poor or bad articles because your impact factor goes down if you have a big journal full of bad stuff because nobody reads it and nobody quotes it. Whereas, if you have a smaller number of high-quality papers, your impact factor, or your index factor is high. So we'd like to improve our impact factor by publishing better stuff and get more citations ... the citation index is what people look at.

Comments

Barber Mueller: Gillian in many ways tailored the articles so that her style ran through them. And her style really became the Journal's style.

I would have a suggestion that you have a section called "Problem of the Month." You set up the problem and you have 1 or 2 of your editors look at it and you ask your readers to send in answers to that problem.

But you could present that in a 2-paragraph or 3-paragraph scenario and ask for people to give you an e-mail of 250–500 words what they thought about that. And publish 3 or 4 of those the next issue. And if you had one in every issue, you would have a readership that would look at that one spot and give you an answer. The readers would be interested not only in the problem but how other people responded to that problem.

Lloyd MacLean: The CMA did a very good job, and continues to do it over the years. I must say, without the CMA, I think we would never have a journal. And the people that worked there ... I'd like to single out at least one of them ... Mrs. Pancirov. She was excellent. She knew Fred Kergin, got along with him very well and she was his assistant, so she went back almost to the very beginning.

I think that the Journal not gone ahead more than the others I have come in contact with within the last decade. But the *CJS* does reflect what goes on in Canada and we should be proud of that. And we're not trying to do much more than that I don't think. Encourage people to contribute, let us know what you think about things, and keep up. That's all you can expect from a journal like ours.

One theme might be that does reflect Canadian surgery, and there'd been all sorts of changes that occurred over the years. You know, we used to fight about antibiotics ... who should be on antibiotics, and surgical nutrition ... who should get total parenteral and who should get oral, and how should you get your gallbladder removed. And you know, all of those things that emerged over the years that are changes, and I think it's reflected in the Journal. There have been enormous changes, and I think the Journal can play a key role in that.

The editorials either supported something that came along or condemned it. And then you've got the advantage of time to be able to look back and say, "Well, these guys were wrong. This was a breakthrough. It

was a good thing." You know, 50 years is quite a spread.

Roger Keith: I would go down to the CMA building because that's where the editorial offices were, and it was very impressive. I mean Gillian had her less-than-half-a-dozen girls, and then she had her editorial line of responsibility ... these girls, who were all responsible for a single journal, really could run the whole thing and it was very well done. I can well imagine that that system has totally changed, if there's anybody like Gillian in any of those remaining journals. She was a very dedicated lady.

Roger Keith: I guess financially, it [the Journal] should be 50% orthopedics, but it has a significant orthopedic content as compared with our time, and certainly to Lloyd and Barb's time. And I think it probably is therefore less representative of general surgery than it was. I'm not sure what its advocacy role is in Canadian surgery. I hate to say it, but it might be close to zero. And the Royal College has in fact taken on that role, I think far better ... whether *CJS* should ever have been involved, I don't know but we were, and that's gone I think. So I think it is less appealing to the Canadian general surgeon at large. I hope I'm wrong, but that's my feeling. And from our residents' perspective, they don't look at it as something that they would be looking to submit their work to at the present time.

Jonathan Meakins: Gillian was a huge asset and really a delight to have helping you. She certainly made my life easy ... she certainly should be mentioned in what you're doing. That would be generous ... she would be just tickled.

James Waddell: My feeling is that a lot of the stuff that we do publish is good quality, made in Canada, and people want their Canadian peer group to know what they're doing. ... I think it's a first-class journal, to tell you the truth.

Competing interests: None declared.