

The way ahead

Phillip Harris

At the turn of the century, and having reached the thirtieth anniversary of our journal, it was felt that some specially commissioned articles on 'the state of the art and of the science' pertaining to many of the various aspects of the spine and spinal cord, both basic and clinical, would be of particular interest to many readers of *Paraplegia*.

We have been extremely fortunate in receiving several such articles from distinguished contributors, and also submissions concerning not only the International Medical Society of Paraplegia, of which *Paraplegia* is the official journal, but also from many other notable workers in the field of spinal cord injuries, both traumatic and non traumatic, also several kind and generous messages of appreciation.

There has been an increase in the number of issues from 4 per year 10 years ago, to 12 per year in 1992 – that is, *Paraplegia* has become a monthly medical scientific journal, because it was obvious that with the remarkable development of the specialty it has been necessary to provide much more space for more and superior higher quality scientific contributions. This is in addition to the several other published items which form an integral part of the journal. The time between acceptance and publication of articles should be markedly reduced and there will be a better opportunity for correspondence because several of the topics pertaining to spinal cord injuries remain somewhat controversial, and are likely to do so in the ensuing years, thus encouraging correspondence, which is more practical in a monthly issued journal.

There is no special training or vade mecum for editors of scientific journals. Experience as an author, as a reviewer and then as an editorial board member helps. It is necessary to entertain all reasonable points of view and not to be afraid of controversy; indeed an editor should be an honest and impartial moderator. However,

editorial freedom is essential. I have the full support of IMSOP. At all times editors must be aware of their responsibilities. It takes several years to obtain the necessary modern office facilities for editing, and more importantly staffing: the editorial board; reviewers selected from different specialties and from different countries; a close relationship with the publishers; and of course the confidence of authors to offer their work to the journal. A balanced mix of subjects and scientific papers from authors from a number of different countries is necessary. Some guidelines for papers have been produced by the Vancouver group¹ on reference style, retraction of duplicate publications, and the definition of authorship. We must always be vigilant regarding the submission for possible publication of studies on 'possible miracle breakthroughs'; but obviously some manuscripts do contain very important new information that must necessitate priority for publication. The 'Ingelfinger rule'² ensures that the material has not been previously published, and discourages multiple reports on the same study. Salami publication is to be discouraged, (that is the findings in a work being split amongst several different journals). Relman³ (Editor in Chief Emeritus, New England Journal of Medicine) states: 'perhaps the most important qualities of all (medical journal editors) are moral courage and a sense of fair play'.

The main reasons for rejecting an article are that it does not appear to be advancing medical knowledge or obviously influencing clinical practice; or it could be premature, and then would possibly be a 'preliminary report' and if so, this should be notified to the authors. There may be significant design defects and faults; statistical aspects may not be acceptable; occasionally a reason for rejection is that the ethics of experiments are unacceptable.

Nowadays and more so in the future, controlled, double-blind, randomised trials

will be carried out and be offered for publication; 'anecdotal' reports are rarely acceptable.

Peer reviewing is essential to assess the scientific validity of manuscripts. This requires the close assistance of recognised experts with the necessary skills and knowledge to provide creative criticism, and also at times encouragement and advice. Special proformas are available for our referees and their reports are kept anonymous.^{4,5,6}

I deem myself extremely fortunate in being the editor of *Paraplegia*. It is a fascinating, although at times a somewhat daunting task. I receive the close and most friendly cooperation of all involved, and I am particularly grateful to the two assistant editors, Dr J Trevor Hughes, and Mr W S El Masry, to other members of the board, to our peer reviewers and to Mrs Ann Scott MA, editorial secretary.

To paraphrase part of the preface to the excellent and well deserved book *Balancing Act: Essays to Honour Stephen Lock*,⁷ (recently retired editor of the British Medical Journal): 'All editing is a balancing act . . . the editor must serve not only his science, but also his readers in their moments of relaxation and thoughtfulness'!

With modern computer technology and biotechnology for the collection and analysis of reliable data from laboratories and hospitals, supercomputers in the future could provide quick, essential information, benefiting those involved in randomised controlled trials, and at an international level improving our understanding of the real value of investigations and therapies and their outcome. Electronic forms of publishing may well become more important in the

future, but at present there are practical problems of organisation and development, and certainly also of expense. Electronic databases and retrieval services of texts are available currently in a few places and to limited extent, but certainly for the editing of a journal, computers, word processors and facsimile facilities are essential. Medical journals will have an increasing responsibility to inform their readers of new scientific developments and in addition will continue to have an educational function. They will continue to be an essential forum for information and to provide a readily available locus for the interchange of ideas. In particular, specialist journals such as *Paraplegia* will have an increasing part to play, whereas general medical journals may tend to have more in the way of review and leading articles and editorials and items of news and of comments, rather than mainly publishing original articles.

'The way ahead' will be exciting in the whole field of spinal cord injury, with the introduction and consolidation of many of the concepts and practical information and guidance given in the pages of the thirtieth anniversary issue of *Paraplegia*, and the development of many new ideas, some of which could well be and hopefully will be revolutionary. To quote from the 1991 British Broadcasting Corporation (BBC) Reith Lecture by Dr Steve Jones, the distinguished geneticist: 'As is often the case in science, knowledge is accompanied by humility: the more we know, the more it seems that there is to know'.

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References

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- 4 Ingelfinger FJ (1974) Peer review in biomedical publications. *Amer J Med* **56**: 686–692.
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- 6 Guarding the guardians: research on editorial peer review. *JAMA* 1990, **263**: 1309–1456.
- 7 *Balancing Act: Essays to Honour Stephen Lock* (1991) Limited edition. Keynes Press, London: 7.