

Editor's Report, 1993

Beginning, Growth, and Transition

Marvin L. Birnbaum, MD, PhD

The job of editor in a publishing house is the dullest, hardest, most exciting, exasperating, and rewarding of perhaps any job in the world.

John Hall Wheelock

This issue marks the beginning of the fifth year of publication of *Prehospital and Disaster Medicine (PDM)*, and it seems appropriate for me to share with you my ongoing enthusiasm, excitement, gratitude, and a few confessions.

In the beginning, there was nothing. *Prehospital and Disaster Medicine* began on a shoestring with commitment and little else. There was commitment to a quality, scientific, peer-reviewed, medical journal by the sponsoring organizations and by a publisher. The publisher fronted all of the production, promotional, and circulation fulfillment costs and provided the production process. Resources available to the Editorial Office were able to support only one, part-time editorial assistant (publications editor).

The Dilemma

These constraints in resources and personnel were compounded by the need to meet rigid deadlines required by the publisher. At the same time, there was a clear mandate from the sponsoring organizations and the publisher for a quality product. Thus, the dilemma presented was the need to establish a standard consistent with the quality of the product demanded within the rigid time constraints imposed with a tiny staff. The standard selected was to edit all the materials accepted for publication by the members of the Editorial Board and the reviewers into a consistent format in a style that was easy to read and comprehend. Attaining this standard required huge quantities of time that added to the dilemma. Unfortunately, in order to meet these deadlines as closely as possible so as to provide the subscribers with the Journal in a timely fashion, a few papers were published without author review of the final revisions. This was the most glaring, least appreciated, and perhaps the most controversial compromise struck in response to the dilemma presented between qual-

ity and time—preparing the materials for publication at the quality mandated against the time constraints imposed by the deadlines. On a few occasions, the editing required to meet the standard was extensive and this necessitated taking some short-cuts. In the process, some of the contributors appropriately were offended, and for this I apologize. I assure you that malice was meant toward none and ask for your understanding. The adequacy of the process was constrained severely by small staff and insufficient time.

No passion in the world is equal to the passion to alter someone else's draft.

H.G. Wells

Past inadequate staffing levels of the Editorial Office have prevented the Journal from getting ahead of the time frames required; and meeting the production schedule has been exceedingly difficult. Also, the Editor and the Publisher had much to learn about the editing and production processes associated with a peer-reviewed, scientific journal. But efficiency and process have improved steadily, and staffing levels and the services provided by the Editorial Office gradually have increased. It is important to point out that after publication of Volume 5, no edited paper has been published without prior review by the authors. However, editorial revisions of abstracts prepared for the Scientific Assemblies of the sponsoring organizations were not returned to the authors prior to publication. We have attempted to publish the abstracts in a grammatic style consistent with the quality and standards established for the rest of the Journal. This policy may need to be evaluated further.

Thus far, we have not been afforded the ability to return to the authors,
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proofs of all the papers published. This, too, relates to the dilemma of timeliness, quality, and staffing level. In order to accomplish this service, it will be necessary to pull a full issue ahead of printing.

I am pleased to inform you that, because of the financial success of *PDM* (thanks to your efforts and initiatives taken by the publisher), the Editorial Office now commands sufficient resources to allow the gradual attainment of this goal. Prior to the end of 1993, all papers will be returned to the authors as preprint galley for their review prior to their publication.

One should fight like the devil the temptation to think well of editors. They are all, without exception—at least some of the time—incompetent or crazy. By the nature of their profession, they read too much, with the result that they grow jaded and cannot recognize talent though it dances in front of their eyes.

John Gardner

Growth and Transition

The Journal continues to grow in all aspects thanks to your help and to the support of the advertisers, in particular those providing support as **Sponsors**. Recently, I went back through all of the early issues, and suggest you do the same. The quality of the content is improving gradually. In addition, since the beginning, the volume of the content in each issue cumulatively has increased by more than 60%. The number of manuscripts submitted also is increasing despite my action one year ago to abdicate the *right of first refusal* for all papers presented at the Scientific Assemblies of the sponsoring organizations. But, I remind you that the quality of your Journal is dependent upon you submitting your *best* materials to *PDM* for review and publication. The reviewers continue to tighten the standards and, with your cooperation, the quality should continue to improve. It is important to note that currently all of the material published in *PDM* is indexed by the *Cumulative Index to Nursing and Allied Health Literature*. The database is available on-line via BRS Data-Star and DIALOG and on CD-ROM through CD Plus, Compact Cambridge, and Silver Patter. Abstracts also are indexed by and available in the NAEMSP Electronic EMS Database.

The circulation of the Journal continues to grow and is approaching 5,000. The financial health of *PDM* and hence, the level of services available to you from the Editorial Office are dependent upon each of you. It is important to each of us that all of the right people have access to the science of prehospital and disaster medicine. The greater the circulation, the better the services that can be provided to the authors, readers, and advertisers. The potential is phenomenal, but its actualization is dependent on each of us.

Advertising also is going well and as the Editor, I appreciate the help of the supporting industry. It is beginning to recognize that *PDM* is reaching the most important target audience for the marketing of their products. It is important to note that the advertising is coming under increasing scrutiny by the Editorial Office. Guidelines for the advertisers have been developed (see page 97); all advertising to be published will conform to these guidelines. Each prospective ad is reviewed prior

to acceptance for publication, in much the same manner as is the science.

We have read your manuscript with boundless delight. If we were to publish your paper, it would be impossible for us to publish any work of lower standard. And as it is unthinkable that, in the next thousand years, we shall see its equal, we are, to our regret, compelled to return your divine composition, and to beg you a thousand times to overlook our short sight and timidity.

Rejection notice from a Chinese economic journal quoted in the *Financial Times*

Design

There have been a multitude of subtle but important changes in the design of the Journal. Since the beginning, the margins have been narrowed and the size of the type has been decreased. The number of pages in each issue has increased from 100 to 116 (beginning with Volume 7) and several supplements have been published such as *Research in Prehospital Care Systems* included with this issue.

Beginning with this issue, there are more substantive changes. The revised format allows us to pack even more content onto each page, but the user-friendly components have been retained. The credits, affiliations, and key words have been moved closer to the titles, and relevant editorial process times will be added. A summary of the items indexed for each paper has been added to allow for better search capabilities by the user. And, an electronic version is on its way.

If you copy from one author, it is plagiarism. If you copy from two, it's research.

Wilson Milzner

Summary

This is what has happened and is happening. For those offended along the way, I apologize—but try us now. *Prehospital and Disaster Medicine* no longer is an experiment to see if a Journal of this ilk can be a success. It is. The experiment is over. *Prehospital and Disaster Medicine* is here to stay. Clearly, it meets many of the needs of a broadly based audience, and could meet needs of those who still are not participating in this exciting and enriching endeavor. I am grateful for the support of each of you, for that of the sponsoring organizations, and to the advertisers and publisher.

A new phase has begun. The state of the Journal is dynamic, and it will continue to improve. It only can better meet your needs if you participate with us in its evolution. As always, your input is requested. Our aim is to provide you with the very best, and only with your continued input and support can we continue to build the medical disciplines of prehospital and disaster medicine.

Never buy an editor or publisher lunch or a drink until he has bought an article, story, or book from you. This rule is absolute and may be broken only at your peril.

John Creasey