# Editorial

## A New Avatar – And How To Use It To Your Advantage

I assume you will be reading this editorial using the new Journal website[1]. Much effort has gone in to setting up the digital home of our Journal over the past 3 years, and I would like to place on record my thanks to the Hospital authorities and my colleagues on the Editorial Board for their unstinting help and support. Please check out all the features of the website; hopefully many of you will use the website information to submit papers for publication. The old home of the previous digital issues, the VIMS website, will now redirect you to the Journal website.

A separate website is one of the prerequisites for indexing of the Journal with the Directory of Open Access Journals (DOAJ)[2]. This indexing is as per NMC norms[3], so that publications in the Journal will count towards Faculty promotion. At present the Journal is free at all points – there are no processing or submission charges to the authors, and there are no charges for readers accessing the Journal online. This is a unique situation and I would encourage potential authors to take advantage. Anyone who has recently tried to publish a paper in any standard indexed journal will be aware of how expensive it has become.

The journal is published in June and December each year. At present each submission requires at least 2 rounds of revision before it can be sent for peer review. Most of the revisions are called for simply because the authors do not follow the Journal instructions (eg lack of a structured abstract, no keywords, photographs embedded into the manuscript). This was admittedly difficult with the print issue, but now the website carries all instructions, and I would encourage any prospective author to please read them thoroughly and prepare your manuscript accordingly. The other point to be kept in mind is that the Journal is a general medical journal, with a cross-specialty readership. What may be standard terminology in one specialty may convey a different meaning in another. Given the large number of post-graduate trainees in our Institute there should be no dearth of thesis derived papers. Thesis publications will also benefit the newly qualified juniors when they apply for Faculty posts at Teaching Institutions.

It is interesting to look at the history of medical publications in India.

Medical journalism on the Indian subcontinent was initially shaped by the military and administrative priorities of the East India Company and the British Raj. The capital of British India, Calcutta, served as the primary cradle for these early literary records.

- **The Earliest Periodic Literature :** In March 1823, colonial surgeons established the Medical and Physical Society of Calcutta to systematically compile clinical observations on native health and indigenous drugs[4]. This effort led to the publication of the *Transactions of the Medical and Physical Society of Calcutta* (*TMPSC*) in **1825**, which stands as the first formal English-language medical journal printed in India[4,5].

- **Imperial Focus :** The *TMPSC* provided an essential platform for documenting severe regional epidemics, surgical case records, and early descriptions of local public health infrastructure, such as municipal lunatic asylums[5].
- **The Longest-Running Imperial Gazette**: In **1866**, the Indian Medical Gazette (IMG) was established[6]. Operating continuously until 1955, the *IMG* was deeply embedded within the colonial Indian Medical Service (IMS)[6]. It adapted Western editorial standards to address pressing domestic public health challenges, such as cholera, malaria, and kala-azar.

**Independent Ventures :** Concurrently, independent medical ventures began to emerge. The Indian Medical Record, launched in 1890, created a competitive marketplace for medical periodicals[7]. Its subsequent revival in 1930 under the editorship of S. K. Mukherji highlighted a growing desire for independent domestic medical discourse.

The early 20th century brought a shift from individual case reporting toward structured, state-sponsored medical research infrastructure.

- **The Flagship Journal :** In 1911, the Indian Research Fund Association (IRFA) was organized to spearhead structured scientific research against endemic diseases[5]. To prevent valuable domestic clinical data from being exclusively published in British journals, the IRFA launched the *Indian Journal of Medical Research* (IJMR) in **July 1913**[8].
- **Editorial Leadership :** Under the inaugural editorship of Sir Pardey Lukis, then Director-General of the IMS, the *IJMR* quickly grew into a highly respected quarterly publication[8]. This period also saw the introduction of specialized sub-periodicals, such as the Records of the Malaria Survey of India in 1927.
- **National Reclaiming of Medical Literature:** In March 1930, homegrown medical professionals launched *The Indian Medical World*. This publication was renamed the *Journal of the Indian Medical Association* (JIMA) in **September 1931**[9]. Headquartered in Calcutta, *JIMA* gave Indian clinicians an independent platform to challenge colonial medical narratives.
- **Specialty Proliferation :** This era also marked the birth of specialized clinical journalism, highlighted by the launches of the *Indian Journal of Pediatrics* (1933) and the *Indian Journal of Surgery* (1938).

  Following independence in 1947, India focused heavily on modernizing and reclaiming its state-run scientific publishing frameworks.
- **The Rise of the ICMR :** In 1949, the IRFA was reorganized into the (ICMR)[8]. This shift redirected national publishing priorities toward primary healthcare, maternal nutrition, and infectious disease control.
- **Increasing Frequency :** To manage a growing volume of original clinical research, the *IJMR* increased its frequency from a quarterly to a bimonthly schedule in 1958, and eventually to a monthly model in 1964[8].
- **Emergence of Medical Humanities** : In 1956, Dr. Subba Reddy founded the *Indian Journal of the History of Medicine*,

introducing historical and philosophical perspectives into mainstream Indian clinical literature[10]. This was expanded in 1970 when the Hamdard Foundation established specialized journals to bridge the gap between modern clinical science and traditional Unani systems.

- **The Access Gap :** Despite these structural gains, the 1980s were marked by severe resource limitations[11]. High subscription fees for Western medical journals meant that comprehensive clinical literature was largely confined to elite state-run post-graduate institutes. This left community clinicians cut off from global advancements, relying almost entirely on domestic bulletins.

  The turn of the 21st century transformed Indian medical publishing through rapid digital adoption and a sharp increase in outsourced corporate writing services.

- **Open-Access Integration :** Partnering with specialized electronic publishers (such as Medknow Publications) allowed traditional Indian print journals to transition smoothly into open-access models[8]. This shift significantly increased international citation metrics for domestic titles, such as the *Indian Journal of Anaesthesia*.

- **The Commercial Medical Writing Boom:** Around **2005**, India became a premier global hub for outsourced commercial medical writing[12]. Multinational pharmaceutical companies began relying heavily on Indian Contract Research Organizations (CROs) to draft clinical study reports, regulatory dossiers, and safety narratives.

- **Professionalization :** This commercial expansion led to the creation of specialized bodies, such as the Indian Medical Writers Association (IMWA), which helped align local practices with global guidelines like the ICMJE and GPP.

- **Regulatory Push :** Recently, governing bodies like the National Medical Commission (NMC) introduced mandatory publication quotas for institutional promotions. While this significantly increased the volume of submissions, it has also highlighted persistent systemic challenges regarding research quality and the rise of predatory publishing channels.

  The history of medical publishing in India highlights a remarkable journey of systemic adaptation. From early colonial bulletins like the *Transactions of the Medical and Physical Society of Calcutta* to modern open-access digital networks, the sector has consistently adapted to changing technical and professional needs. The modern challenge requires finding a careful balance : fostering rigorous academic writing within domestic medical colleges while expanding India's footprint in the global pharmaceutical and clinical research industries.

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