

# Editor's Report (1991)

## Past, Present, Future

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**Past**—As with most neophyte medical journals, *Prehospital and Disaster Medicine* had rather shaky beginnings. It was born of a clear calling with roots in the soil of visionaries, and, from the beginning, its peer-reviewed and supported contents have filled a void in the medical literature. Since its inception, the Journal has been committed to the enhancement of medical care in the prehospital, emergency, and disaster settings. Its publication marked the first truly international, peer-reviewed journal in these combined, young fields of medical science.

The fields of prehospital, emergency, and disaster medicine encompass many disciplines within and outside of medicine—the body of knowledge included is huge and broadly based. The earlier editions focused on the important proceedings from the World Congresses on Emergency and Disaster Medicine sponsored by the World Association for Emergency and Disaster Medicine (WAEDM) in 1979, 1981, 1983, 1985, 1987, and 1989. Given the relative youth of these new sciences and the very nature of the areas of medicine which they embrace, careful experimental research was sparse. As a result, the first three volumes include good, prospective, controlled experiments especially in the area of reanimatology, reviews that define the state of the art at that time, descriptions of the new disciplines, and descriptive chronologies of the medical aspects of catastrophic events across the world.

The work accomplished by each editor was carved from the resources surrounding him. Financial support was sparse and editorial and administrative staffs were non-existent. Given these constraints, publication became somewhat sporadic.

**Present**—With the increased need for the publication of peer-reviewed work in the field of prehospital emergency medical services, the National Association of EMS Physicians (NAEMSP) began to develop a medical Journal which would encompass the new science of prehospital emergency medical services. It soon became clear that the most efficient means to achieve this goal was to combine its efforts with those of WAEDM and the Acute Care Foundation (ACF). The Journal, now entitled *Prehospital and Disaster Medicine*, enlisted a new and committed publisher, Jems Publishing Company, and a new editorial staff supported, in part, by resources from WAEDM, NAEMSP, ACF, and Jems. These resources have been combined to produce two volumes and this issue begins the third. The new version of the Journal is published in an innovative style outlined in the *Editor's Corner* of Volume 4, Number 1, which has been directed at enhancing its utility to the reader.

The international, editorial board has performed its responsibilities well. Every manuscript submitted for consideration for publication has been submitted to at least three reviewers. Each reviewer has been requested to critically evaluate the quality and appropriateness of each manuscript for publication and grade it in terms of: 1) relevance to prehospital and disaster medicine; 2) scientific quality; 3) clarity/organization of language; and 4) priority for publication. Scores for each of these categories may range from 1 (poor) to 7 (excellent). Based on the combined opin-

Attribute	1989		1990		In Revision
	Accept	Reject	Accept	Reject	
Relevance	5.9±0.7	5.3±1.	6.1±0.8	5.1±1.2**	5.8±0.6
Science	4.2±1.0	2.6±0.8*	4.9±1.0	2.7±1.0*	4.2±0.8*
Clarity	4.9±0.9	3.4±0.9*	5.6±0.8	3.6±0.7*	4.8±0.9*
Priority	4.7±1.2	2.6±0.4*	5.3±1.0	2.9±0.9*	4.7±0.9*

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**Table 1**—Attribute Mean Scores by Reviewers in 1989 and 1990

ions of the reviewers, each manuscript is classified as: 1) accepted with no or only minor revisions; 2) tentatively accepted after incorporation of the revisions recommended by the reviewers and editorial staff; or 3) rejection. The mean scores for each of the criteria by which the papers are graded numerically are in Table 1. Except for their relevance to the fields of prehospital and disaster medicine, the mean scores for each of the attributes graded are significantly different statistically for those papers accepted versus those rejected for publication. In addition, the trends in the scores bear evidence that the quality of manuscripts accepted and rejected has increased since the new format and structure of the Journal has been adopted. Furthermore, the number of manuscripts submitted for publication has been increasing steadily. At the time of this printing, more than 30 manuscripts are under review or have been returned to the authors for revision. The mean scores for this latter group of manuscripts also are in Table 1. Thus, there are many papers of good quality awaiting publication.

In 1990, the mean time from receipt of the manuscript in the editorial office to its time of publication was 8.0±3.6 months. The mean time from receipt of a manuscript to notification of the authors of its status was 4.5±1.7 months. The principal limitation to the speed of turnaround of submitted manuscripts is the paucity of editorial, support staff.

**Future**—As the number of manuscripts submitted increases, so too will the quality. If present trends continue, it is anticipated that manuscripts which merit publication no longer will fit within the current size of each quarterly issue. Bimonthly publication is planned as soon as the Journal attains a self-sufficient financial position.

Further improvements also are in preparation. First, beginning with the next issue, we will publish the attribute scores for each paper as graded by the reviewers. Currently, these scores, as well as the comments of the reviewers, are provided to the authors with the acceptance or rejection of their papers for publication. Each paper published will include the dates each manuscript was received in the editorial office, sent to and received from the reviewers, and accepted for publication. In addition to a restructured abstract, a new summary data box will be published which will facilitate rapid searches of the contents. Abstracts of papers pertinent to the fields of prehospital and disaster medicine from collegial scientific journals will be published regularly.

The future of *Prehospital and Disaster Medicine* is firm and its new horizons are exciting. I look forward to your continued participation and suggestions to further enhance the form and substance of this important element of our science.