Canadian Family Physician has undergone many transitions over the last 50 years, but none have been as dramatic and traumatic as those that are likely to take place during the next decade.

Two months after the College of General Practice of Canada officially came into being in June 1954, its first official publication appeared in the form of a newsletter, hand addressed to each member. Across the top, in what in retrospect must have been confidence, foresight, arrogance, or a happy combination of all three, ran the legend “Vol I, No 1.”

This first newsletter was concerned with matters of organization, committee structure, membership standards, and the formation of local chapters as the fledgling organization began to take shape. By the third issue, a bilingual format had been adopted, and in May 1956, the newsletter was announcing the College’s first scientific convention to be held in Montreal, Que. Hotel accommodation was offered at $10.35 for a double bed, or $24 for a suite.

In May 1957, the name and format changed: the newsletter became the Bulletin of the College of General Practice and, for the first time, advertising was introduced. Ostoco multivitamin drops were recommended for babies; Albamycin was the antibiotic of choice for common infections and meprobamate for treatment of anxiety.

The Bulletin remained unchanged for the next 4 years until, in May 1961, it was renamed the Journal of the College of General Practice (Figure 1) and was distributed free of charge to GPs across Canada, whether or not they were members of the College (Figure 2). By now advertising had become even more prominent, with the promotion of chloramphenicol as a useful antibiotic, reserpine as first-line treatment for hypertension, and barbiturates suggested for managing menopause symptoms.

In July 1967, as the College’s centennial project, the journal was renamed Canadian Family Physician (Figure 3). While the name has remained the same since then, the content has changed substantially. Editorial material was first composed almost entirely of continuing medical education articles written by specialists for the benefit of their generalist colleagues, with very little original research. In later years, the emphasis changed: family physicians were encouraged to write articles...
original research was promoted, a system of peer review was instituted, and finally, in 1993, Canadian Family Physician was listed in Index Medicus. The journal had achieved what was to that point the criterion standard of international recognition, and became one of only 10 family medicine journals around the world to be so recognized.

**Times change**

Only 7 years after achieving Index Medicus status, the question seems to be not how will Canadian Family Physician change over the next few years, but whether it will survive at all, in the face of an electronic revolution that is challenging all previously accepted ground rules.

Each of the previously accepted “pillars” of scientific publishing are being challenged. Peer review is coming under considerable scrutiny, and its usefulness as a means of ensuring that only high-quality research is published is no longer so readily accepted. The idea that research will appear for the first time in the pages of a paper-based scientific journal is being challenged by prior publication of such research on the World Wide Web.

The British Medical Journal, for example, has launched an electronic archive where authors can post their research results before, during, or after peer review so that they can share their findings.

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as soon as their research is completed. They may then submit their results to paper-based journals, an increasing number of which are prepared to accept articles that have already been published on the World Wide Web. The idea is that peer review, previously an arcane and confidential process, will become open and transparent as responses to research, challenges to a study’s methods, and questions about its conclusions are all published on the Web alongside the study itself.

PubMed Central is another project, organized by the United States National Institutes of Health, that will eventually make results of original research in the life sciences freely available to anyone who can log onto the World Wide Web. PubMed Central will contain two huge electronic databases. One will contain the contents of as many of the world’s peer-reviewed medical journals as possible deposited into the database without charge and shortly after publication. The other will consist of papers directly submitted by authors; these papers will undergo only minimal screening to keep out offensive or otherwise unsuitable material.

For print journals, the future is murky. They are a form of publishing that, until the last year or so, was relatively static and widely accepted. Suddenly they are engulfed in a maelstrom of challenges and changes. Not the least of problems will be how journals will manage to pay their own costs, let alone make a profit. With material freely available on the Web, why should readers bother to subscribe or advertisers bother to pay for glossy advertisements?

The editors of the BMJ suggest that “as the possibilities of the World Wide Web are being exploited, the old-style scientific journal is coming apart at the seams.” Medical journals that contain mostly research articles are likely to disappear, because such studies will be published instead on electronic databases. The primary job of surviving journals will not be, they predict, to publish original research but rather “... to visit the database, scavenge the studies that are important for clinicians (only a few), and present them in as sexy and appealing a form as they can manage.”

The idea that journals should become sexy and appealing seems radical but delightful. Many medical publications are unbelievably dull and badly written and are read out of duty rather than pleasurable.
anticipation. Once the more turgid details of research methodology, statistics, and tortuous conclusions are banished to the World Wide Web, the space that is left is available for the sort of writing that makes you want to curl up in a comfortable chair with a gin and tonic within easy reach—a far cry, I fear, from some current efforts.

**Will Canadian Family Physician change with the times?**

How will Canadian Family Physician cope with this new electronic environment? Until now, the journal has met the needs of four constituencies. The College has benefited from having a widely read and respected Canadian publication that consistently provides a good source of income. Advertisers have had access to a wide readership of generalist physicians, while authors have benefited from a publication that is now listed in Index Medicus and are able to gain academic credit for work presented in a peer-reviewed journal. Finally, there are the readers who, it is supposed, gain from a monthly source of important and useful educational material.

In the past, readers have been an essentially passive audience. Unless they were willing to go to the expense of subscribing to other journals or to go to the trouble of visiting medical libraries, their reading options were pretty limited. Now the World Wide Web gives everyone, physicians and patients alike, access to a whole world of medical writing. Suddenly, Canadian Family Physician could be competing for attention in a world-wide arena, rather than just in Canada.

While the paper-based format of Canadian Family Physician will survive for the foreseeable future, or at least until an electronic version is developed that can be comfortably and safely read in the bath, its format will inevitably have to change to complement the Web-based alternatives.

Canadian Family Physician has gone through more metamorphoses than the most energetic caterpillar, and each one has spawned a new set of challenges and opportunities. Whether it will survive the next few years, let alone transmute successfully, is probably more uncertain now than at any time in its publishing history.

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**References**
