Continuing a long tradition: the *Canadian Journal of Surgery* at 60

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SUMMARY

As 2017 marks the 60th anniversary of the *Canadian Journal of Surgery*, its editors in chief take a look back at the history leading to the creation of the journal and at how *CJS* maintains its original partnerships in order to continue its mission. Organized surgery has existed in Canada for more than 3 centuries. The *CJS* is the longest surviving of more than 20 journals reporting surgical endeavours. The editors rededicate its mission to the highest standard possible.

More than 3 centuries ago, Michel Sarrazin, surgeon to the King's troops in the colony of New France, performed a mastectomy on 37-year-old Marie Barbier of Ville Marie at the Hotel-Dieu in Quebec City.¹ Sarrazin's record of the operation is maintained at the hospital. The specimen was shipped to Paris, where it is kept by the Muséum national d'Histoire naturelle. Sarrazin sent many reports to the Académie royale des sciences, presumably on medical and botanical matters, but only his method for making maple syrup made it into the academy's publication. Sarrazin began a tradition of transparent inquiry and excellence in surgery in Canada, which we have inherited. Sister Barbier, dite de l'Assomption, survived the mastectomy operation and lived another 39 years, becoming the superior of her congregation.

In 1824, Dr. François-Xavier Tessier started the *Quebec Medical Journal*. Tessier envisioned the bilingual journal as a way for physicians to keep up to date with the medical literature of France and England and to provide a forum for Canadian writing. Tessier was aware of Canada's advantage of having both French and English. In 1827, he titled his translation of Louis-Jacques Bégin's textbook on therapeutics *The French Practice of Medicine*, and he appended a section that he wrote on the treatment of diseases found in North America. He intended to follow up with a French language periodical on natural philosophy, "since that language is, among modern languages, the only one that is appropriate to all the sciences."² Tessier advocated for the creation of a medical school in Quebec, and he was a founder of the Quebec Medical Society. He died young, probably of smallpox, having set up a vaccination clinic in his home. The *Quebec Medical Journal* lasted only 2 years.

The medical school was McGill University's first functioning academic unit and Canada's first medical school, established in 1829. Fifteen years later, fearful of competition, the faculties at the Montreal General Hospital and McGill excluded several prominent physicians and surgeons. The excluded group banded together to set up a rival bilingual medical school, the Montreal School of Medicine and Surgery. They published the *Montreal Medical Gazette*, edited by Drs. Francis Badgley and William Sutherland, which became the *British American Journal of Medical and Physical Science* and lasted from 1844 to 1852. Interestingly, the group was also prominent in establishing the Montreal Medico-Chirurgical Society. Francis Badgley, editor of the journal and secretary of the society, proposed an association with the Quebec Medical Society and the other medical societies of British North America. That proposal is considered the original for the Canadian Medical Association, which came into being

20 years later in 1867.³ With the demise of the *British American Journal of Medical and Physical Science*, Dr. William Wright founded the *Montreal Monthly Journal of Medicine & Surgery* in 1853. He edited it for 7 years. Notably, when Wright graduated from McGill at the age of 20, he was British North America's first black doctor. He had a 30-year career as a teacher at McGill, where he was a professor of pharmacology and therapeutics.

In the 2 centuries since Tessier started the *Quebec Medical Journal*, more than 20 periodicals dedicated to surgery and medicine were published in what is now Canada. Many of these journals were local publications that sought to share knowledge published elsewhere, originally Europe and later the United States, either by reprinting articles or by abstracting them. Locally authored articles, which tended to be case reports or case series, were often written versions of presentations made by the authors to local medical societies. The republished material was evenly balanced between medicine and surgery, whereas most of the local articles were surgical. Many of the descriptions were innovative, such as those by the surgical pioneer, Abraham Groves.⁴

Andrew MacPhail, a faculty member at McGill and editor of the *Montreal Medical Journal*, best described the interdependence of medical societies and their journals when he argued in 1907 for the founding of the *Canadian Medical Association Journal (CMAJ)* that without a journal to express its views and record its proceedings, the association would have little impact. In 1911, *CMAJ* was founded by amalgamating the *Montreal Medical Journal* with the *Maritime Medical News*.⁵ The dominance of surgery in medical writing continued until the end of the First World War. The balance in favour of medical topics then developed so that by the 1950s the need for a journal dedicated to surgery was evident. This was an important time for Canadian surgery, as the *Hospital Insurance and Diagnostic Act* of 1957 gave the federal government authority to enter into an agreement with the provinces to establish a comprehensive, universal plan covering acute hospital care, laboratory and radiology diagnostic services. That year, the *Canadian Journal of Surgery (CJS)* was founded through a collaboration of the Royal College of Physicians and Surgeons of Canada, the Canadian university chairs of surgery and the Canadian Medical Association. Its first editor was Robert Janes, President of the Royal College and head of surgery in Toronto. The first editorial board consisted of the heads of surgery from each Canadian university.

The *CJS* today maintains the collaboration between Joule Inc., a Canadian Medical Association company, as the publisher; the Royal College, which distributes the journal to its Fellows in surgery; and the Canadian Association of Surgical Chairs, which anchors the journal's academic program. The journal maintains the tradition of partnership with professional associations, in particular the Canadian Association of General Surgeons and the Canadian Association of Thoracic Surgeons. The principle drive of the journal is to elevate the

standard of scientific reporting of surgical endeavours in Canada and the rest of the world and thereby influence the entire process of research from conception to application.⁶ In the past the journal participated in collaborative efforts to prevent plagiarism or ghost authorship and to promote clinical trial registration until good practices became ingrained. Today the journal promotes innovation and data sharing with the same goal in mind.^{7,8} It seeks to maintain its relevance to Canadian surgery by offering authors of reports that do not meet the high standards for a scientific report the opportunity to write an evidence-supported commentary for its Discussions in Surgery section. The journal has always had a very high standard of copy editing, which it maintains. The journal has been indexed since its founding and is currently open access, with more than 20 years of content available via PubMed Central. As a consequence of these efforts, the impact factor of the journal has steadily climbed over the last decade from a low of 0.5 to 1.95 in 2016.

The *CJS* is 60 years old with this issue. It is the longest published surgical journal in 3 centuries of surgeons writing in Canada. Canadian surgery has thrived by combining the best of surgical traditions, first from Britain and France and later from each side of the Atlantic, an advantage recognized 2 centuries ago by François-Xavier Tessier. It is an advantage that could make Canadian surgery the best in the world. There is no reason for its journal of record to accept any other goal.

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References

1. McAlister VC. Origins of the Canadian school of surgery. *Can J Surg* 2007;50:357-63.
2. Janson G. Tessier, François-Xavier. In: *Dictionary of Canadian Biography*, vol. 6. University of Toronto/Université Laval; 2003. Available: www.biographi.ca/en/bio/tessier_francois_xavier_6E.html (accessed 2017 Sept. 10).
3. Desjardins E. Badgley, Francis (1807-63). In: *Dictionary of Canadian Biography*, vol. 9. University of Toronto/Université Laval; 2003. Available: www.biographi.ca/en/bio/badgley_francois_1807_63_9E.html (accessed 2017 Sept. 10).
4. Geddes CR, McAlister VC. A surgical review of the priority claims attributed to Abraham Groves (1847-1935). *Can J Surg* 2009;52: E126-30.
5. Shortt SE. Sir Andrew Macphail: physician, philosopher, founding editor of *CMAJ*. *Can Med Assoc J* 1978;118:323-6.
6. McAlister VC. Raising the standard of surgical reporting to increase its impact. *Can J Surg* 2015;58:220-2.
7. Harvey E. Surgical innovation is harder than it looks. *Can J Surg* 2017;60:148.
8. McAlister VC, Harvey EJ. The benefits and risks of requiring researchers to share data. *Can J Surg* 2016;59:364-365.