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50 years *Netherlands Journal of Medicine* 2002, reshaping the journal

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In the fall of 2001, the editor-in-chief of the *Netherlands Journal of Medicine* at that time, Professor Andy Hoepelman, phoned me and asked whether we, at the Department of Medicine of the Radboud University Nijmegen Medical Centre, would be willing to take over the editorial board. After a short discussion with my close colleagues Theo Thien, Anton Stalenhoef and Paul Smits, we decided to accept this challenge. The impact factor of the *Netherlands Journal of Medicine* had slowly risen over the past years up to 0.8,¹ so there was certainly a challenge to try and increase it further. Being within the package of Elsevier could probably help.

While preparing ourselves for the job, the members of the board of the *Netherlands Association for Internal Medicine* (NIV), the owner of the Journal, decided they wanted to make a change regarding the publisher. In fact, Elsevier charged the NIV a large sum of money for the journal (some € 100,000 a year) and probably because of this easy income, did not undertake any efforts to make the Journal more attractive, and did not even try to raise money from advertisements.

One solution would have been to merge with one of the other journals on internal medicine in Europe, but this turned out to be very complicated.

Then, Loek van Zuiden, a medical publisher in the Netherlands who was already publishing a newsletter and consensus reports for the NIV, made an attractive offer, which the board of the NIV accepted. We exchanged ideas with him about the Journal. He felt he could do a better job than Elsevier: publish fast, change the format to A4, get rid of the glossy pages (which are hard to read at lamplight), avoid the waste of paper by not starting a new article a little above the middle of a new page, make a more attractive cover (in better colours) and change the logo of the Journal.

As an amateur artist, I contributed in at least three ways to the appearance of the Journal. In the first place I made a design for the logo. To give it a more international appearance, I wanted to give the impression that we were

dealing with the Journal of Medicine and in a casual way I inserted Netherlands.

Secondly, inspired by JAMA and Clinical Infectious Diseases, I felt that art on the cover would make the Journal attractive. As an amateur graphic artist (see cover), I proposed to put contemporary Dutch graphic art on the cover. This was arranged with Caroline Koenders, a prominent Dutch graphic artist, through her art gallery Unita in Beek Ubbergen. For five years, Caroline managed to provide the readership of the Journal with a kaleidoscopic view of contemporary graphic art on the cover. Three expositions of these covers were organised over the past years and the editors also used the originals as yearly awards for the best papers published in the journal.

My third artistic input in the Journal was and still is the cartoon that appears in each issue. I had already been drawing the cartoons for Mediator since its early days, and felt it should be possible to draw a cartoon for each issue of the Journal. It should be realised that it is slightly more difficult to design cartoons for a clinical journal, as it can be considered unethical to make jokes about sick people. I think, however, I have managed to stay away from that problem.

That I have, so far, not yet dealt with the medical content of the Journal does not mean that I do not consider that of importance. In the first editorial from Nijmegen,² we stated that we wanted to provide a clinical and scientific forum for exposure of the high quality of internal medicine in the Netherlands. The risk of a journal with a relatively low impact factor is of course that the really good papers are not submitted to it and that the editors end up with a pile of case reports next to a smaller pile of articles that were rejected elsewhere. In fact, there is nothing wrong with good case reports, as they can serve as a starting point for new research.^{3,4} For the resident in internal medicine, writing a case report is a good exercise in putting a message in a scientifically sound fashion on paper, in order to teach others about an interesting case. In an era in which knowledge coupling has become a matter of seconds

to minutes, these lessons can be read all over the world and be used for the benefit of patients. So case reports: yes, but good ones!

The other problem is perhaps bigger. How to get the good original papers and reviews. At the editorial board that I chaired, we struggled with this, and here I would like to make a couple of remarks. First of all, without good papers a journal does not deserve a rising impact factor. Thus, we invited and even urged some prominent internists and biomedical scientists to provide us with good original papers and reviews. Many never came. To try and fill this gap we published some of our own good work in the Journal. Apart from a positive effect (rapid publication and full exposure on the internet, see below), this gave rise to two negative effects. The first one was that some people said that we had an easy job getting our papers published in our house journal. The other problem is that the Federation of University Medical Centres (NFU) came up with the idea to use the Van Raan analysis for benchmarking. There is a lot to say about this method. Suffice to say here, the analysis makes use of the average impact factor of an author. It is clear that that is not good for publications in Dutch journals and for authors publishing in such journals.

Another phenomenon that annoyed us as editors was the appearance of a series of new Dutch subspecialty journals, most of them heavily sponsored by industry and probably soliciting paid contributions from prominent Dutch doctors. To our mind a waste of effort and money.

Despite our efforts, the impact factor dropped during the period that I was chief editor. There are at least three explanations for this. The transfer from Elsevier to Van Zuiden Communications did not go smoothly. As to be expected, Elsevier did not want to help us, but there was clear obstruction on their part which damaged the

visibility of the Journal. Secondly, it took a while before the electronic version of the Journal became available. The way the Journal can now be reached full text on the net (FUTON)⁵ stands out among the other journals. The third explanation was that we were not providing the ISI with optimal information. This was improved later with a positive effect on the impact factor.

By the end of 2004, I decided to hand over the chief editorship to Anton Stalenhoef.⁶ Although I would have loved to stay on, the job was just incompatible with becoming chairman of the Concilium Medicinae Internae (the board that governs the internal medicine speciality training in the Netherlands) and membership of the board of the NIV, and last but not least, becoming vice president of the Royal Netherlands Academy of Arts and Sciences (KNAW). I must say that I enjoyed the three-year period I served as chief editor immensely. With the other members of the editorial board, we really changed the Journal and took the opportunities to improve it. There is still a lot to do to further expand the Journal, and I believe there is a great future ahead for The (Netherlands) Journal of Medicine.

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