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The editors wish to help authors bring their message to the readers in the best possible way

Editors as midwifes

Many seasoned veterans among my colleagues have told me about their first article in our journal. Some time after submitting the manuscript they received a response from the editors, with advice and encouragement. Some were offered an opportunity to come to an interview to discuss how the manuscript could be improved and thereby approved for publication. This editorial feedback was often referred to as part of the journal's role of *midwife*. In certain cases, the deliveries were relatively drawn-out – some authors needed a lot of assistance. The midwife metaphor was apt also because some authors referred to how they were «gestating» a manuscript, and that the editors helped ensure a successful delivery. Our journal thus played an important role in promoting the publication of medical articles, and many authors had their first encounter with publishing on its pages.

Does our journal fulfil a similar role today? The answer is a resounding affirmative, but the role of midwife has changed in step with the development of medical publishing.

When the 1880s dawned, there was only one medical journal in Norway, *Norsk Magazin for Lægevidenskaben [Norwegian Medical Science Magazine]*. This was primarily a scientific journal, with detailed research articles and minutes from the discussions of the Norwegian Medical Society in Christiania. Some, however, saw the need for a more practical approach to the discipline, and the *Tidsskrift for praktisk Medicin [Journal of Practical Medicine]* was consequently established in 1881 (1). In 1888, it was taken over by the Norwegian Medical Association and its name was changed to *Journal of the Norwegian Medical Association* (2) two years later. From the outset, colleagues were writing about particular cases they had encountered in their practice. At this time and well into the 1900s, descriptions of individual patients remained an established method for communicating medical knowledge.

Nowadays case histories have assumed a more secondary role. It has been recognised that as a rule, scientifically viable conclusions cannot be drawn on the basis of individual case histories or clinical experience alone. Making scientific investigations requires knowledge of accepted methodologies. Research is a separate discipline, and a PhD is earned through a separate course of study. In addition, a research bureaucracy has emerged to ensure compliance with ethical standards in particular. It is easy to make a false step, and supervisors who are updated in their field are needed in order to succeed (3, 4). However, our journal also wishes to hold on to its original idea: to be an organ for practical medicine. Here, the individual patient remains in a key role (5). Some of our most popular types of articles are case-based, such as *Case reports* (6), *Images in medicine* (7) and *Personal experiences* (8). For these genres, the time elapsing from observation to publication can be short.

In 1961, Peter F. Hjort (1924–2011), who was Deputy Editor of our journal, introduced the principle of external peer review: «The editors will follow a practice involving submission of articles to independent, expert colleagues. If these are of the opinion that the article can and should be improved, the author will receive their criticism, so as to provide him with an opportunity to improve the article before it is printed,» he wrote in an editorial (9). Similar arrangements were introduced in a range of other medical journals during the 1960s. Some authors may perceive the external peer review as quite a hurdle, but at its best, this arrangement provides considerable, unpaid and unselfish assistance from one colleague to another – it amounts to an important element of our midwifery. According to tradition, the list of the peer reviewers of the year takes the place of honour in the Christmas issue. External peers and the editors will often provide proposals for editorial and linguistic improvements to the manuscript (10). Midwifery remains a key remit for our journal.

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