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PubMed Central: signing on

The incursions of new technologies into medical publishing have prompted an interesting tussle between optimists who want to embrace the future before it devours them and traditionalists who wish there were some way to hold back a tiger by its tail.¹ Those of us in the former camp welcome the US National Institutes of Health's recent launch of PubMed Central, an electronic repository of published research in the health sciences (www.nih.gov/welcome/director/pubmedcentral/pubmedcentral.htm).

CMAJ and *BMJ* are the first general medical journals to sign on. The full text of original research articles published in *CMAJ* will be posted on the PubMed Central server as soon as all of the technical hurdles have been cleared. Internet users will be able to locate these articles the usual way, by searching MEDLINE through OSLER (www.cma.ca/osler) or PubMed (www.ncbi.nlm.nih.gov/PubMed/). Anyone with Internet access will be able to read the medical literature posted with PubMed Central anywhere, anytime and free of charge. PubMed Central will archive this material for posterity — something that cannot always be guaranteed by individual journals, given the economic fragility of scholarly publishing today.

Electronic publication offers broad dissemination and speed as no other medium can. Search tools and links also offer a psychological benefit, a liberating (and, yes, occasionally false) sense of facility in sifting through, sorting and targeting information. Equally important is the democratization of medical communication that e-publishing offers by breaking down economic barriers and making distance irrelevant.² The betterment of health is a global concern, and access to medical research should not be dictated by the ability to afford the sometimes astronomical cost of journal subscriptions. The humanitarian goals of scientific publishing must find their way around the economics.

In this issue Peter Singer² indulges in a futuristic view of the fate of medical journals. By the year 2003, he speculates, the face of medical publishing will have been radically altered, and even the most prestigious journals, if they fail to keep pace with change, will no longer be around. This is difficult to imagine. Despite the proliferation of electronic-only publications on the Web, journals with a longstanding history of providing highly selected, peer-reviewed and carefully edited research have little to fear. It is our belief — some would say naïve hope — that quality will prevail over quantity.

At *CMAJ*, the possibilities offered by electronic publication are changing the way we see the journal and what it can offer readers. We now consider our electronic rather than print version the version of record. At this stage at *CMAJ* there is little difference between the two; this issue, however, provides an example of how the electronic version will evolve. The e-version of Nigel Rawson's report on the time required for approval of new drugs³ contains a table not included in print. This makes the print version more reader-friendly while allowing authors to make more of their data available. *BMJ* refers to this type of publishing as "ELPS": electronic long, print short.⁴ With time, the two versions of *CMAJ* will become more distinct: the print version will be dedicated to the needs of the general reader, while *eCMAJ* will become a more complete repository of medical research. We have seen the future, and it includes us. — *CMAJ*

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