

## Earliest issues of *CMAJ* now available online

Thousands of hard-to-find back issues of *CMAJ* and other journals, including one dating to 1865, are now available online thanks to the 4-year-old digitization project at PubMed Central (PMC), the giant online resource at the US National Library of Medicine (NLM).

The project ([www.pubmedcentral.nih.gov/fprender.fcgi](http://www.pubmedcentral.nih.gov/fprender.fcgi)) means that hundreds of copies of *CMAJ*, including every issue published between the journal's launch in January 1911 and September 1940, are already available, as are issues from 1944 to 1950, 1979 to 1981 and 1984 to 1998. Scanning to put the remaining issues into portable document format (PDF) is ongoing, but will not be required for *CMAJ* issues published since 1999, the year the journal's full text was made available online ([www.cmaj.ca](http://www.cmaj.ca)).

The cost is being borne by the NLM, the Wellcome Trust and the UK Joint Information Systems Committee. Digitization is available only to the 299 journals that deposit their material under open-access agreements with PMC, the online database of full-text biomedical and life-science literature.

The site attracted 3.1 million unique users in November 2006 alone, when 12.5 million abstracts, full-text articles and PDFs were retrieved. PubMed Central's production team leader, Carol Myers, said more than 905 000 articles are now available at PubMed Central, including 548 000 scanned articles.

"The CMA was one of the first publishers to sign on as a PMC participant," she says. "The original agreement for digitization was signed in 2003 and the first batches of [scanned] material began to come in from our contractor in 2004."

She said the scanning is an "ongoing and open-ended project." The oldest scanned journal is the *Transactions of the American Ophthalmological Society*, first published in 1865, followed by the *Journal of Anatomy and Physiology*

(now the *Journal of Anatomy*) in 1867; *CMAJ* (1911) shares the rank of sixth oldest scanned journal with the *Bulletin of the Medical Library Association*.

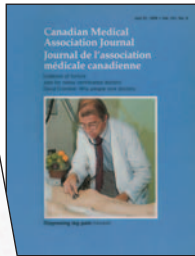
Myers said about 30 000 of the original 182 000 pages received from publishers remain to be scanned. "We hope to have the archive completed in the next couple of months."

*CMAJ* Editor-in-Chief Paul Hébert thinks the online availability of early volumes of *CMAJ* and other journals will encourage physicians to discover more about medicine's past.

"I just read one of our editorials from 1911 that stated: 'The Journal is not a great sheet which comes

down from heaven: it is an instrument of the profession to be used by all in the interests of all.' I couldn't have said it better myself." — Patrick Sullivan, Richmond, Ont.

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## More calls for ethical investing

Published at [www.cmaj.ca](http://www.cmaj.ca) on Mar. 23, 2007.

The Saskatchewan Medical Association (SMA) is calling on the CMA's investment arm, MD Management Ltd., to create an ethical funds portfolio so physicians do not have to invest in companies involved in the arms trade. CMA Holdings, which includes 14 subsidiaries, has \$24 billion in assets under its administration, and 110 000 physician and family member clients.

In May 2006, the SMA passed a resolution sponsored by Physicians for Global Survival that called upon MD Management to create a portfolio "to allow investment in a manner consistent with respect to militarism and environmental sustainability."

In a follow-up letter to Dr. Louise Cloutier, chair of CMA's board of directors, the president of Physicians for

Global Survival (Canada) asked the board for its response.

"Our understanding was that the CMA was responsible to act upon motions put forward by individual provincial medical associations," says Dr. Dale Dewar, Physicians for Global Survival's president.

In her written response to Dewar on Feb. 28, 2007, Cloutier described the issue as "challenging" for MD Management. Although the company has conducted "extensive client market research, MD has not seen any material level of demand for restrictions on investments beyond tobacco, nor has there been sufficient demand for MD to produce and bring to market an ethical fund," she states.

The SMA received a similar letter from the CMA, says SMA Communications Director Marcus Davies. Last November, the SMA reported back to its members. "What they seemed to find satisfying in the response is that MD does provide access to the ethical funds offered by other fund managers," Davies says. The issue will likely progress if physicians call their MD representatives and ask them to shift their investments to some of those other products, he suggested. "You can create demand by using them," Davies adds.

Tim Hague, vice-president of marketing for MD Management, added in an interview that MD has also received letters from clients suggesting that imposing investment prohibitions beyond the long-standing one against tobacco is an imposition of some people's views on others. He repeated MD's position that it has not seen significant demand for the company to offer its own ethical funds.

"We have never seen any material level of demand nationally, and we don't do our research by provincial association," says Hague.

But Dewar, a family physician in Wynyard, Sask., says the SMA resolution should indicate a substantial level of demand for such funds, as does the 600-plus membership of the Physicians for Global Survival.

She referred to *The Lancet* and *BMJ*'s recent calls for Reed Elsevier, *The Lancet*'s owner, to stop hosting arms fairs (see page 1265). Her organization