Professional people participate in lifelong learning. Doctors have always done so without regulating bodies needing to measure our compliance in accumulating sufficient Continuing Education Units (CEUs) annually to remain on the register. Today, as always, medical journals are the mainstay for most doctors to keep up to date and to keep in touch with their profession.

The history of the South African Medical Association and the South African Medical Journal (SAMJ) are inextricably intertwined. The first SAMJ was started in 1883 as a private enterprise by Dr William Darley-Hartley in the Eastern Cape. ‘The paper soon became a power in the land’ despite having ‘a hard struggle for existence, crushed between the upper and nether millstones of meagre contributions and a scanty subscription list’.1 Financial difficulties caused it to close in 1889. In 1893 at the First Congress it was resurrected as an ‘organ of the Congress’, and ‘no longer as the financial and editorial responsibility of an individual’. This version was suspended during the South African War. The medical profession had Darley-Hartley to thank for starting the South African Medical Record in 1903 and colleagues of the Witwatersrand for founding the Transvaal Medical Journal in 1906.2 These merged in 1926, and during C Louis Leipoldt’s long reign as editor it received the joint title SAMJ/SA Medical Journal/South African Medical Journal/SAMJ/SA Tidskrift vir Geneeskunde. But even the SAMJ as we know it has been subjected to constant change: until 1975 it largely appeared twice a month, from 1976 to 1985 it appeared weekly, from 1986 to 1992 it was again bi-monthly, and since 1993 it has been a monthly journal.

For a long time the SAMJ was the sole South African medical publication. Hillel Shapiro established Medical Proceedings in the 1950s to rival the SAMJ that he had edited – it lasted only a few years. Hennie Snyman established another rival, Geneeskunde, in 1968 to cater for the Afrikaans language (the SAMJ was a bilingual publication). Geneeskunde is now incorporated in SA Family Practice. Today there are more than two dozen peer-reviewed medical publications in South Africa.

For many years the SAMJ struggled financially, but as its prestige and influence grew and the number of practitioners in the country increased, advertising space sold more easily (for a while cigarettes figured prominently on its covers!). The SAMJ, and the journal Continuing Medical Education (CME), provided the Medical Association with a steady stream of income. This supported an additional large operation of many ‘lay publications’ provided free of charge for doctors and their patients. (You and your Baby was a favourite, and current editor Dan Ncayiyana cut his local editorial teeth on this and others that also appeared in African languages and Afrikaans!)

But the good times could not last. Apart from the large number of peer-reviewed journals mentioned above, many other rivals provided practitioners with glossy publications containing reprinted ‘canned’ material from overseas. All of these vied for the same advertising. With plunging revenues as slices of the advertising cake continually decreased in size, the Association’s publishing arm desperately turned to other enterprises such as selling books. The publishing arm also suffered problems similar to those faced by South Africa’s collapsing public enterprises, such as lack of understanding of boundaries and interference in operations.3 These and other issues such as duplication of financial controls have been settled by the formation of an independent publishing company (wholly owned by SAMA) with an independent Board and clearly defined roles.

The print publishing industry is reeling worldwide from the impact of advertisers migrating to the newer online media of the web. Quality peer-reviewed journals are expensive and are supported by one or more of the following: subscriptions, advertising sales, grants (beneaction), or ‘author pays’. The latter provides the stimulus for the recent massive growth in the number of online-only journals, authors typically paying 2 000–7 000 US dollars per article. Research funders such as the National Institutes of Health and the Wellcome Foundation increasingly insist that authors must publish in ‘open access’ journals. Via their websites the SAMJ and the other journals in the SAMA stable have open access. Most also have a print circulation, the exceptions being the online-only journals SAJBL and AJHPE. This is known as a ‘hybrid model’.

As a benefit of their membership, SAMA members receive one or more of the printed journals and free access to the journal CPD programmes. SAMA members repeatedly rank receipt of journals highly as a member benefit. But how much are we willing to pay? We have a benchmark. Some years ago a major overseas publisher offered to buy the SAMJ, leaving its editorial functions intact, and then charge members a R700 annual subscription for the SAMJ only. The Publications Board and management have ensured that SAMA receives great value at more competitive subscription rates.

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