

EDITORIAL

## With all best wishes for the future

It was more than ten years ago that I started speaking to Gordon Johnson and Martine Walsh at Cambridge University Press about guiding *Medical History* to long-term safety and sustainability. Both were enthusiastic, full of ideas and completely committed to this goal, and so I consulted my then Head of Department at the University of York, Bill Shiels, about this matter. He was immediately interested, recognising the value that the journal brought to the field, as well as how it could make more visible our University's increased commitment to the promotion of medical history and humanities. So, I started working with Martine and several other important actors who were keen to be involved in reshaping the journal, giving it a greater international and racially diverse profile, and securing its long-term future within a major, global publishing house. This included discussions with the Wellcome Trust, which was interested in supporting *Medical History's* keenness to play a role in democratically expanding open access arrangements, ensuring the best research from around the world could be published by us. Support from Tony Woods, Clare Matterson and Simon Chaplin of the Trust was invaluable in making this possible, and this was achieved by expanding open access through continuing an existing relationship with Pub Med Central and fortifying this through links with the new Cambridge Core platform that was taking shape at the same time.

For me, the priority was to make the journal more inclusive, both in terms of race- and gender-based diversity. My aim was to break apart the view that history of medicine could only be practiced in relatively narrow ways – the team that was coming together to take *Medical History* into a new phase of growth wanted to enable greater interconnections with other branches of history, as well as other disciplines, both within the humanities and the social sciences. The idea was to promote democratisation in all its forms, where Euro- and US-centric notions of 'quality' were not being imposed on a field that was flowering all around the world (not least, due to the Wellcome Trust's generous support for the history of medicine around the world, in keeping with Sir Henry Wellcome's wishes, when he set aside his personal wealth for the setting of a research and educational philanthropy). I cannot thank CUP's Syndics enough for supporting my request for an expanded editorial advisory board, which would then accommodate colleagues from around the world. This unprecedented diversification of the journal's editorial team gave me greatest satisfaction, as it also enabled me to work with colleagues able to connect the journal with multiple national and international networks. CUP's annual figures on impact factors and journal use, online or otherwise, was most heartening, revealing that the readership, the authors and our field in general was ready for change, and that there were so many colleagues around the field keen to make the field more accessible to all kinds of humanities and social science research.

I must admit, also, that the start of the journey was nerve wracking, as I remained deeply aware that I was following the editorial footsteps of one of my academic role models, William Bynum. But, he and the other Bill (Shiels), encouraged me to house *Medical History* in the new Centre for Global Health Histories at the University of York in the summer of 2011, resulting in a situation where they could strengthen each other. I must record the support given by four academic colleagues in York, which made this transfer relatively easier to complete: Mark Ormrod (Academic Coordinator for the Humanities), Andrew Webster (the Academic Coordinator for the Social Sciences), Jane Moody (the Humanities Research Centre Director) and Brian Cantor (the Vice Chancellor). The first three of these colleagues are no longer with us, and so I would like to dedicate *Medical History's* standing in the field and the world of publishing as a recognition of their generosity, strategic foresight and collegiality (all are greatly missed).

The last decade's journey has been enjoyable, even if demanding, as journal duties have eaten into every evening and weekend, in a situation where there was just no spare time in the working day; I am deeply grateful to my partner and daughters for their toleration of these work schedules over such a long period of time, which frequently meant that I was less involved in family matters than I should have been. Indeed, the decision step down from this role arises from personal reasons, as I want to be able to devote more of my own time to my daughters' education.

I have worked with some exceptional people as editor of *Medical History*. Daniel Pearce, Alison James, Alison Fox, Emily Redican-Bradford, Nicki Marshall and Helen Appleyard have been wonderfully supportive colleagues within CUP. In York, I was blessed to be supported by two excellent Assistant Editors. Alexander Medcalf was consistently hard-working and always innovative in dealing with complex journal administration; he was a splendid ambassador for the journal internationally, treating colleagues from around the world with humility, sensitivity and respect. I am very grateful to him for all his contributions, over a long period of time. He was followed by a most able successor, Arnab Chakraborty, who has worked with me during extremely challenging conditions generated by the current pandemic, when getting assistance from academic colleagues with peer review became difficult as everyone struggled with increased professional pressures and the maintenance of a reasonable work-life balance. I am, of course, incredibly grateful to the many colleagues who have served as peer reviewers, fellow editors and editorial advisory board members since 2011 – you have been a constant source of strength, fresh ideas, important counsel and advertisement for the best forms of academic practice and inclusion.

As I sign off with this issue of *Medical History*, I leave the journal in very good hands: Tara Alberts of the University of York and Akihito Suzuki of the University of Tokyo, who have both served with distinction as book review editors, take over. They will reform the editorial advisory board and the wider editorial team, bringing in new ideas that will undoubtedly enrich all aspects of the journal's running. I am delighted with CUP's commitment to the continuation of democratic open access arrangements, where quality and originality of work will remain the most important consideration for publication. For me, there can be no stronger marker of the value that the Press accords to this journal, consistently treating it as one of its flagship publications. I thank all the authors I have worked with, noting that the journal's current high standing in the field would have been impossible without you. To new authors, I point out that *Medical History* is Plan S compatible in the most inclusive of ways: those of you are supported by funders who have moved this arrangement forward will get all the support you need from the editorial and CUP to publish in desired ways. To colleagues around the world who work with personal funds and small institutional contributions, my message to you is loud and clear: we are open to your work as well, and we will publish your research after usual peer review processes without payment. This is why I am so very grateful to CUP for its humane approach to ensuring access to all scholars, whose work will be judged by its worth (rather than access to wealth). *Medical History* remains accessible to all.

I have no doubt that *Medical History*'s future will be bright. I have to say that I am pleased that the University of York connection, with its new commitment to promoting public good, will continue for some time through my colleague Tara – I offer her, Akihito and the wider editorial team my warmest wishes, and promise all support, as they guide the journal in exciting, new directions in the coming years.

Fare well, my friends.

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