The purpose of journals has been the subject of vigorous argumentation for over two decades. Some enthusiasts urge the abandonment of all clinical specialty journals as they are presently constituted. These advocates insist that data of an investigational nature are utilized by very few readers and it would be better, therefore, if this information were stored in a national computer center to be made available to a select group of interested researchers. They suggest that the great majority of readers could be served best if clinical journals emphasize the function of interpreting and criticizing. Adversaries of this viewpoint believe that indiscriminate filing of original data could result in the complete breakdown of medical communication. These proponents contend that editorial peer review is an indispensable initial stage of evaluation which must precede the privilege of publication as a formal article, an abstract or even as data offered to a limited group.

In recent years, structured education of the practicing specialist has been a haphazard affair. Few institutions have been interested in or capable of organizing and coordinating educational efforts for specialists who have completed their formal training. Possibly by default, professional specialty societies have filled the void through the sponsorship of journals, scientific assemblies and courses. Medical society journals still constitute one of the major elements of postgraduate education in the United States today. In most instances, the journal is directed to a membership which includes teachers, researchers, and bedside practitioners whose major interests lie in the discipline of that professional group. A number of recent surveys has provided a "profile" of the membership of the American College of Chest Physicians, as well as details of the professional characteristics of subscribers to Chest. We have learned from these studies that there is an "academic community" represented in the membership and subscription groups. These individuals, who work in academic or educational centers, are involved primarily in research and teaching. Presumably, their chief interest in Chest is in the original studies which constitute the "Clinical Investigations" and "Experimental Approaches" sections. With this segment of the readership in mind, the Editorial Board of Chest has established meticulous editorial evaluation procedures to ascertain the originality and the validity of original research. Since current medical literature contains an increasing number of references to studies published in Chest, we believe that this journal is an authoritative reference source for original data.

Would the editors fulfill their obligations as teachers if this journal's contents consisted exclusively of research reports? Most members of the American College of Chest Physicians and many of the subscribers to Chest have teaching responsibilities, but, in addition, over 80 percent of these readers are involved daily in the care of patients. To meet the professional requirements of these physicians, a periodical should contain articles which have immediate clinical applicability. Chest contains special departments with excellent teaching formats such as "Clinical Significance of Pulmonary Function Tests," and "Graphic Techniques in Cardiology." A journalistic format which represents directed clinical guidance is the review article and these communications are found in our departments "Progress in Cardiovascular Surgery" and "Critical Review." The splendid teaching qualities of "grand rounds" are found in our sections "Clinical Problems in Cardio-pulmonary Diseases," as well as the "Clinical Conference" departments. In addition, the section "Selected Reports" provides case reports which constitute in themselves mini-grand rounds. Rare or exotic documentary data may appear in our sections "Roentgenogram of the Month," "Electrocardiogram of the Month," and "Illustrative Echocardiograms," but the major thrust of these departments is the presentation of unusually fine teaching records. The Editorial Board recognizes the responsibilities of editors to provide criticism and interpretation and this is why the editorials comprise the opening section of Chest. Constructive controversy, which is another form of critical analysis, is a major feature of
our department “Hypotheses and Provocations” and it is found also in the debates which appear in “Special Communications.”

Advocates of the concept that the clinical specialty journal should consist entirely of review articles ask why the reader who is not an investigator should be burdened with the inclusion of research studies. “Why use up so many pages of valuable space for graphs, illustrations and tables? Why not simply provide a sentence or two of summary or a 100 word synopsis to acquaint the clinician with the clinical implications of the reports?” One answer may be that the scientific method is a discipline which must be understood by all who treat the ill. The editors of Chest do not accept the premise that it is inevitable that those who spend full time at the bedside will become technicians who accept the conclusions of every published report without reservation. We believe that many readers wish to determine for themselves the validity of the conclusions of our authors. Therefore, we shall continue to provide full data in our section “Clinical Investigations” and we shall ask that every manuscript contains enough detail so that our readers (whether in the office or in the laboratory) act as the final arbiters. In consonance with this philosophy, the officers of ACCP have not favored the publication of two journals, a clinical periodical and a companion journal to consist of basic investigations and animal laboratory research. The multidisciplinary approach which characterizes this College encourages the merger of the disciplines of respiration and circulation. We believe that the clinician should understand the fundamentals of clinical investigation and we are certain the investigator will benefit by exposure to the clinical trends and the clinical needs of today. Our periodical serves as a communication umbrella for the establishment of dialogue between these segments of our specialty.

A specialty journal for chest physicians is directed to a heterogeneous readership and must perform many functions. The complexities of cardiopulmonary medicine and surgery demand that the editorial fare be a varied one. Therefore, an editorial admixture of original research and “practical articles” is not competitive but rather complementary. Can a superior specialty journal meet the needs of the clinician as well as those of the investigator and teacher? We submit that to do less would disenfranchise integral constituencies of the cardiopulmonary community.

Alfred Soffer, M.D., F.C.C.P.
Chicago

Reference

Early Detection and Localization of Bronchogenic Carcinoma

This issue of Chest (see page 511) contains a communication entitled “The Mayo Lung Project for Early Detection and Localization of Bronchogenic Carcinoma: A Status Report.” It is written by the Mayo Clinic members of the National Cancer Institute’s Early Lung-Cancer Cooperative Group.1 This seems an appropriate time for a progress report of work begun at Mayo about three years ago.

Carcinoma of the lung continues to be the most common cancer in men, with current estimates of 67,000 new cases a year.8 Recently, there has also been a distressingly rapid increase in the incidence among women.

Fifteen years ago, Hammond and Horn3 reported the results of the American Cancer Society’s large prospective study that established the relation between cigarette smoking and lung cancer. This study left no doubt that the earlier observations of Wynder and Graham,4 of Levin, Goldstein, and Gerhardt,5 and of Doll and Hill6 were correct. Cigarette smoking was indeed a major factor in the causation of lung cancer.

There followed a series of reports from the Surgeon General on the subject of smoking and health,7 each one adding to the indictment. Sadly, cigarette smoking continues unabated, despite repeated warnings and an almost universal awareness of the health hazards.

Previous studies have demonstrated that screening for lung cancer by means of annual chest roentgenograms influences lung cancer mortality rates only slightly. The value of semianual roentgenographic screening remains controversial. Results of surgical treatment of lung cancer have been disappointing. Less than one-third of these tumors are resectable, and the five-year survival rate of all lung cancer patients is only 5 to 10 percent. Current forms of radiation and chemotherapy of unresectable lung cancer are not particularly effective.

Given this dismal picture, what can be done? Six years ago, the National Cancer Institute’s Division of Cancer Biology and Diagnosis began supporting work in the diagnosis of early lung cancer at the Johns Hopkins University, under the direction of John Frost and Wilmot Ball. The first phase of that study focussed on developing methods for identifying asymptomatic lung cancer cytologically and radiologically.

Simultaneously, the flexible fiberoptic bronchoscope, developed in Japan, was made available by Ikeda and associates.8 Using this instrument, Marsh et al9 and Baker and associates10 were able to local-