gresses on diseases of the chest. Dr. Arthur Olsen, Past-president of ACCP and currently Scientific Consultant on International Activities, outlines other aspects of our educational programs outside of the United States and Canada.

So begins our year-long birthday party! The scientific and social activities during the coming 12 months will culminate in the 1985 scientific assembly in New Orleans. I hope to greet you in New Orleans as we celebrate together 50 marvelous years of scientific fraternity and friendship.

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Park Ridge, IL

A Half Century of Publishing

Holding in one's hand the current (October, 1984) issue of Chest, its format impressive but restrained in red and white, and examining its multicolored pages, original articles, worldwide contributions, sections embracing all chest disciplines, its humble beginnings are easily forgotten.

Volume 1, Number 1, of the College journal, Diseases of the Chest, appeared in March, 1935. It was clad in severe, almost Carthusian, black and white. Launched and managed by Murray Kornfeld, edited by Dr. Charles M. Hendricks, it was sponsored by the neonate Federation of American Sanatoria. With scant funding, 10,000 copies were printed. Truly the pioneers had a sense of mission.

Eight articles graced the first issue. All were on tuberculosis, yet one discussed surgical treatment and another coexisting hyperthyroidism.

Against incredible odds, including economic depression and tepid professional support, Murray Kornfeld held to his commitment. It was resolute for journal and society. Both must first be instruments of education in all thoracic medicine.

Two years later, under the imposing Diseases of the Chest on the journal cover, a new subtitle appeared: The American College of Chest Physicians.

Early issues of Diseases of the Chest had forceful papers sought by Kornfeld from the first editorial board. This calmed the captain, Charles Hendricks, and kept him on the bridge. The ship's bow began to rise.

A backlog of submissions accrued despite Hendricks' blue pencil. Fifty years later, this problem remains and has multiplied. Reluctantly, manager Kornfeld increased the pages and raised the price of 12 issues from $2 to $2.50.

In 1938, the austere black cover became a softer orange and the quality of the paper was improved.

The journal was tuberculosis-oriented. After all, the thrust of the American College of Physicians was education and at that time education in tuberculosis took center stage.

So journal articles and editorials hammered at tuberculin testing, clinical work up and x-ray of all reactors, isolation of open cases and support of national antituberculosis crusades—crusades which eventually closed almost every sanatorium in North America.

But submissions to the editorial office dealt more and more with allergic, occupational, suppurative and neoplastic chest diseases, and an occasional article came in on medical economics, a subject verboten in polite professional circles at that time.

Equally untouchable was Socialized Medicine. This was anathema to the mass of American doctors practicing over the general store in the square, sitting in the professor's chair, or surveying the scene from organized medicine's lofty tripod. College publications from early days faced these issues with force and candor.

About this time (July, 1937), Dr. Frank Walton Burge of Philadelphia succeeded Hendricks as editor-in-chief. Dr. Hendricks' keen ear had ensured quality in the critical early years. This legacy Frank Burge and his successors sustained.

The new journal's place in the doctor's library and in the hospital's collection was assured by its prompt reporting of changes in the theory and practice of chest medicine. This is seen again and again over 50 years; when antibiotics and chemotherapy swept away tradition in tuberculosis, pneumonia and suppurrative lung disease; with the post-World War II explosion in preventive and therapeutic cardiology; when surgery entered the quiescent field of congenital and acquired heart disease; and with radiology's dramatic entry into the chest, to mention but a few.

The number of countries receiving Diseases of the Chest rose rapidly. Diseases of the Chest was becoming a force not only for worldwide exchange of data, but for international goodwill. With inspiration from Murray Kornfeld, the tenured and saintly chief editor, Dr. J. Arthur Myers (he was in the chair 22 years), thought this a College challenge. The result—editorials on war, peace and the doctor's role in diplomacy.

A related series ran for a year or so. It was called "Worldwide Chest Medicine." Papers came in from Scotland, Iraq, Turkey, Argentina, Peru, Mexico, Sweden, USSR, Bulgaria, Italy and Czechoslovakia. These gave state-of-the-art accounts of chest medicine as practiced in these countries.

Diseases of the Chest (soon to be named Chest) for July, 1968 carried editorials by two famed men of science and letters. Dr. John Talbott was editor of JAMA. He wrote under the title, "Salute to the New Editor," of his long and pleasant association with Dr. Alfred Soffer at JAMA. Dr. Irvine Page, an international figure, wrote on "Reflections on Being under
New Management” in reference to Dr. Soffer, the new and fifth Editor-in-Chief of Diseases of the Chest, Dr. Page said that the new editor’s appointment was flattering and challenging. It was doubtless both.

If the challenge was to increase the journal’s impact and distribution, Dr. Soffer has done this with skill, effectiveness and impeccable good taste.

In his report to the Board of Regents in 1970, the Editor-in-Chief remarked on the massive flow of manuscripts and the delay caused by the essential referee system for processing them.

In the 1960s and 1970s, College involvement in cardiology and its intrusive stepchild surgery rose dramatically. Repeated changes in journal content and style took account of this new emphasis. The editor cited the value of underwritten supplements, such as one planned for August, 1970 on ischemic heart disease; the enlarged and more sophisticated College Bulletin; special ventures such as invited articles from J. Willis Hurst and Tinsley Harrison examining available cardiovascular textbooks. The supplements were immediately successful. They remain a positive force in continuing education in today’s “College without walls.”

By 1973, Dr. Soffer found that his office was evaluating a thousand manuscripts a year. Five years before, it had been 260. Journal subscriptions reached 15,000 in 1973 and 17,000 by 1977. In that year, 1,300 manuscripts came in. The editor expressed dismay that only 20 percent could be seriously considered.

Many laudable aspects of College publishing cannot be included here, but one more contribution to physician-learning and the common weal must be added: oversight of medical instrumentation and government regulation. This began with an attempt to unite device makers in quality control. Inevitably it spread to the whirlpool of legislation as federal and state supervision widened. At first an occasional editorial or article appeared. Today, we have come to expect informative reports of testimony given by College members before Congress and splendid messages from the College representatives on Capitol Hill, Mr. Raymond Cotton and Mr. Michael Romansky.

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ACCP International

“The World Is Our Classroom”

The first chapter of the American College of Chest Physicians outside the United States was organized in 1940, when our founder, Murray Kornfeld, met with a group of Cuban chest specialists in Havana. Since that time, many physicians from all parts of the world have joined our organization, and currently we have over 2,500 international members. For the past 12 years the international “wing” of our organization has been called the International Academy of Chest Physicians and Surgeons.

Members of the Academy are members of the American College of Chest Physicians, and vice versa. Both have the same objectives as stated in the bylaws—namely, to promote the highest possible standards in clinical practice, education, and research in cardiovascular and pulmonary medicine and in surgery and related disciplines. This is accomplished by a program of postgraduate education designed to keep our members and other specialists in our disciplines fully informed regarding new knowledge, developments, and techniques in our fields.

Most of our readers are well informed regarding the educational programs carried out by the College in North America. In fact, our organization has frequently been called a “university without walls.” Our activities overseas are equally important and deserve special comment.

Since 1950, the College has sponsored 14 international congresses, held in various parts of the world. These attract 2,000 to 3,000 physicians, and virtually all countries are represented. These congresses are a cooperative effort between the College headquarters and the host country. The quality of the scientific program invariably is excellent. The XV World Congress on Diseases of the Chest will be held in Sydney, Australia, August 25 to 30, 1985.

Regional congresses have been held since 1969 under the jurisdiction of individual countries in the Asia-Pacific, European, and Pan American areas. Asia-Pacific congresses have been held every two years, beginning with the first one in Kyoto in 1969. There have been five European and three Pan American congresses. All of these congresses provide an opportunity for physicians from different countries to exchange scientific information and also to get to know each other. These regional meetings, organized by our international members, are an important part of our educational program.

All of our overseas members receive Chest. In most countries, chapters of the Academy have regularly scheduled meetings with scientific sessions, and some sponsor postgraduate courses. All of our overseas members are invited to attend our meetings and postgraduate courses in the United States and Canada. Many come to visit our teaching centers when they travel to North America. By the same token, our stateside members can learn a great deal from our international colleagues.

We have reason to be very proud of our international