EDITORIALS

What are the uses of a specialty journal? Specifically, does a journal devoted to diseases of the chest serve a unique function in medical education? An affirmative answer to this inquiry is suggested by the fact that the National Heart Institute recently established a Cardiopulmonary Disease Advisory Committee. The news release describing this committee's first meeting stated, "In recent years the concept of the heart and lungs as a single cardiovascular system has gained widespread and deserved acceptance."

The editorial board of Diseases of the Chest has invited several distinguished investigators to comment on the role of this journal in clinical practice, teaching and research. The editorial by Dr. Lyons which follows was prepared in response to this invitation.

EDITOR

A Special Specialty Journal

It is always well to take stock and to self-assess in order to improve, revitalize and modernize. This applies to every form of activity, and so too with a journal. So under the guidance of Alfred Soffer, the new editor of Diseases of the Chest, comes a rebirth of the published communications of the American College of Chest Physicians. In him we place our fondest hopes, and give to him our firm support and full confidence.

Diseases of the Chest is a specialty journal. It is unique, however, in that it encompasses all of the material of a particular specialty, diseases of the chest, but unique in that the chest has been divided by the special interests and talents of several groups: the esophagologist considers the esophagus, the cardiologist is concerned with the heart, the oncologist studies cancer of the lung, the orthopedist is interested in the osseous studies, and the thoracic specialist has the lungs as his primary interest. Diseases of the Chest encompasses all of these areas of interest.

One may then enquire whether Diseases of the Chest really should exist, when each of the various specialties will deal with a portion of the chest. The answer is yes. One of the greatest defects of modern medicine, and the one which requires some remedying, is the narrowness of specialties, the lack of broadness of view and concepts and the poor communication with related disciplines—almost a total unawareness of the knowledge and methodology of the other. Here, then, is where a publication with the policy and aims of Diseases of the Chest fills the gap.

The present era of medicine is characterized as one of specialization. Emphasis from medical school onward has been on a narrow field devoted to a particular area of medicine with attention devoted to research and techniques. As a product of this growth the specialty journal has been born.

The journal devoted to a particular specialty can be justified as a medium for the presentation and the exchange of the workers of a particular specialty. The specialty journal serves as a formative element of increasing the experience and knowledge of the specialist. The specialty journal is justified and its place unassailable for closer communication and closer integration of the development and advances in a particular specialty.

What are the influences that give rise to specialization? Research producing a body of specialized knowledge, or specialized techniques requiring development of certain skill. The specialties originated from general clinicians with a special interest in a system and its diseases. The incentive for this interest was present in doing research as a result of curiosity. The originators were eventually succeeded by others with whom specialization became more intense and links with general medicine and other specialists more tenuous. With time, the field was less virgin and isolation became more evident.
It is the need for bridging the gap, to lessen the isolation between all specialties directed to a system within the chest that Diseases of the Chest fulfills. Here is a specialty journal which allows communication between various specialties and can present specialized knowledge, specialized practice and established methods and integrate this material related to the chest. Thus, it provides a medium for the continuing education of the chest specialist and communication between the more limited specialists and a forum for discussion.

In our present era of numerous journals, exponential growth of publication and accumulation of knowledge, there needs to be at least some unifying medium and attempts at relating specific important facts into a broad presentation of rational ideas, concepts, innovations and controversial views within the area of the specialties concerned with the chest. Diseases of the Chest is an admirably suited journal for this function and fulfills a real need for inter-communication between all the specialties which directly or indirectly deal with chest problems. Knowledge advances by questioning established concepts and by developing new ones, and the specialist, whatever he may be, should be an educated man.

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What Constitutes a Critical Review?

A torrent of data confronts the clinician; much of this information is confusing or may appear to be irrelevant. Therefore, an incisive review article which clarifies the clinical implications of a host of obscure or conflicting reports in current medical literature can serve as an important forum for continuing education. The editors believe that the communications to be published in our new department, Critical Review, will provide such authoritative guidance to the physician in his choices of specific diagnostic and therapeutic measures.

All too often authors succumb to the temptation to follow a path of minimal interpretation or personal commitment. Using this format one need only provide a "laundry list" of references to or synopses of recently published studies. Indeed, like most harried editors, I have come to believe that some brewer of mischief has encouraged large numbers of authors to provide "comprehensive bibliographies, regardless of the scientific merit or clinical relevance of the papers cited. Naturally, such communications proudly proclaim the inclusion of a "review of the literature" (what an over-used phrase that is!).

A conscientiously structured progress report or review article should emphasize the limitations, as well as the positive potential of diagnostic or therapeutic procedures. Without such objectivity, a review may represent an enthusiastic endorsement rather than a reasoned evaluation. However, editors should not only permit, but they must encourage authors to accept the privilege of editorializing in the discussions section so that the reader is not left in doubt as to the guidelines which the investigator follows in his own practice. Both proponent and opponent aspects of conflicting viewpoints should be cited, but it is neither arbitrary nor immodest for the reviewer to cite the course of clinical management which he regards as reasonable in the light of current knowledge. Obviously, the preparation of this type of review requires skill in writing, as well as scientific authority.

In a recent communication I noted, "A survey is actually a judgment, for that which is considered irrelevant or unproven is deleted at the discretion of the author. Experienced investigators are best qualified to distract a meaningful distillation of the practicing physician and instructor obtain a balanced and practical approach." The Editorial Board of Diseases of the Chest is grateful to the distinguished scientists who responded to our invitation to participate in this editorial endeavor. The first contribution to the department, Critical Review, was prepared by Lopez and Wagner (see page 356).

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Ontology of Programmed Instruction

Programmed instruction has become very popular in recent years. Presently, if anything, it complements conventional teaching. It is doubtful that it will ever substitute for the latter or even become an universally accepted method. There are several factors accounting for this. Since we all learn in different ways, it is clear that not everybody will profit from this technique. Not all topics can be programmed, and even those which can, might not be analyzed with the proper depth. The very intelli-

REFERENCES
