EDITORIALS

Why a New Journal Title?

The customary format of our editorial pages has been modified to permit publication of a portrait taken at our recent Editorial Board meeting. This departure from the traditional pattern appears to be justified in view of the historic decisions reached at that session. The senior editors in attendance and the majority of those contacted by mail or telephone proposed that the name of Members of the editorial board at special meeting during 35th Annual Meeting of the College in Chicago, October 29–November 2, 1969. Seated (left to right): Drs. Howard A. Buechner; David W. Cugell; Mr. William J. Kissinger; Drs. Alfred Soffer (Editor-in-Chief); J. Arthur Myers (Editor Emeritus); William E. Adams; Stanley S. Schor. Standing (left to right): Drs. Frank D. Gray; Joseph Ross; Hans H. Hecht; Milton W. Anderson; Seymour M. Farber; Thomas L. Petty; Stephen R. Elek; Fouad A. Bashour; David P. Boyd.
Diseases of the Chest should be changed to Chest. This recommendation was endorsed by the governing bodies of the American College of Chest Physicians during administrative sessions which took place later that day, October 29, 1969.

What prompted this editorial decision? A review of the table of contents in the past 18 months provides graphic evidence that this journal has become a forum for clinical investigations in areas far removed from those envisioned at the time Diseases of the Chest became the official journal of the American College of Chest Physicians. The era of empirical treatment of mycobacterial infections has been superseded by an era of emphasis on pathogenesis and management of disease entities such as emphysema, bronchitis, and atherosclerotic involvement of the myocardium and the peripheral vessels.

The new "technical language," which must be mastered by both clinician and investigator, is related to pulmonary function and cardiovascular hemodynamics. Indeed, today's thoracic surgeon is often as much physiologist as technician. Thus, it became necessary to designate a journal title more descriptive of the multi-disciplinary approach which characterizes these educational endeavors. Our concern is with respiration at the peripheral or cellular level (internal respiration), as well as external respiration provided by the lung. We reviewed such titles as "cardiopulmonary disease," "cardiopulmonary medicine," and "respiration and circulation." Briefly considered were "respiration and circulation in health and disease," "respiration and circulation: their regulation and abnormalities," and "cardiovascular and respiratory function and disease." However, these titles did not encompass disciplines involving mediastinal structures other than the heart and lung.

Lively dialogue brought agreement on one vital topic. There was a unanimous plea that the word "diseases" be deleted from the title in view of recent well-justified emphasis upon function. We promise that pathologic processes will not be neglected in the months to come, but we trust that the altered name will be more consistent with the entire postgraduate educational program of the American College of Chest Physicians. The era of empirical treatment of mycobacterial infections has been superseded by an era of emphasis on pathogenesis and management of disease entities such as emphysema, bronchitis, and atherosclerotic involvement of the myocardium and the peripheral vessels.

Indeed, today's thoracic surgeon is often as much physiologist as technician. Thus, it became necessary to designate a journal title more descriptive of the multi-disciplinary approach which characterizes these educational endeavors. Our concern is with respiration at the peripheral or cellular level (internal respiration), as well as external respiration provided by the lung. We reviewed such titles as "cardiopulmonary disease," "cardiopulmonary medicine," and "respiration and circulation." Briefly considered were "respiration and circulation in health and disease," "respiration and circulation: their regulation and abnormalities," and "cardiovascular and respiratory function and disease." However, these titles did not encompass disciplines involving mediastinal structures other than the heart and lung.

Lively dialogue brought agreement on one vital topic. There was a unanimous plea that the word "diseases" be deleted from the title in view of recent well-justified emphasis upon function. We promise that pathologic processes will not be neglected in the months to come, but we trust that the altered name will be more consistent with the entire postgraduate educational program of the American College of Chest Physicians. We recognize our responsibility to provide interdisciplinary dialogue among thoracic and cardiovascular surgeons, allergists, anesthesiologists, pathologists, physiologists, radiologists, bronchoesophagologists, and cardiologic and pulmonary diagnosticians. This policy reflects the premise that optimum care of diseases of the chest requires the involvement of many disciplines; the professional and educational efforts of the College are directed against clinical isolation of these specialties. The editors pledge continuation of the careful editorial review policies and publication procedures which characterized Diseases of the Chest.

Alfred Soffer, M.D.
Chicago

Retrograde Doubts

Old ideas that have fitted comfortably into one's way of life for years are hard to abandon. New ideas that demand a reconsideration of fixed concepts are hard to swallow. But scientists should keep open minds and steer a middle course between the Scylla of arteriosclerotic reluctance and the Charybdis of testosteronic enthusiasm.

Retrograde conduction from ventricles to atria is demonstrably possible, but its presence is perhaps too often taken for granted on the basis of conventional but unproved notions. Its ready acceptance is now seriously rechallenged. Mirowski and Tabatznik (page 9), without in any sense claiming to discredit the existence of retroconduction, have marshalled an impressive body of evidence from clinical electrocardiograms to suggest that our criteria for diagnosing retrograde activation of the atria require critical scrutiny.

Mirowski's original concept, based on vectorial analysis, postulated that the P-wave pattern usually regarded as retrograde probably originated in the left atrium. This work was entirely based on tracings in which the P-wave preceded the QRS. There were loopholes in his argument and it was suggested to him that a study should be made of supposed retrograde P waves when they followed rather than preceded the ventricular complex; because in such cases there would presumably be less uncertainty of retrograde conduction. Accordingly, Mirowski and Tabatznik have studied supposedly retrograde P waves that follow the QRS in A-V nodal rhythm, in idioventricular rhythm and in ventricular premature beats. To their surprise they were able to discern the same three patterns of precordial P waves that Mirowski previously described in P waves preceding the QRS. Again invoking vectorial analysis they conclude that such P waves also most likely originate in the left atrium. If this is