autopsy findings serve to identify for current readers the nature of such conditions as a means of expanding the vistas of possible disease states.

As physicians, we should accept the principle that new procedures should not be exclusive of older methods. Rather, the new and the old represent a proper union for continued progress in medicine. If we accept these principles, we shall be true to the rich heritage which has been given to us by the pioneers of modern medicine.

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The Form and Function of Medical Journals

Medical journals in general, and particularly Chest, have evinced remarkable improvement in recent years, an accomplishment for which we can all be proud. But at the risk of appearing apostate, I should like to suggest that we give thought to a major overhaul of our concept of medical journalism. Without doubt, we now have many journals of high quality, nevertheless, as irreverent as it may seem, we must ask ourselves whether quality is the most important requirement in medical journalism today. Perhaps we should aim for effectiveness* rather than quality, and the two may not be identical.

We hear with compelling frequency that more papers are being written than can be read, or even printed, in the available medical journals. At the same time, there are too many journals, and the situation is deteriorating. These observations, which have been expressed often, are the basis for my questioning the propriety of emphasizing quality over effectiveness as an aim.

Thinking primarily, for the moment, of effectiveness, we ought to establish proper objectives. Should we consider presenting new information or should we review and reinforce existing information? To what extent should teaching be an objective, and how often should we use a medical journal as a forum for discussion? Should we consider that one objective of a medical journal is to store and retrieve information with only minimal editorial processing?

*Effectiveness is the ability to produce results. One might have the finest motor car in the world fueled with premium gasoline and lubricated with superior petroleum products, yet without a competent driver its locomotive effectiveness is less than that of an amputee with a crutch.

Assuming that any or all of these objectives are valid for an effective medical journal, we should scrutinize our present methods of processing information? Do they cultivate an adequate flow of papers? We often assume that the excellence of a journal is, in itself, an adequate stimulus to keep papers flowing into our hoppers. But is it enough? Papers are frequently commissioned, but my own feeling is that these usually turn out to be irrelevant to a journal's needs, or of indifferent value. Another way of cultivating the flow of information might be to simplify the procedure for submitting papers. This could be accomplished by establishing a gigantic national pool of information to which all authors would send their papers. Editorial assistants and statisticians could perform the routine processing and checking of the information after which it could be sorted either mechanically by computer techniques or manually by experts making human judgments. Each journal could then select those papers which seemed to suit its needs best.

Few would argue against the need for better methods of selecting (or rejecting) information. Our logic is dubious, however, when, as at present, we take information from one expert, and hand it to another expert, not only for review and critical judgment, but also for a decision kind of recommendation. We really are not asking the second expert to tell us that the paper is logically valid and statistically sound, for that could be done much better by the editor and statisticians. We are asking him whether his intuitive understanding of the subject is in accordance with the intuition of the author, and in this way we arbitrarily assign a higher value to one indeterminate authority than to another. The reviewer may compound the fault by unconscionable delay. Owing to the multifarious activities of most experts, the paper for review often settles to the bottom of a huge mound of tasks, there to remain dormant for weeks or even months while the author chafes. This delay is inimical to effective medical journalism whether the paper is ultimately accepted or rejected.

The process of selection (or rejection) might be done more effectively by professional editors and statisticians, using the expert reviewers only for advice after a decision has been made. The reviewers could then confine themselves to the non-political business of advising about ways of strengthening the paper.

After a paper has been selected, the editorial procedure of structuring it for publication arises. Some journals are so highly restricted by editorial

CHEST, VOL. 57, NO. 2, FEBRUARY 1970
When intraalveolar pressure is excessive as it may during strenuous coughing, floors of alveoli overlying blood vessels may develop ruptures which permit the escape of air into the interstitial tissue. Sites of maldevelopment and areas weakened by prior pathologic processes, such as damage caused by infection or noxious inhalants, are vulnerable to markedly increased intraalveolar pressure. Circumstances which may bring about pulmonary interstitial emphysema in infants include positive pressure resuscitation and hyaline membrane disease. In other instances as well as in children and adults, the cause may be bronchiolitis, bronchitis, bronchiectasis, pneumonia, lung abscess, allergic bronchial asthma, afelectasis with adjacent localized hyperinflation, nonpenetrating thoracic trauma, aspiration of foreign body, severe strain during vomiting or parturi- tion, intermittent positive pressure breathing or general anesthesia during which free expiration is prevented. Dyspnea results from compression of pulmonary arteries and veins ("air block" of the pulmonary vessels), and interference with the ventilatory function of the lung. Diagnosis of pulmonary interstitial emphysema may be established, but not in every instance, by the presence of "air streaks" along the pulmonary vascular branches visualized in an expiratory roentgenogram of the chest.

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