Presenting the Board of *Respiration*

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Respiration as a journal focusing on respiratory medicine was founded in 1944 with the journal's founding title *Schweizerische Zeitschrift für Tuberkulose*. The title changed in 1956 to *Schweizerische Zeitschrift für Tuberkulose und Pneumologie* and in 1962 to *Medicina Thoracalis*. In 1967, the journal adopted its current title. Several colleagues worked hard to bring the journal to its current status. At the last Editorial Board meeting, we decided to present ourselves to our authors, readers, and reviewers. In the upcoming issues, the members of the Editorial Board will present themselves in short interviews to show the face of the journal and the people behind it. Having the privilege to serve as Editor-in-Chief, it is my pleasure to open this series.

1 Give a Short Description of Who You Are

My name is Felix J.F. Herth, and I've been a licensed respiratory specialist since 1998. Currently I'm the Medical Director of the Thoraxklinik, University of Heidelberg, Germany, and Director of the Department of Pneumology and Critical Care. The Department of Pulmonary and Respiratory Critical Care Medicine focuses on the diagnosis and therapy of respiratory tract diseases such as asthma, COPD, lung emphysema, cystic fibrosis, fibrosing alveolitis, and pulmonary hypertension; on non-invasive ventilatory support for patients with respiratory de-

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ficiency or failure; and on sleep-related respiratory disorders. An outstanding expertise is provided in all fields of interventional pneumology (IP), taking a lead position in the development of devices for diagnostic and therapeutic purposes.

2 How Did You Become Interested in the Field of Respiratory Medicine?

As a young fellow, I worked in a large hospital in internal medicine. During that time, the management decided to invest in body plethysmography, replacing the old spirometry. I was appointed to learn the examination

and evaluate the results. This was my first contact with the “lungs,” and after a while I was more deeply involved in the field of respiratory medicine. My decision to become a respiratory specialist was sealed. Therefore, I moved to a large lung center to get the needed training. In Germany, ultrasound is a basic technique in medicine, a discipline which was not really established in lung centers. After several months at the new hospital I had the chance to combine my knowledge about ultrasound with a new interest, the bronchoscope. Through many happy coincidences, bronchoscopy came to be an accepted medical technique together with radial and linear endobronchial ultrasound. Since that time, IP has been one of my favorites in respiratory medicine.

3 Which Exciting Developments Are Currently Taking Place in This Field?

IP started in 1896 directly as an interventional procedure. Gustav Killian removed a foreign body with a rigid bronchoscope. Several decades later, Ikeda introduced the flexible bronchoscope. Since then, the numbers of performed procedures dramatically increased, initially as a diagnostic indication. In the last 10–15 years, however, we have seen a clear shift towards more therapeutic op-

tions. Initially used mostly as options for advanced cancer patients, the discipline now offers more and more options for non-malignant diseases. The options for endoscopic lung volume reduction have been established, specific asthma phenotypes are treatable with endoscopic interventions, and we are currently evaluating techniques for moderate COPD and chronic bronchitis. Navigation support attributable to virtual reality, robotic assisted bronchoscopies, and single used personalized scopes are upfront. Therefore, the field is rapidly growing, and it is our responsibility to evaluate every technique carefully.

4 What Do You Feel Makes *Respiration* Special in the Publishing Landscape and Are There Papers You Would Like to See Submitted to the *Journal*?

Respiration offers to publish the results of both clinical and experimental investigations on all aspects of the respiratory system. One of the major advantages of the journal is its autonomy – *Respiration* has always maintained its editorial independence. Therefore, the *Journal*’s ability to publish interesting, new, and sometimes rare data to increase the knowledge in our field has remained unencumbered.