Editor's Note

Receiving the Torch

Editorship of a peer-reviewed journal carries opportunities and, therefore, of course, responsibilities that I had not considered until the editorship of *Cardiology* became available. Suddenly, there could be relatively wide dissemination of my *opinions*, not in the context of the Discussion section of an original research communication (where they are limited to interpretation of the data reported in Results), but in the wider and virtually unfettered scope of cardiology and, indeed, of medicine, with only the Editor-in-Chief (me) to define circumscriptions. This is an awesome opportunity, with potential for profound influence on the perceptions of the medical community. Of course, there are overarching limitations. For opinions to be influential, they must be cogent, logical, well supported by data when data are available, and consistent with prevailing ethical principles. In other words, it's probably best to choose one's editorial comments carefully. Then, too, to earn the privilege of expressing oneself as editor, it is necessary to do the job of editor: to preview, triage to reviewers, resolve and weigh differences of opinion among reviewers, occasionally to provide primary critical reviews of submissions to the journal, and always to oversee a rational process for selecting those manuscripts to be published in the available space from among many that are meritorious. These functions must be subserved while maintaining sufficient editorial quality so that authors consider the journal a desirable destination for their output and readers derive sufficient intellectually edifying and useful new knowledge to continue reading. Selecting manuscripts to be published requires reading and assimilating the erudite reviews of an outstanding Editorial Board that, as I've learned from

parallel experience as an editorial board member for other journals over the years, is an education itself. Perhaps the greatest benefit of editorship is the opportunity continually to learn new observations and to broaden one's knowledge – before the new data are generally available!

It is a particular privilege to enjoy the opportunities of editorship in association with one of the world's oldest and best established peer-reviewed journals of cardiovascular diseases. In a historical sense, 68 years is not a very long time. Nonetheless, it is sobering to realize that, when the first issue of *Cardiology* was published in Basel in 1937, the bulk of new knowledge in cardiovascular diseases was reported in general medical journals, often was evaluated for publication by generalists, and was meant for consumption by doctors who, in their daily routines, necessarily grappled with problems that went beyond, and commonly didn't even involve, the cardiovascular system. The exponential growth in medical knowledge witnessed during the past several decades was an event of the future when *Cardiology* began publication; the publisher and founding editors were ahead of their time in recognizing the ultimate need for more focused specialization to optimize patient care and to promote the enabling research. This is an estimable history.

Even the best periodicals occasionally undergo evolutions of focus. This process is most obvious when editors change. *Cardiology* is no different. The outstanding stewardship of Joe Alpert, who recently assumed the prestigious position of Editor-in-Chief of the *American Journal of Medicine*, featured scientific papers from all areas of cardiovascular diseases, with particular depth and breadth

in the area of acute coronary disease, Joe's primary clinical and research focus for many years. For some time, my own primary foci have been valvular heart diseases, particularly involving the integration of fundamental biology and clinical research (now commonly known as 'translational research'), and clinical pharmacology, especially as it is impacted by public health needs and government regulatory philosophy. Without detracting from the other important areas of cardiovascular diseases, during the next several years I anticipate that these interests will gain increasing prominence in *Cardiology*, as will other particular strengths of the enlarged Editorial Board. Consistent with the emerging trend towards formation of increasingly integrated multi-specialty teams for optimal

management of cardiovascular (and other) problems, the journal will emphasize contributions emanating from interdisciplinary research.

Editorship brings with it unusually rich opportunity to complete the process of research: it is generally accepted that medical research is not complete until it has been made generally available for the public benefit. Simultaneously, editorship provides a forum for commentary that may shape and inform opinions about new knowledge within the medical community. I am delighted to have these opportunities and will do my best to reach the high standard of my predecessors in the stewardship of this journal as I enjoy them.

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