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JEAN D. WILSON

The preface to the first issue, "Purposes in Medical Research. An Introduction to *The Journal of Clinical Investigation*," by Alfred E. Cohn is republished to mark the 50th Anniversary of its founding by The American Society for Clinical Investigation. The fact that this article is still pertinent to the problems facing the Journal and academic medicine today is attributable to the foresight and breadth of thinking that went into its organization.

Several observations made by Dr. Cohn deserve reemphasis at this time. It is striking that the problems extant in 1924 in regard to the chronic diseases are still largely unresolved. As he noted, the disease process is so complex that the narrow application of methodological approaches from other disciplines, no matter how fashionable, is frequently disappointing. Moreover, despite remarkable developments in academic medicine, the position of the disinterested scholar is still not secure. The scientific base of medicine is threatened because the importance of the disinterested investigator for the development of medical science is not understood either within medicine or by its outside critics. Fifty years is a short time in medicine after all.

In 1959 at the time of the 35th Anniversary, a history of the Journal was published in two sections. Ellen R. Brainard reviewed the organizational background, the institutional structure, the personnel, and the editorial policies,¹ and editor Philip K. Bondy examined in depth its scientific content and import.² The interval since 1959 is too short to warrant another broad evaluation. However, the Anniversary is an appropriate time for the examination of present and past policies, and I would like to take this opportunity to comment on two aspects of the Journal—its place in medical journalism and its review policies.

As is clear from Dr. Cohn's preface, the Journal was intended to be the communications channel for the university clinical departments that were established after the Flexner Report. A strong case can be made that

¹ Brainard, E. R. 1959. History of *The Journal of Clinical Investigation*, 1924–1959. I. Personnel and policies. *J. Clin. Invest.* 38: 1865–1872.

² Bondy, P. K. 1959. History of *The Journal of Clinical Investigation*, 1924–1959. II. Scientific contents. *J. Clin. Invest.* 38: 1873–1877.



this aim has in fact been achieved and that the Journal does serve as a bridge between basic science and clinical medicine.³ Furthermore, its impact, as evidenced, for example, by the frequency with which its articles are cited by other journals,⁴ is major and out of all proportion both to the volume of its immediate readership and to the number of papers published each year. The number of meritorious papers submitted to the Journal has also grown steadily in recent years. Nevertheless, the growth of subspecialty disciplines and subspecialty journals poses the question of whether there is a future for a journal that attempts to encompass the broad field of clinical science. When the Journal was founded, there were virtually no specialty journals outside of *Heart*, but many excellent journals have been established in the succeeding years. It does not require a detailed survey to show that the enormous increase in knowledge is channeling medicine and medical journalism into more and more specialized functions. In the immediate domain of the Journal, this trend has had the effect, recognizable 15 years ago² and more apparent now, of diverting many papers of general importance to specialty journals. The fundamental problem is to chart a policy that will continue to attract excellent papers from diverse disciplines and will enable the Journal to serve as a unifying force for an academic community that has become more and more fragmented by the increase in knowledge. To this end, the scientific base of the Editorial Board and the Editors has been broadened on several recent occasions in hopes that the needs of both specialty and general scholarship can be served.

The modern history of the Journal began in 1942 when editor James L. Gamble instituted the policy of sending papers to experts outside the Editorial Board for evaluation. Since a growing proportion of manuscripts were returned to the authors for revision, this policy added another dimension to the Journal's editorial function, that of providing contributors with critical evaluation of their work beyond the judgment implied in rejection or acceptance. The practice of consulting outside reviewers was extended by editor Eugene B. Ferris and his successors and has kept pace with the increased growth in the volume and the diversity of medical research. Last year, 1,150 investigators in the basic and clinical sciences in this country, Canada, Western Europe, Britain, Israel, the West Indies, Australia, New

³ Garfield, E. 1974. Journal citation studies. VI. *Journal of Clinical Investigation*. How much 'clinical' and how much 'investigation'? *Curr. Contents*. 17(4): 5-8.

⁴ Garfield, E. 1972. Citation analysis as a tool in journal evaluation. Journals can be ranked by frequency and impact of citations for science policy studies. *Science (Wash. D. C.)*. 178: 471-479.

Zealand, and Russia reviewed papers for the Journal, and many of these individuals were called upon repeatedly. The amount of time that goes into the review process for this single Journal is incalculable. It is the dedication and constructive criticism of this community of scholars that constitutes the real keystone of the editorial policy.

It can be argued that objective peer review is of importance for the development of medical science as well as for insuring quality in medical journalism. The fact that in specific instances studies are strengthened and that manuscripts are improved as the result of the review process is evident to everyone who has participated in this process and might well be adequate justification for the system, no matter what the cost in time, effort, and money to the scientific community. Unfortunately, it is also true that editors make mistakes. Some of the more glaring errors in editorial judgment are well-known, but a more fundamental question is whether the peer review policy of this Journal does in fact succeed in identifying the best of the papers that are submitted to us. How many outstanding papers are not appreciated or understood and are rejected as a consequence? Do we accept significant numbers of papers that do not hold up with time? Are minor, well-prepared papers favored over original, unorthodox manuscripts?

These questions are essential to any critical judgment of editorial policy and, in particular, to charting the future course of the Journal; they are not necessarily easy to answer. As one means of evaluating the Journal, we have commissioned an outside agency to perform an analysis of our review process and how it functions. These data should provide the basis for more objective planning of long-term policies. This evaluation will take some time, and progress reports on the results will be published.

The Journal of Clinical Investigation has succeeded in fulfilling many of the purposes envisioned by its founders while achieving a sound financial base. It is now concluding 50 years of publishing as a medical journal of strength and wide impact. In the future the Editorial Board and the Editors would like to continue what the Journal has always done well, namely, to set high standards of scholarship and excellence in medical science. It is of equal importance to chart a course that will allow the Journal to reflect the adventure of science.

