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Ellen R. Brainard

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HISTORY OF THE JOURNAL OF CLINICAL INVESTIGATION, 1924-1959

I. PERSONNEL AND POLICIES

By ELLEN R. BRAINARD

The Journal of Clinical Investigation bears on its letterhead the statement "Published and Edited by the American Society for Clinical Investigation." When its establishment was first suggested, however, there was at least an even chance that it would be a journal "published and edited by the Rockefeller Institute" instead. By the time the first reference to the Journal appeared in Society records—in 1924—its existence was an all but established fact, awaiting only the publication of a first issue to make it a reality. Plans, obviously, had been afoot considerably earlier. A small group of Society members—G. Canby Robinson, Rufus Cole, J. Harold Austin, Alfred Cohn, to mention only the principals—had begun to discuss the idea informally perhaps as early as 1916 and certainly by 1920. Dr. Robinson (1) relates the story of the Journal's origin as follows:

As I recall, the idea of starting a journal originated . . . among the members who were then disturbed by the length of time, usually a year or more, between the submission of a paper and its publication. The principal journals available for the publication of papers on scientific clinical studies were the Archives of Internal Medicine and the American Journal of the Medical Sciences, although some of us published papers in the English journal, Heart, and in the Journal of Experimental Medicine.

All of these men were in accord regarding the desirability of founding a new journal for clinical research. The problem was finding a sponsor. In 1921, Dr. Cole submitted a proposal for the establishment of such a journal to the Rockefeller Institute's Board of Scientific Directors. His plan, set forth in a 14 page memorandum (2), called for a journal representing the work of the medical clinics to be published by the Institute as a kind of companion volume to the Journal of Experimental Medicine which represented, primarily, the work of the laboratories of the basic sciences.¹

¹ A copy of the memorandum was kindly provided by Dr. Cole.

In the introductory paragraph of the memorandum, Dr. Cole notes that he had presented a similar proposal to the Board some five years earlier—about 1916—although at that time its members had considered the establishment of a journal for clinical research inadvisable. The 1921 report, Dr. Cole said, was prepared on the assumption that subsequent developments in clinical medicine had been such as to warrant reconsideration of a journal devoted to this field. Regarding these developments, his report read as follows:

Up to within a very recent period the medical clinics of this country have taken a relatively unimportant part in the development of the science of medicine. While isolated observations of great value have been made by men engaged in clinical teaching and practice, relatively few consciously organized scientific investigations of medical problems have been undertaken in our university departments of medicine or by men trained in the study of disease at the bedside. Scientific medicine in America has developed in the laboratories of pathology, of physiology, of physiological chemistry, and of pharmacology. This is well shown by a review of the scientific medical journals of this country and is in marked contrast to the conditions in Germany, for instance, where for the past 80 years or more the clinics of medicine have taken an important part in the transformation of medicine from an empiric practice into a scientific discipline.

During the past 10 years, however, there has been a well marked movement in this country directed toward the elevation of the departments of medicine of the universities into a position more nearly approaching that which it is believed they should occupy on account of their natural relation to the phenomena with which they deal. This has been shown by the appointment of full time staffs and by the establishment in the departments of medicine of laboratories in which investigations can be carried on by the methods which have been developed in the more fundamental sciences. It is therefore felt that the time is imminent when these modern clinics of medicine will seek expression in journals which take cognizance of this modern development.

In support of his contention that there would be ample material to fill the pages of a journal such as he proposed, Dr. Cole specified a number of university departments from which work of a high quality was already forthcoming and noted,

furthermore, that "from the Hospital of the Rockefeller Institute alone, papers sufficient to fill nine volumes" had appeared during the previous 10 years. He also directed attention to the Society as a potential source of material. In this connection, the following excerpt is of particular interest:

The American Society for Clinical Investigation has brought together a large number of the younger clinicians engaged in scientific investigation and a considerable proportion of the papers now presented at the annual meeting of this society is of sufficiently high grade to justify publication in this journal. . . . It is believed by a considerable number of the members of this Society that it should have an independent journal for the publication of its contributions. Experience, however, has shown that the best results are not obtained by placing scientific journals in the control of societies, with their changing staffs of officers and shifting ideals. The establishment of a clinical journal by the Rockefeller Institute, it is believed, would meet the needs of the Society for Clinical Investigation.

Dr. Cole discussed his proposal with the Institute's Board of Scientific Directors in April, and again in November, 1921.² On both occasions, although response was favorable, no action was taken and more than a year elapsed before any further mention of the journal appeared in Institute records. Meanwhile, however, activity on other fronts had gone on apace. Of the turn of events which took place during this interim period, Dr. Cole (3) writes as follows:

I had already (by April, 1921) been in communication with Canby Robinson and others and discussed with them the possibility of publishing the journal by the Society, with a subsidy from the Institute. At the time, Dr. Flexner was finding the publication and editing of the Journal of Experimental Medicine a great burden, and he thought the Institute should not take on any further responsibilities of this kind. That the Journal should be published by the Society with a grant from the Institute was entirely agreeable to me and to the others who were interested. But there were delays in having the Board of Scientific Directors commit themselves and during this waiting period it was Canby Robinson who pushed the matter along and made it possible to start the journal.

Dr. Robinson and his colleagues were given what amounted to *ex post facto* authority to negotiate with representatives of the Rockefeller Institute when, on Sept. 15, 1923, Society President

C. P. Howard appointed a committee headed by Dr. Robinson and consisting of Drs. Austin, Cohn, Cole, Warfield Longcope, Francis Peabody and Rollin T. Woodyatt to study the formation of a new journal which could be affiliated with the Society should it approve at the next annual meeting. Institute authorities agreed to subsidize the journal, final plans were drawn up, and at its meeting of May 5, 1924, the Society heard and approved the Robinson committee's report which provided for the establishment of "a journal to be called The Journal of Clinical Investigation" and to be made "the property and organ" of the Society.

As outlined in this report and detailed in subsequent records, the editorial organization of the Journal was to consist of an Editorial Committee, an Editorial Board, and the editor-in-chief. The 15 man Editorial Committee was designed as the Journal's policy making body, its members to act as "advisory editors" and to have authority "in matters pertaining to . . . general policy." The Editorial Board, which consisted initially of six members, was to be the Journal's managerial body. In his 1921 proposal, Dr. Cole had urged that editorial responsibility be exercised not by a single individual but by a group of four or five editors, each representing a special field of clinical medicine. This recommendation, essentially, was incorporated in the Journal's plan of operation. The editor-in-chief was to function primarily as a co-ordinator. Upon receipt of a manuscript, he would assign it to that Board member best qualified by his scientific interests to evaluate it. The Board member, in turn, was to determine the paper's suitability for publication and, in the case of acceptance, to assume complete responsibility for editing it.

The foregoing plan for the Journal's organization, as submitted to and approved by the Society, was complete down to the naming of the initial Committee and Board members and of Dr. Robinson as editor-in-chief. Thus, immediately upon receiving the green light from the Society, forces were mobilized and the plan put into effect. The first number of the new journal was dated Oct. 20, 1924. Subsequent numbers were issued in December, 1924, and in February, April, June and August, 1925, thereby bringing the first vol-

² Information on the progress of Dr. Cole's proposal through Rockefeller Institute channels was kindly provided by Mr. Eugene Kone, Public Relations Consultant, the Rockefeller Institute, New York, N. Y.

ume to a close. Its 605 pages contained 30 scientific articles, the proceedings of the Society's 1925 meeting, an index, and an article entitled "Purposes in Medical Research: An Introduction to the Journal of Clinical Investigation," by Dr. Cohn.²

Dr. Robinson continued as editor-in-chief through the publication of the first two volumes, terminating his editorship with the close of the second in August, 1926. During the following year, he worked closely with his successor, Dr. Austin, who held office until mid-1935.

The dominant fact of Journal life during these years—and up to the early 1940's—was financial insecurity. Only once (in 1934) was it so much as suggested that the brave new publication be abandoned altogether for lack of funds, but the Journal's first 15 years were shaped by a continual struggle to make ends meet. In one respect, at least, the hopes of its founders were fully justified: there was material aplenty to fill its pages. Although in May, 1927, Dr. Robinson reported that "a large majority" of the papers submitted had been published and urged Editorial Committee members to direct appropriate material from their departments to the Journal, by the following year manuscripts were flowing in rapidly enough to warrant increasing the number of pages from 600 to approximately 900 per year. By 1929 a considerable backlog of material had accumulated. The ever-present threat of destitution, however, thwarted hopes for further expansion. As Editor Austin told the Board in May, 1929:

In spite of this press of material, I advise against any increase in the rate of publication until all annual deficit at the present rate . . . has been eliminated.

The "annual deficit" was attributable, primarily, to the brevity of the subscription list which, by May, 1925, amounted to a pathetic 278 as against the 500 predicted and the 1,000 estimated as necessary for self-support. Two years later, although the total had risen above 300, Dr. Austin dolefully told the Council, "We cannot hope for more than 700 to 800 subscribers eventually." But "eventually" was to be a long way off. After 10 years of publication the subscription list barely topped 550; after 15, it was an improved, but still meager, 900.

Commenting on the Journal's rather disappointing reception, Dr. Austin in his 1928 report said:

The small size of the subscription list may probably be explained as follows: The published results of scientific clinical investigation such as appear in the Journal are of the utmost importance and value to those engaged in our university clinics in similar investigations. . . . The recognition of the value of these articles by physicians at large in our country must inevitably, however, take much more time and can probably be expected only after the practical results of such studies become demonstrated. Even then, it may prove that the original studies on which results rest may have interest for only a limited group. Furthermore, in our university clinics where library facilities are now well developed, many workers are supplied by the library copy of the Journal, so that the number consistently using (it) is undoubtedly larger than the number of subscribers. All of the important medical and university libraries in this country and Canada are subscribers to the Journal.

Thus, until 1940, the Journal subsisted only by virtue of generous contributions from external sources. Appropriations from the Rockefeller Institute, totaling \$15,000, carried it through the publication of its fifth volume, completed in June, 1928. At that time, although the Institute continued to make sizable annual contributions until as late as 1936 (amounting to an additional \$2,200), it withdrew as the Journal's major provider. In anticipation of this withdrawal, the editors had begun casting about for new benefactors. Negotiating with Abraham Flexner, Drs. Cohn and Austin were able to secure a \$4,500 grant for 1928-29 (of which about one-third was refunded as unexpended balance at the end of the year) from the Rockefeller Foundation's General Education Board. Further funds were made available when, at the request of the editors, the Council in 1928 raised the dues of active members from \$3 to \$10 per year with the \$7 difference going into Journal coffers and active members, in return, being automatically added to the ranks of Journal subscribers. (In 1935, another crisis year, emeritus members' dues were set at \$7 and they, too, became "compulsory" Journal readers.)

A second measure enacted at the 1928 meeting was aimed at enlisting the support of the university departments and clinics with which Society members were affiliated. To encourage their assistance, a constitutional amendment creating the status of "associate membership" in the So-

² This article is discussed briefly in the section dealing with the history of the Society, Chapter III.

ciety was introduced. It was to be open to universities and clinics upon payment of annual dues (fixed by the Council at \$200) which would be used entirely for Journal support. Although only four (Chicago, Michigan, Yale and Western Reserve) accepted such standing in the Society, 19 different clinics plus several sympathetic societies (the American College of Physicians, the Central Interurban Clinical Club, and the Central Society for Clinical Research) poured a total of almost \$15,500 into the Journal treasury between 1928 and 1936.

In 1931, largely through the efforts of Dr. Robinson, an arrangement was worked out with the Chemical Foundation whereby that organization agreed to assume responsibility for the conduct of Journal business affairs, an arrangement which remained in effect for nearly 10 years. During this period, the Foundation contributed a total of \$3,400 in outright subsidy and, in addition, bore the operating costs of editorial and business offices, including secretarial salaries. Had it not been for the depression, perhaps the high hopes for rapid improvement of the Journal's financial position entertained in 1931 by both Journal and Foundation authorities could have been realized. As it was, the situation, by 1934, was extremely grave. A letter from Dr. Austin to Journal and Society officers, dated April 5, 1934, depicted the Journal's position as follows:

In consequence of the shrinking of support from . . . our clinics the budget of the Journal is becoming less nearly balanced each year. To date this shrinkage has been met by payments from our bank reserve so that the deficit met annually by the Chemical Foundation has not increased. The remaining bank reserve, \$3,084.12, however, can only last, at the present rate of issue, for another year or 18 months.

Furthermore, the Chemical Foundation has notified us that economic requirements compel the Foundation to recognize limits in its support of publications. While it has set no definite limit with respect either to the amount of funds or the duration of its support . . . it has indicated to us that a journal to receive continuing support must be progressing toward a self-supporting basis. It is impossible to contend that under our present policies our Journal is exhibiting satisfactory progress toward self-support.

After outlining several possible courses of action, Dr. Austin concluded on what is perhaps the most pessimistic note in Journal history:

The course which is obviously the easiest and which we will follow perforce if no other experimentation is attempted is to continue as at present until our bank reserves are exhausted bringing the Journal to a close, I venture to predict, at about December, 1935.

Fortunately, "other experimentation" was attempted. With the enactment of several economy measures and the Foundation's continued, if reluctant, support, the Journal survived and, as prosperity returned to the nation, Journal fortunes began to improve.

During 1935, the editorship changed hands twice. In May of that year, Dr. Austin, having served the Journal continuously from the time its formation was first suggested, tendered his resignation as editor-in-chief. Dr. John R. Paul was unanimously elected to the position and took office about July 1, 1935, but due to illness, he was forced to resign on July 21, 1935. Dr. Randolph West then accepted the editorship and held office until mid-1941.

In July, 1940, Chemical Foundation officers notified Dr. West that although they were willing to continue managing the Journal's business affairs, the Foundation would not be able to meet any future deficit, no matter how small. Correspondence among Editorial Board and Committee members and officers of the Society resulted in a decision to terminate the Journal-Foundation relationship and to merge the offices of Society treasurer and Journal business manager. The task of reorganizing the Journal's business affairs thus fell to Dr. West and to Society Treasurer, William P. Thompson. On Oct. 1, 1940, an agreement was signed with the president of the Chemical Foundation effecting a final closing of accounts.

It was at this time that the Journal "adopted a policy of accepting reputable advertising." The implication that this was a new policy seems a little puzzling in light of the fact that the original plan of operation had charged the editor-in-chief with responsibility for soliciting and approving advertisements, and that later the Chemical Foundation had agreed to secure advertisers. It is doubtful that the Journal ever refused advertisements as a matter of policy. Most likely, the practice of accepting them had simply died through inability to interest manufacturers of medical apparatus and supplies in a publication

with so few subscribers. In any case, in late 1940, Dr. West undertook to re-introduce advertising into the Journal's pages. The net profit of approximately \$1,100 made from advertising in 1941 was a significant component of the overall surplus with which the Journal ended that year.

In May, 1941, Dr. James L. Gamble was elected to succeed Dr. West and, during the summer, Journal headquarters was transferred from New York to Boston. The following year, Dr. Thompson retired as treasurer-business manager. On his recommendation, a successor was chosen with a view to his year-round proximity to the editor in order to facilitate the frequent consultation which experience had shown to be essential. Thus, in May, 1942, Dr. Charles Janeway of Boston was elected treasurer and the Journal's business management was re-united with its editorial offices. Testimony to the growing size of Journal operations was the creation, at Dr. Gamble's request, of the office of associate editor to which Dr. Allan M. Butler was appointed in May, 1941. Three years later, the Council authorized the appointment of two additional associates to help with the "on-the-spot" management of editorial affairs. Drs. Chester S. Keefer and Eugene M. Landis, both of Boston, were named at that time. The conduct of business operations, too, had become an exceedingly time-consuming task. Accordingly, when his term expired in 1945, Dr. Janeway recommended that the Society treasurership be separated from the position of Journal business manager. Dr. Robert Wilkins was elected to the former office and Dr. Janeway continued in the latter until 1947.

The war presented a number of special problems, as well as some unique opportunities, in medical journalism. During the early years of the conflict, it was anticipated that there might be some reduction in the normal inflow of manuscripts suitable for publication since many of the Journal's regular contributors were engaged in special studies of military relevance. Although the total number of incoming manuscripts declined in 1943 and 1944, Dr. Gamble's reports indicate that the number of acceptable papers was fairly well sustained. At the same time, additional material was made available through the work of military study groups. Much of this, of

course, was classified, but in some cases speedy publication was considered so desirable that the Journal was able to obtain grants for the express purpose of making the results available at an early date. During 1943 and 1944, publication of a number of reports of work done under contract with the Office of Scientific Research and Development was financed by funds from the Josiah Macy, Jr. Foundation. One of these was a 23 paper series entitled "Chemical, Clinical and Immunological Studies on the Products of Human Plasma Fractionation" published in July, 1944. This, in effect, was the Journal's first "supplement." Such additions to the regular issue, while entailing no extra cost, did give rise to another problem—the wartime paper shortage. Dr. Gamble's 1944 report contained the following rather amusing account of Journal efforts to circumvent it:

Your innocent editor was . . . given pause by discovering the corollary that these additional pages were in excess of our paper quota as prescribed by the WPB. With an even larger inflow of material in prospect this year, it became necessary to develop the temerity to assail WPB for more paper. Two offensives were necessary. The first one was beaten back but the second one succeeded. The Journal did not emerge from this conflict without scars. For instance, it was obliged to submit to the indignity of being called a magazine. Our commander in the field to whose durable valor we owe the paper which will carry us through the year was Dr. Coke Andrus. The Journal offers him thanks and admiration without limit.

This was only a temporary difficulty, however. Beginning in 1945, additional wartime studies found their way into the Journal through a \$6,000 grant from the Commonwealth Fund which helped to defray the cost of such supplements as an 11 paper series on "Clinical Uses of 2,3-Dimercaptopropanol (BAL)" in July, 1946, and a 23 paper "Symposium on Malaria" in May, 1948.

A significant policy innovation made by Drs. Gamble and Butler was that of asking Society members at large, irrespective of their membership on the Editorial Board, to review manuscripts. The reasons for the change, and the advantages which seemed to accrue to it, are explained in the following excerpt from Dr. Gamble's 1942 report:

(The new policy) consists of sending papers for review to members of the Society, active or emeritus, se-

lected on the basis of their experience with the subject with which a paper deals. Obviously this plan greatly reduces the number of papers reviewed by members of the Editorial Board. The lines of approach to disease and especially the technics employed have become so many and various as to make this plan seem necessary. We are not conscious of any disrespect to the Board in pursuing it. The Board would have to be several times larger than it is to provide an expert referee for each paper. We also think that we have discovered another and perhaps larger reason. We feel that it would be desirable for the active members to realize more than they do that the Journal is an undertaking of the Society and a very important one.

This "wide open" reviewing policy was endowed by Journal and Society officers in 1942 and thereafter became standard Journal practice. Under the next editor, Dr. Eugene B. Ferris, the system was considerably extended. By requiring authors to submit papers in duplicate, the editors were able to obtain two evaluations of each manuscript. An increasing number of these were solicited from non-members, thus enabling the Journal to seek the advice of a group of critics more numerous and more diversified in scientific specialties than that afforded by the membership alone. A growing proportion of manuscripts were returned to the authors for revision and it soon became apparent that the new reviewing policy had added another dimension to the Journal's editorial functions, that of providing contributors with critical evaluation of their work over and above the judgment implied in the rejection or acceptance of a paper.

Dr. Gamble presented his resignation to the Council at the 1946 meeting. The appointment of Dr. Eugene B. Ferris of Cincinnati was approved by the Society in May, 1947, and in midsummer of that year, the Journal changed hands. Dr. Gamble's term, which had begun shortly after the reorganization of the Journal's business management, ended with another major reorganization, this one involving the editorial department. Between the May meetings of 1946 and 1947, a committee under the chairmanship of Dr. George Thorn which had been appointed "to review and clarify all aspects of the relationship between the Society and the Journal" worked with Dr. Gamble and Editor-Elect Ferris in conducting a thorough reappraisal of Journal structure and policies. In substance, the committee's recommendations, pre-

sented in the form of constitutional amendments and adopted by the Society in 1948, were as follows:

1. The Editorial Board should be abolished.
2. Policy-making and reviewing responsibilities should be combined in a redesigned Editorial Committee consisting of 15 members of whom no more than one-third should be emeritus at the time of appointment.
3. The editor-in-chief should be an ex officio member of the Council and, in order to keep the number of Council members the same, the offices of Society secretary and treasurer should be combined. The editor should serve a maximum of five years and a successor should be chosen, when possible, one year prior to the incumbent's scheduled retirement.
4. Associate editors should be appointed by the editor-in-chief and should sit with the Editorial Committee at all regular meetings.

One of the first problems confronting Dr. Ferris and his associates, Drs. I. Arthur Mirsky and William B. Bean, was that of modernizing the Journal's business operations. During its six year sojourn in Boston, the Journal had grown from a barely self-supporting enterprise to a substantial business undertaking. It soon became apparent to the new editors that the bookkeeping methods and facilities which had been appropriate for an earlier period were inadequate for 1947. Accordingly, they hired a certified public accountant and lawyer as a consultant and, with his help, the Journal received a financial face-lifting. Its affairs were set in order, the real value of its accounts and property determined, and a modern, double-entry bookkeeping system instituted. In his 1948 report to the Council, Dr. Ferris expressed the opinion that the time had come when the services of a professional business manager were required.

The steady rise in circulation which had begun during the war continued—between 1946 and 1951, the number of subscribers doubled reaching nearly 4,000 by the end of Dr. Ferris' term. The small advertising income which had resulted from Dr. West's campaign in 1940 had been successfully encouraged by Dr. Gamble during the first years of his term. Even before he assumed office, Dr. Ferris had begun casting about among

the drug houses of the country for additional advertisers. It was his hope that he might induce a select group of firms to commit themselves to taking space in each issue for a period of from three to five years. To this end, he prepared a letter to potential advertisers and, along with it, a prospectus of the Journal in which he emphasized the fact that its influence was far more extensive than its circulation.

As a result of this campaign, which Dr. Ferris described in his 1949 report as "moderately intense," income from advertising rose during 1948 by about one-third over the previous year. In 1949, the editors stepped up their efforts to a high pitch with an "extensive" campaign, but response was unimpressive. Despite Dr. Ferris' arguments, the Journal's low circulation figure was still regarded as the major deterrent. Consequently, he set out to *prove* that "the size of the subscription list is not an adequate index of the potential market represented by the subscribers." To this end, a survey was conducted among 2,627 Journal readers designed to elicit detailed information regarding the amount of money they were instrumental in spending for apparatus, chemicals, biologicals, drugs and books. On the basis of a 29 per cent response, which Dr. Ferris believed to be a "fairly representative sample," he estimated that Journal subscribers were responsible for the expenditure of approximately \$50,000,000 annually (although it should be noted that the survey did not eliminate the possibility of duplication due to overlapping responsibility). Potential advertisers were once again circularized and income from advertising began to show a gradual gain which was considerably enhanced when, in January, 1950, the Journal began publication on a monthly basis.

Dr. Stanley E. Bradley succeeded Dr. Ferris as editor-in-chief in mid-1952. Under Dr. Bradley, and under the present editor, Dr. Philip K. Bondy, there have been few major changes in Journal policies and operations. This fact is perhaps a tribute to the success with which Dr. Ferris and his associates had guided the Journal through its transition from an amateur undertaking to a large-scale enterprise conducted on an efficient, professional level. The streamlining of operations envisioned in the 1947 reorganiza-

tion plans was, in large measure, realized during the Journal's five years in Cincinnati. The story of its development since then can be told almost entirely in statistical terms: a continuing growth of the subscription list; a slowly rising income barely keeping pace with rising production costs; a substantial gain in the number of manuscripts submitted each year and a concomitant growth in the average size of volumes.

The latter point is deserving of special mention. Following the wartime slump experienced after 1943, papers began to flow into the editorial office in greater and greater numbers. During Dr. Bradley's first full year as editor (1953) the total reached an all time high of 336, an increase of approximately 30 per cent over 1952. Although this was an unusually large jump, the upward trend has continued—in 1958 a total of 417 papers was submitted and a new editorial problem created thereby.

Over the past eight years, the proportion of manuscripts considered suitable for publication, with or without revision, has remained approximately constant. All indications are that the total number of incoming papers will continue to increase each year. If the percentage of those eventually accepted fails to change, it may become necessary once again to take considerations of space into account in making editorial decisions. This is not really a new problem, but an official policy of rejecting acceptable material for lack of space would be a new solution.

During many of its insecure years, Journal editors were forced to limit contents in accordance with available funds. As far as is known, however, they accepted papers on the basis of merit alone, maintaining a backlog to be published whenever finances permitted rather than turning worthy material down. Furthermore, they endeavored to keep the size of each issue fairly uniform, presumably in order to spread expenditures evenly over the year.

Since 1947, the size of the Journal has expanded and contracted primarily as a function of the amount of available material, but the ever higher costs of publication have kept pace with gains in total income and, in some years, have outstripped them. As Dr. Ferris pointed out, the Journal was caught in the rather anomalous situa-

tion of successful expansion resulting in decreased net income. Although its assets were considerable, the editors deemed it inadvisable to utilize reserves for current expenses and for this reason, obtained authority to raise subscription rates for the year 1951.

The same cycle has repeated itself since then. In his 1954 report, Dr. Bradley stated that a backlog was not maintained, manuscripts being sent to the press when they were accepted and the size of each issue varying accordingly. During the first three years of his term, the Journal operated at a loss and, in 1957, subscription rates were once again elevated. This provided temporary relief, but as Dr. Bondy pointed out in his report this year:

Our popularity raises a considerable financial problem. The Journal has always accepted for publication whatever manuscripts were considered suitable by the Editorial Board without permitting considerations of available space to enter into the decision. We have also attempted to present all of the evidence, even when this meant the publication of expensive tables and figures. If this desirable attitude is to continue, it is clear that the Journal will find it increasingly difficult to remain solvent.

Perhaps a historical perspective offers some solace: although the difficulties of remaining solvent have a very familiar ring, the experience of the past indicates that Journal editors are skillful in finding ways to surmount them.

The "administrative" history of the Journal, thus brought up to date, is only a part of its story, standing as background to the 37 completed volumes which contain the lasting results of its 35 years of publication. Unlike many scientific organs, the Journal has confined its textual content to matters of strict scientific substance. Such journalistic sidelights as editorials, letters to the editors, book reviews, and review articles have been virtually absent from its pages. There are a few exceptions—Dr. Cohn's "Introduction" in the first issue, two obituaries (Dr. Francis Peabody in 1927 and Dr. Ferris in 1958), Dr. Austin's history of the Society published in 1949—but these are rare. Even the addresses of Society presidents were excluded until 1938, and since then an occasional president has refused to submit

his remarks on the grounds that they consume precious space which might better be used for the dissemination of scientific information. Perhaps the most notable departure from this philosophy was that displayed by Dr. Ferris with the introduction of a feature entitled "Letter from the Editors." Its insertion into the Journal's pages was, as might be expected, a rather controversial matter and the feature was discontinued by Dr. Bradley when he succeeded to the editorship in 1952.

Primarily, the "Letters" were designed to answer frequently recurring questions regarding Journal operations or policies. One, for example, described the manner in which manuscripts were processed in an effort to explain why *some* delay between submission and publication was unavoidable (4). Another (5) discussed plagiarism in scientific writing, noting the occasional paper received by the editors which contained large sections lifted directly from the writing of another investigator, and reminding contributors of their obligation to give credit where credit was due.

One of the most interesting of the letters (6) dealt with another frequent question: "What is and what is not clinical investigation?" The Editors approached their answer by describing some of the stages through which clinical investigation had been carried on. Changes in the focus of interest among investigators, such as those outlined in the "Letter," are more fully documented by the steady succession of reports from clinic and laboratory which has found its way into the pages of the Journal during its 35 years of publication. An analysis of its scientific contents, thus, reveals many of the varying answers which have been given to the question, "What is and what is not clinical investigation?"

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