The mail bag

An unexpected pleasure of being an editor is an increase in one's correspondence. Helping to keep up old friendships and to make new ones. I am not a good letter writer, which I put down to the weekend forced letter writing of the English boarding school. I do, however, delight in receiving letters from those who are (good letter writers, that is).

Guy Scadding wrote an encouraging and appreciated letter on receipt of the first issue of the Journal. When Professor and Director of the Brompton Chest Institute he used to visit the Hammersmith Hospital every week to take part in the Postgraduate Medical School Rounds and also give us the benefit of his wisdom with any particularly puzzling or difficult cases. He was the master of clinical assessment and his consultation notes were gems of clarity and conciseness. In his letter he recalled the anxiety over getting papers submitted when *Thorax* was launched, and with a nice appreciation of the bilingual flavour of the Journal expressed the thought that "C'est le premier pas qui coûte". As one of the organizers of the 1958 CIBA Guest Symposium on Emphysema, he was gratified that Thurlbeck, in his Christie Lecture, felt that its conclusions remain valid, commenting "Magna est veritas et prevalebit!" which I guess is close to John Wycliffe's aphorism "in the end the truth will conquer".

Now that our first issue has been digested we have had an encouraging number of inquiries regarding the type of papers we would like submitted. The short answer is anything that will engage the attention of clinical respirologists, in Canada and elsewhere; John Murray, who guided the changes made to the *American Review of Respiratory Diseases* when he was Editor during the early '70s, gently took me to task about the parochial flavour of my first editorial. Academic programs in Canada owe a great debt to research fellows and colleagues who have come to work here from other countries. We have no intention of limiting our authorship or readership to Canada, and I am glad to have in this issue the superb review on the mast cell by Redington and Howarth, from the University of Southampton, England.

A letter from Dr Hani Shennib, who directs the Montreal Lung Transplant Program, brought up a rather different sort of "esprit de clocher" in pointing out the need for the participation of thoracic surgeons in the Journal, pointing to developments in thoracic oncology and transplantation immunology by surgical researchers in the past two decades; we extend a sincere invitation to the thoracic surgical community to contribute to the Journal. Above all, we want to publish papers that provide innovative approaches and information that contribute to an increased understanding of pulmonary physiology and medicine.

Stephen Holgate, Professor of Immunopharmacology at the University of Southampton, wrote to highlight the need for "integrating molecular and cellular biological technology into pulmonary medicine, which is at present poorly served by European and American journals". Papers in the present issue do just this, and I hope potential authors will be encouraged by these efforts; we will not reject any paper on the grounds that the topic or approach is too controversial and will guard against self-serving peer review which advises rejection on this basis. Controversial papers should lead to a brisk exchange in our correspondence section.

Wide authorship and readership apart, we do hope to attract the best work Canadians have to offer. I am told that of the huge number of papers and posters presented at the recent American Thoracic Society meeting in Boston, 16% were from Canada, attesting to the quality and quantity of research going on here. It should also mean that we are going to be worked off our feet in the coming months!

Norman L. Jones MD
Editor-in-Chief

Canadian Respiratory Journal