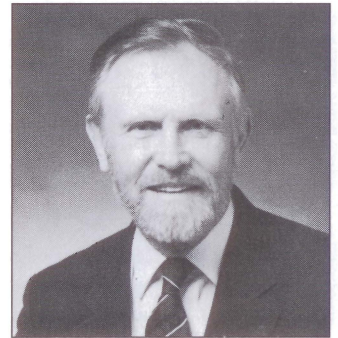


“Another respiratory journal?”



I'm glad you asked me that, and yes, there are many good reasons for starting the *Canadian Respiratory Journal*. First and foremost, the response to a survey undertaken by Dr David Cotton (President of the Canadian Thoracic Society in 1993) was generally very positive, especially by members of the Society. They and many others realized that the quality of respiratory medicine and research in Canada deserves its own journal. Dr Cotton worked very hard to negotiate an agreement with the Publisher, and we owe him a debt of gratitude for his efforts in getting the journal off the ground. It is also a pleasure to thank our distinguished International Advisory Board, the members of the Editorial Board and our Associate Editors for their enthusiastic support.

Our main mission will be to publish articles of interest to respirologists who are keen to keep up to date, and to keep in touch with what is going on in Canada. What will we offer to authors and readers? To authors, speedy, critical and helpful review. A submitted paper is generally sent to two reviewers who have accepted the opportunity to review it within a short time, and their recommendations will be acted upon. An associate editor who is expert in the field will adjudicate in the case of controversy. We hope that truly controversial papers will provoke debate in our correspondence column. There is an impression that innovative papers and those from younger authors have a hard time during peer review; we hope to dispel this. To readers, we offer information on a wide range of topics identified as being of current interest and importance. These will include reviews of basic science, position papers on clinical management topics, clinicopathological conferences, historical perspectives, as well as regular items of particular interest to Canadian physicians.

We are fortunate to be able to represent a wide range of papers in this first issue. During the past 25 years, Dr William 'Whitey' Thurlbeck has provided insights into the structure/function relationships of emphysema, which he reviewed in the 1993 Christie Lecture – the centrepiece for this issue. A short appreciation of Dr Christie was also written by Dr Thurlbeck, which makes it easy to see what a force Dr Christie was in the development of clinical respiratory research in Canada. A study of the effects of experimental emphysema on respiratory muscle function by Dr Darlene Reid and Keith Wilton will interest everyone concerned with dyspnea and respiratory failure in chronic airflow limitation. Dr Victor Hoffstein has drawn on his extensive clinical experience to give some confidence to clinicians in their management of the often frustrating problem of chronic cough. Dr Steven Kesten also gives clinical guidance in management, expressing the view that if certain criteria are fulfilled, *Pneumocystis carinii* pneumonia complicating human immunodeficiency virus infection may be treated without the necessity of microbiological proof. A report on the National Workshop on Asthma and the Environment, drawn up by Drs Tom Wood and Pierre Ernst, shows how much is going on in this important area that will have important clinical implications for our patients in the future. We hope that we will be able to keep up this high quality of papers in subsequent issues.

Several correspondents have expressed concern regarding a listing in Index Medicus/MEDLINE, a cachet of quality that is felt to influence reviewers of grant applications, among others. We will start negotiating with the Director of the National Library of Medicine in Bethesda, Maryland as soon as the first issue is out. Usually, the Technical Review Committee takes no decision until at least four issues have been published. We have the criteria on which the decision is based and will make sure the committee has plenty of evidence that we are meeting them. Although this process may take as long as two years, we have been told that on approval, preceding issues will be indexed retrospectively.

Success of the Journal will depend on the quality of submissions and on our researchers submitting their best work to us. The Journal is as much a project of the Canadian Thoracic Society as of the editorial and publishing staff, and we hope that it will help to strengthen communications within the Society and provide a sense of identity for it. We look forward to having your reactions to this first issue.

Norman L Jones MD
 Editor-in-Chief
 Canadian Respiratory Journal



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