

Editorial Views

Change Without Alteration

At the Annual Meeting of the American Society of Anesthesiologists last October, James E. Eckenhoff announced his resignation as Editor of ANESTHESIOLOGY. Although the Editorial Board was reluctant to accept this decision, it eventually acceded to Dr. Eckenhoff's compelling arguments. It was simply a matter of conflict between a promising research project just begun, the demands of editing, and the time available for these and a host of other obligations. What has established Jim Eckenhoff in the succession of able editors ANESTHESIOLOGY has been privileged to have are his qualities of leadership, his consideration for those who were proud to work with him, and his new ideas not only in academic matters but also in the business of running a successful organizational journal. During his short stewardship the excellently chosen review articles and yearly symposia took their place among the popular features of the Journal; editorial deliberation was streamlined to the point where articles accepted for publication now appear within six months of submission; a twenty-year index of the Journal will soon be available to subscribers; and the arrangement with J. B. Lippincott Company to publish the Journal has proved to be a happy one for all concerned. Because of this record of accomplishment, we can all derive some measure of solace from Dr. Eckenhoff's willingness to continue as a consulting editor.

This is an opportune time to interpret for our readers one aspect of editorial policy that has evolved through the thinking of Henry S. Ruth, Ralph M. Towell, and J. E. Eckenhoff.

I hear criticism that ANESTHESIOLOGY has become one-sided, too scientific, and that we can "get away" with this policy because we have a captive audience. It is somewhat reassuring to discover that not a few medical publications, among them the *British Medical Journal* and the *New England Journal of Medicine*, have felt the need in recent years to reply editorially to this same accusation. It is true that over the years the content of our Journal has been changing, but isn't this what is happening to anesthesia? Who would choose to embrace or care to be identified with a discipline that hasn't kept up with medical progress?

When the readers of this Journal were canvassed several years ago more clinical articles were requested, but at the same time, carefully selected, shorter and better written papers. ANESTHESIOLOGY hopes to continue to keep its ear to the ground and to do all things for all readers. We will publish anything that suits the purposes of the Journal, but can only select from what is submitted to us and to do so critically. And for the allegation that we have a captive audience, it need be no secret that the circulation of the Journal has risen above eleven thousand, of which approximately one-third is comprised of non-members of our Society. At a time when a move is afoot to survey the image of anesthesia in this country, here is a bright side of the profile—the picture of clinical and scientific achievement that ANESTHESIOLOGY presents to the outside world.

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