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Editorials

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Editorials

The Henry Ford Hospital Medical Journal: The Early Issues

The first issue of the Henry Ford Hospital Medical Bulletin was published in Detroit, Michigan in March 1953. Dr. Frank J. Sladen, Chief of the Medical Department from 1915 to 1952, had long considered the need and desirability of such a journal, remembering his associations at Johns Hopkins Medical School. The Johns Hopkins Hospital Medical Bulletin was an inspiring stimulation.

Over a period of 38 years, Henry Ford Hospital had grown to include departments of medicine, surgery, pediatrics, pathology, the Edsel B. Ford Institute of Medical Research (EBFI) as well as many subgroups. The Hospital and Institute staff had already published extensively, clinical papers as well as basic research observations, and our journal was perceived as an instrument to support and facilitate scientific writing. During 1952, the year before the initial issue of the Bulletin, 80 articles were published by our staff in 39 different publications. In January 1953, the long-developing concept of this publication was implemented by Dr. John Mateer, who had succeeded Dr. Sladen as Chairman of Internal Medicine, and Dr. Robin C. Buerki, the Executive Director, by appointing an editor. With that step, the Henry Ford Hospital Medical Bulletin became a reality.

In 1953 our professional staff numbered 200, representing 15 medical and research specialties. The first four issues of the Bulletin were promptly filled by papers from the departments of medicine, surgery, pediatrics, and pathology. Basic research reports were submitted from the EBFI. It became evident that there would always be sufficient material to support our journal, and early publication became a major goal.

Application for listing in Index Medicus was accepted in 1956 and provided an important stimulus to publish in the Bulletin. However, when the rapidly growing number of medical journals forced the National Library of Medicine to drop many small journals from the Index, the Bulletin was excluded. Not until 1979 was the renamed Henry Ford Hospital Medical Journal reinstated in Index Medicus, the result of successful efforts by Dr. John W. Rebuck, the Editor, and many other Journal supporters.

The written contributions of our present professional staff are convincing evidence that the Journal continues to fill a need for publication. That the Journal has survived to begin its fourth decade is the result of the loyal support of earlier staffs to whom we owe great respect and gratitude. Let me cite some of these.

Dr. Mateer wrote in his editorial about Dr. Sladen, "Dr. Sladen's magnetic personality, his alert, keen and discriminating intellect and his dynamic, constructive, critical sense were valuable assets in stimulating the medical residents and staff to maintain high standards in their work."

The first Chairman of the Department of Gynecology and Obstetrics, Dr. Jean Paul Pratt, wrote of the first Chairman of the Department of Surgery in his editorial, "My Friend, Dr. Roy D. McClure": "Roy studied medicine at the time that there was a revolution in medical education and he was able to carry on the spirit of the teachers." Both Dr. Sladen and Dr. McClure came to Henry Ford Hospital from the Johns Hopkins Medical School.

Dr. Thomas J. Heldt, who founded the Department of Psychiatry, contributed many articles. I am sure he was "writing" an article as his last act. His optimistic, humane philosophy is indicated by this short quotation from his article concerning the origins of hospitals: "Understanding . . . will have removed segregation, incarceration, and fearsome surveillance from the care of the mentally ill."

My 13 years as the Editor of our Journal were a constant stimulation and education. The steady supply of material included reviews, comparative studies of treatment, case reports, original research, unusual medical events, and even papers on veterinary medicine. Several symposia were published as special supplements.

I am pleased to express again my thanks and appreciation to members of the Henry Ford Hospital staff for the many interesting manuscripts which supported the Journal, and me as the Editor, from 1953 to 1966. My roll of honor contains the names of every one of you, for contributors are the very life of the Journal.

Philip J. Howard, MD
Founding Editor
Henry Ford Hospital Medical Journal

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The Struggle to Survive

It is fitting that this issue which initiates our fourth decade of publishing contain an editorial by our founding editor, Dr. Philip J. Howard, on the first years of the Journal. At the same time, it is ironic that Dr. Howard should emphasize our ties with the Johns Hopkins Medical Journal in the year that marks the termination of that distinguished publication. The men who started the Henry Ford Hospital Bulletin looked to the Johns Hopkins Bulletin as a model, both of type and quality. In that respect, our Journal is the progeny of an older, more renowned parent.

Now the parent is gone. With its December 1982 issue, the Johns Hopkins Medical Journal ceased publication after 93 years. The reasons for its demise are several (1), and not all are pertinent here; but one or two are germane. Our Journal was founded on some of the same principles which characterized the Johns Hopkins Bulletin and has experienced many of the same problems.

Two of these problems are common to house journals like ours. The first of these is the need to collect an adequate supply of first-quality manuscripts from the medical staff. The institutional journal must attract good manuscripts which could also be published in specialty journals or in peer-reviewed publications with a national reputation. Even the best of house journals are stepchildren in the family of medical publications. Nevertheless, the institutional journal provides a respectable vehicle for staff publications of merit and originality and represents a medically sound public relations instrument for the institution. Also, by stimulating new medical writing, it supports both internal and external medical education.

House journals have adopted many measures to attract excellent manuscripts. The Johns Hopkins Journal even attempted what Dr. Boyer the Editor called "solicitation-of-manuscripts-by-fiat." In the past, our Journal has offered an annual In-Training Manuscript Award to residents and fellows for each acceptable manuscript we published. On many occasions, editors have worked with authors to help transform a marginal paper with some worthwhile features into a creditable manuscript. Like the Johns Hopkins Journal, the HFHMJ has initiated new feature sections, such as "From the Laboratory," and has developed special issues. For example, this issue contains a group of papers from the Henry Ford Hospital alumni, most of which were presented at the 1982 HFH Alumni Reunion held last October. It is the aim of the Editorial Board to focus each issue on a single topic or occasion that has emanated from the clinics and research laboratories of the institution. In keeping with this policy, planned future issues will feature articles on diabetes mellitus, neuropsychologic and neurosurgical research in cerebrovascular disease, disorders of bone and mineral metabolism, vascular surgery, and cancer.

The second problem, of more recent origin, is a more serious threat to the continued existence of house journals. This is the problem of the escalating costs required to produce any publication on a regular basis. The innovative measures which journals have undertaken to solve this problem include requests that readers become voluntary paying subscribers. Other journals have sought the sponsorship of corporations such as pharmaceutical companies to underwrite special issues or continuing features. It is also possible to stretch the publication budget by printing fewer pages, publishing issues less frequently, increasing circulation, or by using cheaper paper stock.

The most widely adopted measure to meet rising costs is to accept advertising (2). Very few scientific journals can afford not to do so. However, even the prestigious journals risk becoming the meat in a sandwich of advertising pages. A practice once considered crass or disreputable becomes acceptable in times of economic necessity. And so for the first time with this issue, the HFHMJ carries paid advertising. We have started modestly, with one page of ads on the inside back cover, but we hope to increase the advertising space in the next few issues. The decision to carry advertising is the latest in a series of measures intended to help us survive in an increasingly competitive world of proliferating scientific journals and stringent financial restraints. This decision was made with the hope that appropriate commercial messages will contribute to the interest of the Journal while providing some financial support. We invite the comments of our readers about our new policy.

We are dismayed that the venerable Johns Hopkins Medical Journal has ceased publication. Perhaps its absence will be temporary. In any event, its fate demands that we respond appropriately to the pressure of changing times, that we insist on high standards of publication

from our staff, even while we seek additional sources of revenue and new initiatives in order to fulfill our mission.

Patricia L. Cornett, PhD
Managing Editor, HFH Medical Journal

Raymond C. Mellinger, MD
Editor, HFH Medical Journal

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Rapping About the RAP

Discussions of nosology, etiology, or pathophysiology sometimes hinge on the contrasting philosophic positions of "lumpers" and "splitters". Lumpers seek for unity beneath the apparently diverse, formulating concepts such as opportunistic infection, demyelinating disease, or myeloproliferative disorder. Splitters seek to differentiate among the superficially alike, identifying different subtypes of hyperlipidemia or Hodgkin's disease and sometimes discovering previously unrecognized disorders such as sleep apnea.

In this issue, Harold Frost, a distinguished alumnus of our institution, joins the ranks of the lumpers in his exposition of the Regional Acceleratory Phenomenon (RAP), a concept that for several years has been informally discussed and applied by those interested in the clinical physiology of bone. The term refers to a local increase in blood flow, growth, and turnover of both hard and soft connective tissues in response to local injury resulting from a variety of causes. Frost's synthesis illuminates clinical phenomena as diverse as Sudeck's atrophy, fracture healing, Charcot's arthropathy, and the orthopaedic treatment of the unequal length of limbs.

The RAP also helps to make sense of the confusing literature on so-called immobilization osteoporosis, a clinical syndrome that results from the successive and overlapping effects of trauma, recumbency, and disuse (1), three agents with different effects on bone that must be separated—in accordance with the philosophy of the splitters! Trauma in the broad sense, which includes denervation as well as fracture, excites a RAP with a large local increase in bone resorption, bone turnover, and bone loss. If the initial injury is followed by paralysis or prolonged disuse, a longer-lasting phase of bone loss ensues, due mainly to a defect in bone formation. Distinguishing between these two components is important because the initial bone loss due to the RAP is completely reversible, while the subsequent loss resulting from disuse is usually irreversible.

Severe trauma has systemic as well as local metabolic effects, with intense catabolism of soft tissue (mainly muscle), leading to increased urinary excretion and negative balance of nitrogen and phosphorus that are about five times greater than produced by bed rest alone (1). The accelerated soft tissue breakdown begins immediately and usually subsides within a few weeks, so that it precedes the accelerated breakdown of bone. The systemic effects are probably mediated in part by both autonomic and andrenocortical stimulation, and the interplay between the local and systemic effects of trauma recalls the attempts by Selye, probably the most extravagant of all lumpers, to formulate a unified concept of stress (2). Selye's concepts of general and local adaptation syndromes both included the three stages of alarm, resistance, and exhaustion. It is now common knowledge that nonspecific increases in adrenocortical secretion occur in a wide range of stressful situations; but, apart from this, Selye's concepts now find little use, probably because they tried to explain too much. I was also surprised to discover that, despite the extraordinary breadth of his knowledge, Selye appeared almost totally unaware of the local and systemic effects of trauma that I have just summarized.

Frost's synthesis is on a more modest scale than Selye's, appears more soundly rooted in clinical and experimental reality, and deserves a better fate. I commend the RAP to the attention of all clinicians and investigators whose interests include the skeleton in any of its many aspects.

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