

Heart, Lung and Circulation: From Idea to Reality in a Quarter of a Century



Franklin Rosenfeldt, MD, FRCS, FRACS, FCASNZ

Department of Cardiothoracic Surgery, Alfred Hospital, Department of Surgery, Monash University, Baker IDI Institute, Melbourne, Vic., Australia

The Seven Stages of a New Idea

When Norman Shumway, who with Christian Barnard was a pioneer of heart transplantation, recalled the early days of heart transplantation he described the seven stages that a new idea went through before it eventually was accepted as routine clinical practice [1].

1. Initial stage: *“Won’t work, never been tried before.”*
2. After successful experiments in animals: *“Won’t translate to man”.*
3. After one successful clinical patient: *“Very lucky, doubted if patient really needed transplant”.*
4. After four or five clinical successes: *“Highly experimental, too risky, immoral and unethical. I understand they have had a number of deaths they are not reporting.”*
5. After 10 to 15 patients: *“May succeed occasionally in carefully selected cases but very few patients really need an operation anyway”.*
6. After a landscape series of successes: *“So and so has been unable to duplicate the results. I hear that a number of their patients are now dying late death.”*
7. Final stage: *“This is a very fine contribution. A straightforward solution to a difficult problem. I predicted this. In fact in 1939 I had the same idea. Of course we didn’t publish anything, we had no cyclosporine”.*

The small band of believers working to establish a new cardiac journal based in Australia had to contend with the same sort of criticism in the early days of publishing the journal as Shumway experienced in the early days of heart transplantation. In addition to that was the cultural colonial cringe maintaining that such a venture could not succeed in Australia. Here are some of the stages the idea of a new journal went through.

Initial Stage:

“There are too many journals already so we don’t need another one.”

“From a small country like Australia there is not enough original cardiac surgical material coming out to support a journal.”

The Journal expands to include cardiology:

“The Cardiac Society Council and membership have not been 100 per cent in favour of supporting the Journal.”

“Why is the Journal having all these name changes? It is too confusing.”

Heart, Lung and Circulation is published quarterly with a mix of cardiology and cardiac surgery:

“I would never publish my research in that sort of journal.”

“Until the journal is indexed I’m not interested in it.”

“Why is it taking so long to get your journal indexed?”

Final Stage, the Journal is indexed in Medline, has an impact factor and annual digital downloads exceed 250,000:

“Well done! I always thought a new journal was a good idea, but CSANZ did not have a publisher.”

So here we are 25 years later. Despite all the initial negativity the idea has been converted into a reality of which we can all be proud.

The Two Societies and the Journal

In 1991 the Australasian Society of Cardiac and Thoracic Surgeons (ASCTS) was established to replace the Cardiothoracic Section of the Royal Australasian College of Surgeons. It was initially proposed that the new Society would publish a newsletter. However, this was not good enough for the first president Brian Buxton (Fig. 1), who pushed for a journal instead of a newsletter. That year the first issue of the new



Figure 1 Brian Buxton, founding President of the Australasian Society of Cardiac and Thoracic Surgeons.

Society's journal appeared, *The AustralAsian Journal of Cardiac and Thoracic Surgery* (Fig. 2). Over the next eight years the ASCTS supported and promoted the journal under several names until it was adopted by the CSANZ as its official journal in December 1999.

The Purpose and Rationale of the New Journal

The founders of the Journal believed that there was a need to provide a platform for young and first-time authors in Australia and New Zealand to have their work published. Our trainees and research students and even we ourselves had so many disappointing experiences of seeing painstakingly written reports of our local scientific work rejected by journals based in the USA and Europe, often with the written words, "The manuscript did not have a high enough priority for publication" but with the unwritten words, "Compared to work from the home base of our journal". For most Australian, New Zealand and Asian authors there was no

stepping-stone to publishing in high quality international journals.

In those days many of us had visited China and other Asian countries to assist in enhancing the quality of their medical science and clinical practice but recognised that their local writers had great difficulty having their reports published because of the poor quality of their English expression and their inexperience with scientific writing. There was a need to assist these writers.

So, being conscious of these needs and despite all the criticism, in 1991 we started a new journal and called it, *The AustralAsian Journal of Cardiac Thoracic Surgery* (Fig. 2). In September, the first year of the journal, there was one issue produced using a Melbourne suburban printing company, Excelsior Printing Works. 1992 was also a single issue year, but from then on there were two issues per year expanding to three issues in 1997, four issues in 2003, six in 2006, 11 in 2011 until in 2012 HLC went monthly. Among these issues were several dedicated to events such as festschrifts for George Stirling, Brian Buxton and John Uther. Special issues were also assigned to publishing the abstracts for CSANZ annual meetings and these were included (until they became too voluminous) in the conference bags for these meetings thus providing additional and timely visibility for the Journal.

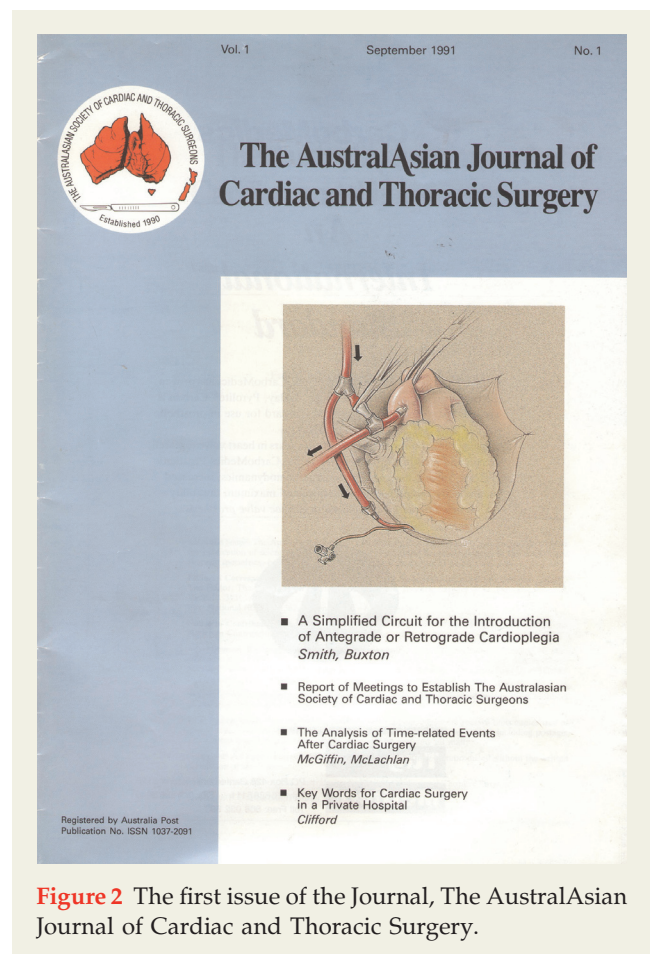


Figure 2 The first issue of the Journal, The AustralAsian Journal of Cardiac and Thoracic Surgery.

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