

Editorial

In January 1977, the Association of Clinical Pathologists, which was founded in 1927, celebrates its Golden Jubilee. The *Journal of Clinical Pathology*, a mere 28-year-old, is glad to congratulate its parent body on its achievement and, having taken the floor, as it were, glass in hand, seizes the opportunity to mention some other matters. The occasion coincides with the signing of a new agreement between the ACP and the British Medical Association on the arrangements for the publication of the Journal. The contract converts a sort of common-law marriage into a proper legal partnership; naturally, the offspring is delighted and hopes the relationship of the parent bodies will be long and profitable.

When the editorship of the *Lancet* and the *BMJ* recently changed hands, Dr Ingelfinger, the editor of the *New England Journal of Medicine*, was moved to comment on the reticence and anonymity of our medical editors. It is, of course, the British way of doing things—fanfares are reserved for regal or marginally subregal occasions—and, in the absence of a similar change for our journal, there is nothing to be said on this subject. We do, however, introduce as assistant editor Dr Gerard Slavin, and acknowledge with gratitude the support hitherto provided by Dr Roger Drury; and we draw attention to other changes on the editorial board. In particular, we welcome Dr Bernard Naylor, of the University of Michigan Medical School, and Dr Claud Sultan, haematologist at the Hôpital Henri Mondor, Creteil, Paris. To them we shall look for advice on contributors and readers of our journal outside Britain as well as on their own subjects of lung pathology and haematology respectively.

It is perhaps a good moment to say something about the purpose of the Journal. Times, one may say, have changed since the Journal was born in 1948. Clinical pathology was then an exciting branch of medicine, very attractive to the versatile medical scientist. Armed with swab, Wassermann needle, and container he could make diagnostic forays, returning to his microscope and incubator to act as morphologist, chemist or microbiologist. Now, as each branch has separately diverged and grown beyond recognition, and as the mystique of the laboratory test has been dispersed by machinery, by test-kits, and by a newly educated generation of doctors nurtured on SI units and unswayed by standard deviations, it is logical to ask if the subject still exists. Is it, in any reckoning, more than or even as much as the sum of its diverse parts? One answer is that clinical pathology, like medicine, is indivisible, and that the expansion of each component leads also to wider areas at each interdisciplinary interface. Furthermore, the boundaries change as new techniques are developed and as new problems arise. For example, methods involving fluorescence or radioactive isotopes or computer analysis, and the principles of quality control are common to all; every pathologist is affected by the unravelled problems of hepatitis; haematologists and histopathologists at least must understand what is now meant by a lymphocyte and even a histiocyte. Finally, the four-suited hand of histo-, haemo-, chemo-, and microbio-pathology, whose tidiness is so appealing to bureaucrats, has been dealt the joker of immunology. In short, a changing profession requires the right catalysts.

The *Journal of Clinical Pathology* is open to papers on all topics which are of direct relevance to the practice of clinical pathology, especially those that may cause us to look at our methods and interpretations anew. Although many articles will be of practical concern to one discipline alone we shall exclude papers for the superspecialist; a unique new haemoglobin, a taxonomic quirk among the *Escherichia*, a comparison of two obscure isozymes or a variant of a congenital abnormality—these can find pages waiting to be filled in a myriad of other journals. Similarly, experimental pathology, unless of immediate practical importance, should find expression elsewhere.

The Journal welcomes the following: original articles, especially those of multidisciplinary interest; descriptions of new methods and apparatus from the humblest wire-loop upwards; comparisons of methods and of test reagents (there is a need for consumer guidance through the claims of commerce but we shall remain as sensitive to the charge of free advertising as to the law of libel and we must hope that our advertisers will not desert us); case reports if important in principle and not just as collector's pieces; letters either in response to articles or as short new communications; reviews (solicited and unsolicited); memorial lectures (rarely); and poetry (even more rarely). The Journal will not accept preliminary communications—too often a device to secure unmerited priority or to serve up results which adequate analysis would show to be worthless or misleading.

We like to receive papers from all parts of the world but matters which are of mainly local interest should also have a general importance in pathology. All papers are assessed anonymously by one, two or occasionally three referees as well as enduring the editor's scrutiny, except that obviously inappropriate articles will not be sent out for assessment. The editor would like to thank the many referees listed in last month's issue who have given their time to this exacting task.



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