***The Journal of Thoracic and Cardiovascular Surgery* diamond jubilee—A reflection**

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When Andy first asked me to put these thoughts on paper, I immediately retrieved a document I have in my possession: volume 1, number 1 of *The Journal of Thoracic Surgery (JTS)*, given to me by Dr Evarts Graham himself—a double treasure. Published in October 1931, it has a simple tan cover imprinted with the journal name and those of the Editor and Associate Editor, Evarts A. Graham and Duff S. Allen, both of St Louis, Mo, and the Editorial Advisory Board, consisting of John Alexander (Ann Arbor, Mich), Edward Archibald (Montreal, Quebec, Canada), Leo Eloesser (San Francisco, Calif), Carl Hedblom (Chicago, Ill), Howard Lilienthal (New York, NY), and Rudolph Matas (New Orleans, La)—all heavy hitters of the period. The cover proudly states that *JTS* is the official organ for the American Association for Thoracic Surgery (AATS), already in existence since 1917. That *JTS* did not appear for 14 years was because from 1922 to 1931 the meeting papers of the Association were published yearly in a special supplement of the *Archives of Surgery*. The October 1931 inaugural issue says that *JTS* will appear bimonthly and contain about 600 pages per volume.

All surgeons know that a careful look at an issue of a surgical journal gives an accurate snapshot of what is going on in the field at that time, and the first issue of *JTS* is no exception. After a forward by the Editor, there are 6 original communications, 20 pages of selected abstracts culled from the literature, and a report of the 14th Annual Meeting of the American Association for Thoracic Surgery. One notes that among those elected to associate membership at that meeting were Alfred Blalock, Richard Overholt, and Owen Wangenstein. Of the 6 original articles, all presented at the Association meeting that July, 3 are on bench physiology: “Post-operative Atelectasis and Collateral Respiration” by van Allen, who studied at Yale with Lindskog before moving to Peiping (Beijing) Union Medical College, China; “The Importance of Respiratory Movements in the Formation and Absorption of Pleural Fluids” by Russell Brock (later Lord Brock) during his sojourn in St Louis; and “Important Reflex Relationships between the Lungs and Other Viscera” by F. M. Pottenger of Monrovia, Calif. The intense interest displayed by a surgical association in these basic physiologic subjects reflects how scarce was such knowledge at the time, and how bright and upcoming surgeons recognized that these problems must be solved before pulmonary surgery could be uniformly successful.

The other 3 articles in this issue are clinical: 2 on diaphragmatic hernia, “The Diagnosis and Treatment of Diaphragmatic Hernia” by Stuart Harrington of the Mayo Clinic and “Hernia or Eventration of the Diaphragm: Report of a Case” by Carl Eggers (New York), and 1 on sepsis, “The Mortality of Operations for Acute Empyema” by George Muller (Philadelphia). The results in this series reemphasized a lesson learned in the influenza epidemic in WWI, that in the acute phase of the infection, prompt tube drainage is paramount, and that open drainage must be avoided at least until the process has reached the chronic stage.

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To round out the issue, there are a total of 8 advertisements, all of course in black and white: 2 for pneumothorax apparatus, 1 for digitalis, 2 for catgut, 1 for anesthesia machines, 1 for nitrous oxide–oxygen medical gas, and 1 for surgical blades (yes, Bard-Parker).

So from these very modest beginnings, one of the world's leading medical journals has emerged. I invite you to compare in design, size, and content the journal you have in your hand with the one described here. The changes truly represent a quantum leap, mirroring the changes that have taken place in this wonderful specialty of ours.

I have been friends and colleagues with many of the editors of *The Journal of Cardiovascular Surgery (JTCVS)*—true gentlemen and scholars all—but the closest I came to being a part the *JTCVS* family was my participation in the renaming of *JTS*. As young pups, Paul Adkins and I were asked by the AATS Council to come up with alternative names for *JTS* when it was clear that something must be done to recognize the burgeoning fields of cardiac and vascular surgery in the title. We developed a list that included every mathematical permutation possible—cardiothoracic, thoracic and cardiac, cardiovascular, cardiac vascular and thoracic, etc, etc. It took Brian Blades, then Editor, almost a microsecond to choose the one he liked, and in 1959, with the 38th volume, *JTS* was renamed *JCTVS*.

One of the blessings of a long life is the sense of perspective it provides. One slowly recognizes with time that the rhythms with which we are all familiar—circadian, seasons, ebb and flow—really encompass all of our existence. I was indeed fortunate to have entered the stage near the beginning of our specialty and was on the scene when cardiac surgery made its appearance. After training, we were general practitioners of the thorax, performing surgery from the Adam's apple to the navel, as we liked to say. But progress required specialization, and then subspecialization. During this period we lost—or gave away—many procedures that properly belong in our domain, the thorax. And the focus of our work will always be altered by outside

circumstances. Penicillin and then streptomycin almost overnight affected the bulk of our cases—bronchiectasis, lung abscess, empyema, and tuberculosis. There was little time to lament these losses, however, for cardiac surgery was burgeoning to take their place. But ebb and flow are still at work, and now outside forces are again affecting our workday. Where do we turn now? Read *JTCVS* and our other bellwether journals, and embrace what you find there, for this is where the future is to be found.

I am bullish on rhythms of life, and I am decidedly bullish on our specialty, for I am certain the bright minds that are attracted to cardiothoracic surgery will create inventive and ingenious ways to apply our procedures to cure the ills that beset humankind. History is a great teacher, and I agree with President Harry Truman, who said, "The only thing new in the world is the history you don't know." Common sense tells us we should never hold on to a thing too long or too tightly, and history shows us the right way to face the future.

And speaking of history, I believe it is worth quoting Dr Evarts Graham, Editor of *JTS* from its inception in 1931 until 1957, who said in the foreword for the first issue, "It is the desire of the editorial board that THE JOURNAL OF THORACIC SURGERY shall attract to it suitable articles bearing on all phases of thoracic disease. Its pages will not be restricted to those papers which have been presented at the meetings of The American Association for Thoracic Surgery. Especially welcome will be articles dealing not only with the purely clinical aspects of this field but also with reports of carefully conducted experimental investigations in the realms of physiology, bacteriology, pathology, etc., which may have a bearing on the clinical problems concerned."

The leaders of the AATS, and the succession of Editors and Editorial Board members for 75 years have held true to these goals. All members of our specialty can be heartened by this, and by the leadership role *JTCVS* will play in our lives for the next 75 years—and beyond.