We are fifty1,2

Charles H Halsted, Editor-in-Chief

Fifty years ago, a group of physicians founded The Journal of Clinical Nutrition as “an international journal devoted to the practical application of our newer knowledge of nutrition.” The bimonthly journal made its debut as volume 1, number 1, in September–October 1952 with SO Waife, MD, of Indianapolis as the first Editor-in-Chief. The first Editorial Board of 8 physicians included many of the then and future leaders of American medicine: William Dock, Grace A Goldsmith, Howard Jeghers, Robert M Kark, and John B Youmans. The first issue contained provocative articles such as “Basic Research and Its Application to the Field of Clinical Nutrition,” by CG King; “The Dietary Treatment of Hypertension,” by IH Page; “Alcoholism as a Nutritional Problem,” by RJ Williams; “Hypovitaminemia A: Effect of Vitamin A Administration on Plasma Vitamin A Concentration, Conjunctival Changes, Dark Adaptation and Toad Skin,” by J Kirk and M Chieffi; “The Therapeutic Uses of Low Fat, Low Cholesterol Diets” by F Urbach; and “Overnutrition and Obesity,” by HH Mitchell. Subsequent early issues included the articles “An Alternate Approach to the Problem of Obesity,” by AW Pennington; “Iron Deficiency in Infancy and Childhood,” by N Smith and S Rosello; “The Indispensability of Fat in Parenteral Alimentation in Dogs,” by H Meng and J Youmans; “Tribal Nutrition and Health in Nigeria,” by B Nicol; “A Comparative Study of ‘Obese’ Children Selected on the Basis of Fat Pads,” by PC Fry; and “Clinical Correlations in Geriatric Nutrition,” by JT Freeman. Clearly, our first authors addressed the very same themes that appear in The American Journal of Clinical Nutrition (AJCN) today: obesity in adults and children, dietary approaches to hyperlipidemia, iron and vitamin A deficiencies, international nutrition, geriatric nutrition, and even parenteral nutritional support.

In the second issue of The Journal of Clinical Nutrition, Waife grappled with the definition of nutrition in an editorial entitled “What is Nutrition?” (1). Aided by a survey of his Editorial Board, he concluded that “there is no boundary line; the [lack of] unanimity of the survey is inherent in the role of nutrition in all life processes.” Furthermore, he surmised, “Nutrition is a large and vital part of all the medical sciences. At once cause and effect, it has no beginning and no end,” that “all physicians are involved with nutrition,” “each person is the product of his nutrition,” and “nutrition is the cornerstone of preventive medicine, the handmaiden of curative disease, and the responsibility of every physician.” Provocatively, he concluded his editorial with the statement that “No one can foretell what future advances this old, yet young, science will bring forth.” William Dock followed this theme with an editorial in the third issue in March 1953 entitled “The Reluctance of Physicians to Admit that Chronic Disease May Be Due to Faulty Diet” (2). In that article, Dock takes his profession to task with an illustration that 2 centuries after the discovery that citrus fruits could cure scurvy, a well-known textbook of medicine maintained that scurvy could be prevented by exercise. In 1954 the journal was renamed the AJCN, but it remained an independent venture that was published successively by The Nutritional Press, the American Journal of Medicine, and the Reuben H Donnelly Corporation.

With the founding of The American Society for Clinical Nutrition in May 1960, the AJCN became its “official publication,” with a members’ subscription rate of $6.00/y and a 5-y renewable tenure for its Editor-in-Chief. Including Waife, the AJCN has had 9 editors over the past 50 y (Table 1). During this time, we evolved from a bimonthly publication of about 10 articles each during the 1950s and early 1960s to a monthly journal that grew from 1965 onward to include at least 20 original articles and 1–3 editorials and reviews in each issue. Although the AJCN, in its early decades, operated out of one-room shops with reviewers and authors listed on separate file cards, we have modernized to a much larger enterprise with separate editorial and production offices, a fully computerized database of author and reviewer tracking systems, and our own staff of technical editors. Keeping up with technical advances, we instituted an online journal to complement our print journal in 1999 and are on the brink of a new technical venture of online submissions and reviews.

On average, we publish 240 original articles annually, of which somewhat less than one-half come from the United States; the remainder are from 25 to 30 different countries from all over the world. In keeping with the evolution of clinical nutrition from a few relevant subjects in 1952, we now have more than 20 categories of subjects, the most popular ones being obesity and eating disorders; cardiovascular disease risk; lipids; nutritional status, dietary intake, and body composition; carbohydrate metabolism and diabetes; vitamins, minerals, and phytochemicals; immunity; pregnancy and lactation; and growth, development, and pediatrics. In the 1990s, the number of new manuscript submissions rose steadily from 674 in 1992 to 803 in 2001, although the number of articles published monthly (ie, a mean of 23) remained fairly constant. The acceptance rate has gradually fallen from a high of 35.3% to a most recent low of 27%. Although it is now harder for authors to get their papers published in the AJCN, our impact factor (a measure of competitive excellence expressed as the average number of citations per article over the 2 most recent calendar years) has

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risen from 2.366 in 1991 to 5.021 in 2001. No longer are we a minor blip in the vast panoply of medical journals—we are the most cited journal in the field of nutrition and are moving steadily upward in importance into the higher tiers of specialty journals.

In 2002 it is useful to consider the role of the *AJCN* in the 50-y evolution of clinical nutrition as a medical specialty. Curiously, the same challenges exist today that were laid out by Waife and Dock in their early editorials (1, 2). Although there remains no consensus on what constitutes clinical nutrition, in the spirit of Waife’s statement that “Nutrition is a large and vital part of all the medical sciences” (1), I attempted, in an earlier editorial, an encompassing description of clinical nutrition as a science that “concerns the intake, absorption, and metabolism of dietary constituents and their relations to the maintenance of health through the life cycle and to the pathogenesis, clinical expression, and treatment of disease” (3). The relations of nutrition to many of the same diseases and treatments that perplexed our founders in their early writings—obesity in adults and in children, hyperlipidemia, international nutrition, growth failure in children, alcoholism, and approaches to nutritional support—continue to perplex and challenge present-day nutrition scientists. What is different, of course, are the scientific approaches that now promise definitive answers and a whole range of new but more precise questions. What was purely clinical observation and prospective clinical study in 1952 has now evolved through decades of advances in biochemistry, physiology, molecular biology, and now genetics. The optimists among us now predict, for example, the prevention and cure of obesity and hyperlipidemia via genetic profiling and the use of magic-bullet drugs developed through precise molecular discoveries.

Extensive epidemiologic studies, many if not most published in the *AJCN*, point to the specific roles of optimal diets, dietary phytochemicals, and vitamin supplements such as folate and vitamin B-12 in the prevention and treatment of a host of modern diseases—a far cry from the discovery in 1753 that citrus foods can prevent scurvy (4) that was still not accepted by 1953 (2).

Is the founding goal of the *AJCN* to “report the practical application of our newer knowledge of nutrition” being met, and can we now say that advances in nutritional science have catalyzed nutrition into all aspects of medical practice? Yes and no. No, because to this day clinical nutrition as an academic discipline continues as a stepchild of the academic medical establishment and is taught in a minority of medical schools. Yes, because advances in nutrition science relative to medical practice are reported weekly in mainstream academic medical journals. Articles on the roles of diet and exercise in hyperlipidemia, diabetes, and obesity that were read in 1952 by only a few in the upstart journal, *The Journal of Clinical Nutrition*, are now highlighted weekly in the pages of the *New England Journal of Medicine*, the *Journal of the American Medical Association*, and the *British Medical Journal* and, together with frequent citations in the *AJCN*, are trumpeted by the press to the public. Judging from the increasing frequency of citations of our original contributions in scientific journals, as evidenced by our rising impact factor, it is satisfying to realize that the *AJCN* has played and continues to play an important role in bringing clinical nutrition to the forefront of medical science.

I am indebted to Alison Kelly at the Library of Congress, who obtained and supplied copies of the tables of contents and editorials from the earliest issues of the *Journal of Clinical Nutrition* and the correct title page and citation of the first edition of Lind’s “Treatise of the Scurvy.” I have no personal or financial conflicts of interest that influenced my views expressed herein.

### REFERENCES


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**TABLE 1**

Editors-in-Chief of *The American Journal of Clinical Nutrition*

<table>
<thead>
<tr>
<th>Year</th>
<th>Editor</th>
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<tbody>
<tr>
<td>1952–1962</td>
<td>SO Waife</td>
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<td>1962–1967</td>
<td>Willard A Krehl</td>
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<td>1975–1979</td>
<td>Robert H Herman</td>
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<td>1979–1981</td>
<td>Theodore B Van Itallie</td>
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<td>1982–1991</td>
<td>Albert I Mendeloff</td>
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<td>1996–present</td>
<td>Charles H Halsted</td>
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1 Founding editor of the *Journal of Clinical Nutrition*.
2 Died while in office.