Some Modifications at the Top

John H. Laragh

After 16 years as Editor in Chief of the Journal, I have informed the Board of Directors of the Journal of my desire to step down. It has been a marvelous, exciting, exhilarating, sometimes exasperating, but always intellectually stimulating and altogether rewarding experience. The knowledge acquired, new friends made, and vision expanded far outweigh the effort expended.

I am happy to report that the Journal’s Impact Factor, one measure of its scholarly contribution relative to other medical journals, has increased again, from 3.101 in 2003 to 3.382 in 2004. AJH now ranks 13th among 51 journals in the peripheral vascular disease category. We continue to be in third place among hypertension journals within that category. We have noticeably closed the gap between AJH and the top-ranking hypertension journal (Hypertension—5.3), while staying well ahead of many other limited subscription and for-profit “throw-away” journals.

I am gratified by the success of the Journal. I realize that this is due to the shared efforts of many—particularly the dedicated Associate Editors, past and present, Editorial Board members, authors, reviewers, and, of course, our readers who fortunately often provide important feedback. Precise measures of progress are elusive, but some objective criteria do exist. Members of the American Society of Hypertension view the journal as the most valued aspect of their membership. The Journal receives a steady increase in submissions, whose improving quality makes selection ever more demanding. We hope that the review process is fair and effective, but we can guarantee its independence and freedom from external pressure.

I have informed the Board that I propose to step down on January 1, 2007. I am delighted that the Board has, to ensure a smooth transition, appointed Michael Alderman as Deputy Editor in Chief, effective April 2005. The Journal is fortunate that Dr. Alderman has enthusiastically accepted this assignment. His research in clinical and epidemiologic science has significantly advanced our understanding of blood pressure and its treatment, and their relationships to cardiovascular outcomes. Indeed, many of his reports have been of sufficient novelty and relevance to justify editorial comment in leading journals. He has also been an invited editorialist on many topics in our field. In short, Mickey Alderman is a scholar who understands excellence and can write. I am confident he will add value to an already-strong staff.

In addition to a record of scholarly achievement, Dr. Alderman shares our commitment to the highest standards of scientific integrity and independence. The need to sharply separate commerce from science is of unique importance for journals in the field of hypertension because of the richly deserved centrality of the pharmaceutical contributions to so much of what we do. Transparency with full disclosure must be the cornerstone of medical journalism. Among Dr. Alderman’s early tasks will be to ensure that our internal standards insulate the scientific and editorial missions from both the reality and appearance of conflicts of interest. He will examine our own practices, as well as those of other journals, to develop formal practices that will make the AJH a model of ethical medical journalism.