EDITORIAL

Why a Clinical Infectious Diseases Journal?

It might seem gratuitous to raise the issue of why we should be publishing in the new millennium a journal that unabashedly and without compromise is devoted to clinical infectious diseases. We could argue that our pages should be devoted to new discoveries in the laboratory rather than to the mundane patient-oriented aspects of this profession. Yet, *Clinical Infectious Diseases* plays a vital role as an interface between the laboratory and the patient, bringing the fruits of scientific discovery to the bedside. A new observation in the field of infection needs to be applied and tested with patients if it is to have value in the medical arena. The laboratory scientist is often ill prepared to engage in clinical investigation, which is the forte of our contributing authors. For our readers, timely reports of new findings make them better clinicians by helping them bring to their patients the latest scientific discoveries. Although clinical experience is an essential component, it cannot exist in isolation from the bedrock of science that supports the practice of medicine. As Sir William Osler said, “To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all.” To maintain contact with laboratory science, we must follow the latest discoveries, but these discoveries should be presented in a voice that translates basic laboratory observations into meaningful clinical lessons. This is not a watering-down process but rather an exercise in translational science, which is a major mission of *CID*.

Another purpose for a clinical journal is to share clinical experiences in the management of patients with infection, to learn what may have been missed in our isolated roles as solo practitioners. The history of our profession has shown that a unique finding in a patient, reported by an astute observer, can form the basis for a fundamental breakthrough. The enthusiasm for a “first” finding, however, must be tempered by the remote possibility of making a truly original discovery. George Bernard Shaw, perhaps the harshest critic of our profession, made the ultimate cynical remark on this topic in “Preface on Doctors” in *The Doctor’s Dilemma*: “It does happen exceptionally that a practising doctor makes a contribution to science...but it happens much oftener that he draws disastrous conclusions from his clinical experience because he has no conception of scientific method, and believes, like any rustic, that the handling of evidence and statistics needs no expertness.”

To harness submitted bids at clinical creativity into meaningful observations, we subject all manuscripts to strenuous outside review, as well as additional screening by an associate editor, the deputy editor, and me. This imprimatur cannot guarantee that all our published articles embrace the ultimate truth—whatever that is—but we do pledge our best efforts to maintaining objectivity and scientific accuracy. We also have imposed a higher standard for revealing all commercial, professional, or personal conflicts of interest so that readers will know whether authors, reviewers, or editors bring any excess baggage to the review process.

To achieve these twin goals—translational science and sharing clinical experiences—the journal will introduce 14 new sections and continue 2 current sections, all of which are listed in the masthead. Like most journals, the content of *CID* has comprised what comes over the transom during that particular month. Even though these articles usually contain information relevant to many readers, they do not necessarily deal with highly topical matters nor do they cover the broad landscape of our profession. Some of the new sections will include on a regular basis solicited minireviews or state-of-the-art papers from experts in a particular area. Other sections will report on topics and news of current interest. We anticipate that several of these articles will appear in each issue, starting this spring, and will occupy about 25% of the printed pages, leaving sufficient space for our regular flow of unsolicited, original reports, which will still be the core of our journal.

*CID* has joined its sister publication, *The Journal of Infectious Diseases*, in publishing an electronic edition, available through our home page on the internet (www.journals.uchicago.edu/CID/journal/). The electronic edition gives our subscribers full access to all material published in the printed version and provides the opportunity to include additional tables, figures, references, and even special features such as video clips. In the near future, we will be conducting the review process electronically, which will speed up this operation and make it possible to post a submitted manuscript on a protected site that can be read by assigned reviewers anywhere in the world where there is internet access. Under the able direction of the University of Chicago Press, our journals will be at the leading edge of electronic publishing. We look forward to reaping the benefits of advanced technology to communicate better with our readers.
So, why a clinical infectious diseases journal? If we didn’t have one, we would have to invent it, and I don’t think it could be done better than CID.

CID has had two distinguished editors in its 20 years, Edward Kass during the first decade and Sidney Finegold in the most recent period. I have had the privilege of working with both of them—with Ed as an Associate Editor of Reviews of Infectious Diseases, as CID was known during that early era, and with Sid as a fellow anaerobist on the faculty of the UCLA School of Medicine. It is both challenging and humbling to take the mantle from these remarkable predecessors, but I look forward to continuing in their tradition.

Sherwood L. Gorbach
Editor