



‘Education of those who serve’

This is a time of transition for the *Cleveland Clinic Journal of Medicine*. After more than a decade under the superb stewardship of James S. Taylor, MD, a new team is taking over. I am honored and enthused to be leading this effort.

With Dr. Taylor’s guidance, the *Cleveland Clinic Journal of Medicine* achieved a greater frequency of publication (thereby necessitating that the former *Cleveland Clinic Quarterly* be renamed), a vastly expanded national distribution, and enhanced credibility. Yet despite these accomplishments, continued evolution of the *Journal* is mandated by the increasingly competitive and crowded environment of medical publishing.

In rethinking the role of the *Journal*, we found inspiration in the official mission statement of The Cleveland Clinic Foundation: “Better care of the sick, investigation of their problems, and *further education of those who serve*.” We therefore dedicate and focus our efforts towards the educational needs of the medical practitioner. The practice of medicine is now buffeted almost daily by new research findings, innovative drugs and technologies, and spirited controversies. Lest confusion prevail, guidance from authoritative and unbiased sources is essential. Able to draw upon the diversity and depth of a large multispecialty medical center, the *Cleveland Clinic Journal of Medicine* is ideally positioned to be such a source. Certainly, however, we recognize that the *Journal* is not solely “by, of, and for” The Cleveland Clinic Foundation. In order to ensure a robust and balanced product, experts outside of the Cleveland Clinic participate actively in the peer review process (virtually all manuscripts are evaluated by at least

one external reviewer) and often are asked to contribute reviews or editorials. Unsolicited manuscripts from outside authors are also welcome.

A number of changes, in content as well as in design, are being implemented with the help of an expanded editorial board.

For example, beginning with this issue all articles (when appropriate) have a structured abstract. The purpose is to help the reader sort out the main point of the article in the quickest manner possible.

Also, in response to requests from readers, we are starting a new feature, *Internal Medicine Board Review*, a brief self-test consisting of a case-presentation, illustrations, several multiple-choice questions, and a discussion. Questions will cover the entire range of internal medicine topics.

Elsewhere in this and future issues are other changes which, though more subtle, are nevertheless intended to make the *Journal* easier on the eye and to make the information more accessible. We have redesigned the cover to include exact titles, page numbers, and authors’ names. Subheadings have been centered and made bolder, the column width of the text has been narrowed, and the type used in tables has been enlarged.

These changes are an attempt to make the *Journal* more responsive to our readers. As always, we welcome your suggestions on improving the *Journal*, as well as comments on the scientific content.

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Editor-in-Chief