Hundreds of professional journals crowd the shelves of medical libraries; teachers and investigators have trouble enough digesting these overwhelming amounts of information while the practicing physician has time to look at only a fraction of the journals available.

In this setting, the decision to produce "another journal" was weighed long and hard by many people. "STROKE—A Journal of Cerebral Circulation" is to fill a gap and to meet a responsibility.

Almost a decade ago the American Heart Association began a formal interest in cerebrovascular disease and was soon aided by the American Academy of Neurology and the American Neurological Association. However, at the practical level of prevention, diagnosis and treatment of the many categories of cerebrovascular disease dynamic interest, leadership and implementation skills spread to an enormous variety of health professionals. To dramatize the kaleidoscope of personnel, look at the list of those who may enter the hospital room of a patient with cerebral infarction due to an acute occlusion of a cerebral artery. During a time of hours to days this list may include:

1. Primary physician
2. Intern—does an initial "work-up"
3. Medical resident—reviews the initial "work-up"
4. Medical student
5. Internist—examines the whole scene in more expert fashion and may ask for:
   a. Cardiologist—assess heart function
   b. Endocrinologist—manage diabetes
   c. Nephrologist—supervise any genitourinary problem
   d. Hypertension service—regulate blood pressure
   e. Gastroenterologist—advise concerning nutrition and bowel care
   f. Hematologist—review blood viscosity and clot-lysis balance
   g. Urologist—for certain urinary problems
6. Neurologist—examines the whole scene in even "more expert fashion" and may ask for 5a - 5g above
7. Anesthesiologist—may be called early to establish an effective airway
8. Nurse—to help with everything
9. Nurse's Aid—to help the nurse with everything
10. Neurology resident—reviews everything
11. Neuro-ophthalmologist—to detect emboli and ischemic retinopathy, and do retinal arterial pressures
12. Technicians
   a. Blood
   b. Electrocardiogram
   c. Electroencephalogram
   d. Echoencephalogram
   e. Thermogram
   f. X-ray chest and head
   g. Radio-isotope brain scan
13. Physiatrist—design initial protective therapy and begin assessing long-range rehabilitation potential
14. Speech pathologist—evaluate speech and language function
15. Dermatologist—advise concerning care of the skin
16. Neuropsychologist—measure intelligence
17. Neuroradiologist—discuss and perhaps perform angiogram
18. Surgeon—neuro or vascular—consult about the feasibility and merit of reconstructive vascular surgery
19. Otologist—test hearing and labyrinthine function
20. Epidemiologist—collect demographic and other statistical data
21. Psychiatrist—evaluate patient's reaction to the stroke
22. Social service representative—begin plans for the future
23. Dietician—construct appropriate diet
24. Sociologist—“to study”
25. Representative of Hospital Administration—to determine duration of hospitalization
26. Clergyman
27. Pathologist—in a minor percentage
28. Mortician—in a minor percentage

Often not entering the patient's room are the health professionals who supervise laboratories and in certain instances interpret studies:
29. Electrocardiographer
30. Electroencephalographer
31. Echoencephalographer
32. Thermographer
33. Radiologist
34. Scanographer
35. Clinical pathologist

Of these 48 persons (including 5a - 5g and 12a - 12g) any of 20 may be directly responsible for decisions about diagnosis and treatment. Each may find he spends more and more of his professional life concerned with some facet(s) of cerebrovascular disease. And although most, whether primarily clinician, teacher or investigator, may focus on narrow circumscribed portions of the subject a need emerges to maintain contact with all cerebrovascular disease.

Simultaneously with those in the disciplines listed above, work in anatomy, chemistry, pathology, rheology, physiology, genetics, etc., is going on in laboratories all over the world to solve the many remaining mysteries about the cerebral circulation.

The lack of a journal to place under one cover manuscripts dealing with all of the facets is the gap to be filled. The responsibility is delegated from the Publications Committee of the American Heart Association to the Editorial Staff of the new journal and the Publications Office Staff of the American Heart Association with the guidance and assistance of personnel from the Council on Cerebrovascular Disease of the American Heart Association.

The objectives of “STROKE—A Journal of Cerebral Circulation” are:
1. Produce a journal with contents directed specifically to the varied components of stroke and the cerebral circulation
2. Provide an outlet and knowledgeable reader population for investigators whether their cerebrovascular research is related to physiology, epidemiology, pathology, anatomy, rheology, chemistry, genetics, etc.
3. Act as a bridging and communications mechanism between the many groups of health professionals having a major interest in stroke.