Stroke: Continuity and Change

Stroke has never been as challenging or as exciting. An aging population and the westernization of the world will yield increasing numbers of stroke patients. At the same time, growing recognition and expanding knowledge will enable us to do something about it. Awareness is a necessary prelude to action, and already much can be done to prevent and treat stroke. Organized stroke care, centered around a stroke unit, is a cornerstone upon which much can be built. Imaging will allow us to peer into the brain, the blood vessels, and the body with unprecedented acuity, while DNA and protein chip technology will make the insights gained from the unraveling of the human genome widely applicable. Increasingly, we will move from phenomenology to mechanisms of disease. Vaccination against stroke and the seeding of stem cells into the healing brain may become part of our therapeutic repertoire.

All of this will be costly, in a globalizing but unequal world. More will be available, but to whom? The ethics of allocating limited resources and the conflicts of interest arising out of the commercialization of science will have to be solved. Although our primary goal is the diffusion of scientific knowledge, we have to be aware of the context in which it is generated and applied. The Internet allows near-instant communication and access to almost unlimited information, much of it of wildly differing quality. Nevertheless, the Internet has tremendous potential for patients and physicians alike. Its availability prompted Harold Varmus, the former Director of the National Institutes of Health, to propose E-biomed, whereby all biological scientific publications would be online and free. This proved unrealistic, but the proposal has led to a new openness and sharing of scientific information.

The publication of original scientific work has accelerated in numbers and speed. Expedited and online publications increasingly vie for our attention, while journals compete by reducing submission-to-publication time. The pressure for promotion, both academic and commercial, has unveiled increasing instances of fraud, duplicate publication, and ghost authorship in a quest for fame and gain. In this changing climate, Stroke has earned an enviable reputation for reliability, objectivity, and equanimity. Stroke has become a major field and Stroke its leading publication. This has been achieved under the direction of a remarkable succession of editors, all still involved with the journal. Dr Mark L. Dyken has set a particularly high standard of fairness, promptness, and scientific excellence. He will be honored in a future editorial.

We propose to build on what has been achieved. The appointment of a European and a Basic Science associate editor has given authors a choice in having their manuscripts considered by fair-minded editors particularly well qualified in an author’s area, be it geographic or scientific. Dr Jose Biller, Dr Marie Germaine Bousser, and Dr Hermes Kontos have been outstanding associate editors, and we thank them warmly. Dr Markku Kaste, Professor and Chair of Neurology at the University of Helsinki, will take over the European office, and Dr Michael Moskowitz, Professor of Neurology at Harvard University, will run the Basic Science office. Dr Graeme Hankey, distinguished neurologist and epidemiologist from the University of Western Australia, has agreed to set up a Pacific Rim office, in recognition of the growing importance of stroke in that part of the world.

Stroke attracts an increasingly large number of manuscripts, heading toward 1500 a year. Given the rapid growth of our field and the existence of other publications, we cannot assume that authors will continue to favor us. We have to earn our leading position anew. We aim to enhance our reputation as the respected voice of stroke, by continuing to publish or comment on the best work in the field. We plan to make the content of Stroke available to a larger and broader readership, in an increasingly more attractive and accessible format. Our website offers an opportunity both for expansion and innovation, and we will begin some new features with the January 2001 issue, building on continuity while ushering in change.

The next few years will prove momentous for stroke, as the problem, our knowledge, and the challenges grow. As readers, authors, and contributors to Stroke, we can not only anticipate the future, but help shape it.

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