My association with Stroke began in 1969, when the idea of a new American Heart Association (AHA) journal to be devoted to stroke was first proposed. The idea of a new journal went through the extensive review of doubts that it was necessary and concern for its survival. There were at the time 2 well-established American journals and 2 British journals publishing articles related to neurological diseases. The usual questions arose of why another journal, and why not send relevant articles on stroke to the existing ones. There were a number of things that indicated that a journal solely devoted to work on stroke would be successful. There had been 6 Princeton Conferences on stroke since 1954, and it was believed that these conferences had stimulated increased interest in stroke. Also, the Stroke Council of the AHA was creating increasing interest in stroke and what could be done about it. Interest was in addition stimulated by establishing a separate heart association meeting on stroke that began during my chairmanship of the council. The resulting research work stimulated by these activities was believed to provide a rich source of material that could easily support a new journal. With the interest and urging provided by Clark Millikan and Irving Wright, the AHA was persuaded to begin a new journal. Clark Millikan became the first editor.

My association with the journal began when I was asked to become an associate editor in 1971, which I accepted with enthusiasm. Editorship of AHA journals was generally limited to 5 years, but this was extended for 2 years beyond that limit to give Dr Millikan the assurance that his child had passed infancy and had reached early adolescence. When I became editor in 1978, I was handed a healthy organization. The journal had become recognized as a place to consolidate stroke manuscripts for a stroke audience rather than the previous wide scattering of material published on stroke among the several neurological and cardiovascular journals.

Subscription levels after the first 7 years had risen steadily. At the end of my editorship, the journal had reached a monetary break-even point and produced a small income. Looking back at the 5 published volumes for which I was responsible, a number of things stand out. The journal started as a bimonthly publication, and that continued for my tenure. In 1977, with my first volume (number 8), 85 articles were published, along with the proceedings of several conferences.

In 1979, 114 articles were published; in 1981, my final year as editor, 140 articles were published.

Of interest was the fact that in 1977, three quarters of the articles published were done in the United States. By 1981, almost one half of the articles were reported research done in other countries. This reflected the fact that a large number of investigators from the Far East and Europe had been trained in stroke research as the result of the stimulus provided by renewed interest in stroke in the United States and the United Kingdom.

Between 1977 and 1981, a number of interesting changes occurred. In the first 2 years, published articles were heavily focused on the development of methodology for cerebral blood flow and its possible practical application to diagnosis and treatment of stroke. In addition to this, there were many reports on the better understanding of cerebral ischemia and its effects on cerebral blood flow and cerebral metabolism during ischemia, along with speculations on possible methods of either limiting ischemia or reversing it. This was accompanied by multiple publications concerning animal models of stroke. During this period there was beginning interest in the role of platelet aggregation inhibitors and their use in preventing stroke.

During my 5 years as editor, 2 developments stand out which changed the study of stroke more than any thing before. The use of computer-assisted tomography was introduced to clinical neurology and stroke in 1973. By 1975 it was widely recognized as a major advance. For the first time, it was possible to accurately delineate cerebral hemorrhage as a cause of stroke from cerebral ischemia, and as equally important, it provided accurate information about the site of stroke. The usual bedside agony about the diagnosis of subdural hematoma was quickly resolved without invasive diagnostic means.

At the end of my tenure, the potential of ultrasound in stroke diagnosis was beginning to appear in articles received and published. Stroke diagnosis and management entered a new phase that enabled investigators and physicians to study stroke-based or accurate knowledge of what was occurring inside the skull without invasive procedures. Now, 19 volumes later, Stroke is recognized as the premier journal devoted to the topic of cerebral vascular disease. During this period, we have gained a better understanding of the mechanisms of neuron death, and MRI has added new focus on cerebral vascular disease. Although effective treatment remains elusive, prevention has helped our cause, as have rehabilitation techniques. Perhaps the most important task of this (and any) journal has been to generate interest and focus the continually emerging new talent on the pursuit of critical questions about cerebral vascular disease.

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Stroke is available at http://www.strokeaha.org
and Landstuhl, Germany. Following discharge from the army, I
spent a year at Queens Square. When I returned to New York in
1956, I was made chief of the Cornell Neurological Service at
Bellevue Hospital. It was there that I became involved in stroke
research and had a program project grant for stroke research.
During that time, we were heavily involved in stroke diagnosis,
stroke recovery, and stroke prevention using anticoagulants At
the same time at Bellevue Hospital, along with Dr Henn Kutt, we
established methods of determining blood levels of anticonvul-
sants and demonstrated their usefulness in managing patients
with seizures. In 1968, when the department of health of New
York City decided that only 1 university medical college should
be operating at Bellevue, I returned to Cornell University Medi-
cal College. It was at that time that George Cotzias reported his
success with levodopa in the treatment of Parkinson’s disease. I
took on the task of trying to reproduce his results. I rapidly
developed a program, which soon had several hundred patients
in treatment. The report of that work came out in 1970 and
became one of the most frequently cited papers ever. During
that period, we conducted a number of experiments on levo-
dopa absorption, problems of therapy, and the enhanced
response to levodopa withdrawal when the treatment was
restarted. I then became executive dean of Cornell Medical Col-
lege but was able to continue my work in Parkinson’s disease.
In 1974, I became chief executive officer of the Burke Rehabili-
tation Hospital. Aside from making the place work on a sound
financial basis, during that time I started with Labe Scheinberg
the idea of neurorehabilitation. At Burke I was responsible for
changing the physician makeup of a rehabilitation hospital by
hiring trained neurologists to look after patients with stroke,
spinal cord injury, and head injury, as well as having cardiolo-
gists taking care of patients in cardiac rehabilitation and pul-
monologists looking after patients with lung disease. I was
also able to begin a research program in dementia, as
dementia or intellectual loss was often the rate limiting step
in teaching victims of stroke and other diseases how to use
alternate strategies for better function. After 20 years as chief
executive officer of the hospital and research, I gave up
responsibilities for the hospital and am now president of the
Burke Medical Research Institute.