A Happy Birthday and a Transition at the Journal of Clinical Microbiology

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It is characteristic of Science and Progress that they continually open new fields to our vision.
—Louis Pasteur

Happy birthday to the Journal of Clinical Microbiology (JCM)! This issue marks the 40th year of publication of the journal. JCM deserves celebration because JCM has consistently published excellent articles that are useful and interesting to clinical microbiologists, epidemiologists, and specialists in infectious diseases. Objective data validate the stature of JCM. From 1997 to the present, JCM has been in the top quartile of microbiology journals, as determined using the 2-year impact factor from Thomson Reuters.

How has JCM changed in 40 years? The number of articles has greatly increased; there were just 24 articles in the first issue, which is about half the number in recent issues. The cover of the first issue featured the quote from Louis Pasteur that appears at the beginning of this editorial. Since 2011, JCM has featured its very popular Photo Quiz on the cover. The focus of the articles has changed over time, reflecting the evolution in technology and medical knowledge. The accessibility of JCM has drastically improved as the articles have become available electronically. But JCM is unchanged from that first volume in more important ways. The first papers in JCM will be familiar to readers of JCM today, as they contain careful examinations of “new knowledge concerning the laboratory diagnosis of human and animal infections,” to quote the current description of the scope of JCM (http://jcm.asm.org/site/misc/ifora.xhtml). Furthermore, the leading figures in clinical microbiology published papers in JCM 40 years ago, just as they do now. Authors in first volume of JCM included Drs. Clyde Thornsberry, John J. Farmer III, Albert Balows, and Sidney Finegold.

Also unchanged in the past 40 years is the absolutely critical role of the editors and editorial board members of JCM. The editors perform an initial review of each manuscript, select the reviewers, and make the decision whether to accept an article. In recent years, the editors have been a source of innovative ideas that have improved the journal and kept it fresh. I was an editor of JCM for 10 years, and I know that the current editors are an outstanding group, all of whom are committed to maintaining the high quality of the journal. JCM also depends on another very important group for its success, the editorial board. Editorial board members perform most of the reviews for JCM. As an editor, I was impressed with the very thoughtful and careful reviews that the Editorial Board members contributed. Most often, the reviewers worked to help the authors to improve their article to make it worthy of publication, whether in JCM or elsewhere.

Finally, the importance of the editor in chief of JCM remains unchanged. The editor in chief sets the editorial policies and standards of JCM, refines the scope of the journal, selects and works closely with the editors, and also deals with the many issues that arise in the course of publishing excellent clinical science. However, the most important roles of the editor in chief are to work toward realizing their vision for the journal, to build on the progress of their predecessor, and to take the journal to the next level. Dr. Gary Doern has been the editor in chief of JCM since 2009. Dr. Doern received JCM in very good shape from his predecessor, Dr. Andrew Onderdonk, and Dr. Doern led the journal to further heights. Among the many successful features that Dr. Doern added to JCM are the Photo Quiz (with editor Dr. Paul Bourbeau), the Point-Counterpoint (with editors Dr. Peter Gilligan and, more recently, Dr. Angela Caliendo), and the Biographical Features (with editor Dr. Betty Ann Forbes and several editors who have written these features). Dr. Doern has also overseen the Minireviews and Commentaries, selecting the topics and authors and working closely with the authors to maintain the high quality of these features. Moreover, Dr. Doern was unwavering in his commitment to publishing high-quality papers in clinical microbiology. Having worked with Gary on JCM for several years, I have seen him champion JCM and all those who contribute to it, including the authors, editors, editorial board members, and excellent ASM staff members working on JCM.

This month, I am starting a term as editor in chief of JCM. I am lucky to follow Gary in this position, as he leaves the journal in really excellent shape. I could not be happier at taking on this new role, and I am looking forward to working with all those who contribute to the success of JCM. That said, I appreciate the great responsibility of leading JCM. The 40 years of excellence at JCM cannot be interrupted, and we must continue to look for ways to improve even further.

What is the future of JCM? We will certainly continue to publish the best new stuff in clinical microbiology. As suggested by the quote from Louis Pasteur on the cover of the first issue, new fields of vision in microbiology emerge as new technologies are developed and implemented. Technologies that are currently opening new fields of vision in clinical microbiology include those allowing deeper understanding of microorganisms and populations of microorganisms through next-generation DNA sequencing and
clinical applications of microbial population (i.e., microbiome) analysis, as well as new methods of microbial identification and typing such as PCR-electrospray ionization mass spectrometry and matrix-assisted laser desorption ionization–time of flight mass spectrometry. JCM will continue to publish timely, clinically relevant, high-quality research from the cutting edge of microbiology, just as in the past.

It is absolutely critical that JCM remain current with developments in scientific publications. Rapid free access to the journal’s contents is important and required for investigators funded by the NIH. Currently, the contents of JCM are available online for free 6 months after the final version of the article is published in the journal, which meets the requirements from the NIH. ASM also publishes mBio, an online journal that is open-access (freely accessible without delay), and this is a great success. JCM needs to continue to move in the direction of allowing rapid free access to its articles. Likewise, we must continue to make JCM accessible to all those who wish to submit manuscripts for review. One important trend in the manuscript submissions specific to JCM has been an increase in the number of papers submitted from some nations that have rising interest and productivity in clinical microbiology. There have been some growing pains as a result, but I welcome the expanding international interest in clinical microbiology, and we will provide impartial consideration of all manuscripts we receive. Finally, through ASM Journals, we already have a strong online system for manuscript submissions and reviews, and it is important that the system remain current with the best technologies. To remain a top-tier diagnostic journal, JCM must continue to be as accessible and easy to use as possible for readers, authors, and reviewers.

If it ain’t broke, don’t fix it. JCM is an excellent journal, and so there will be more continuity than radical change to JCM. Those changes that we make will be mainly incremental, as we aim to continue on our current upward trajectory. With the excellent editors, editorial board members, authors, and ASM staff working together, I am confident that JCM will continue to be the primary source for publication of the very best papers in clinical microbiology.