From the Editor

A New Classic

Webster defines a classic as something of “recognized value” and as being “historically memorable.” In literary terms such a designation often conjures up notions of outstanding prose generated by a writer whose achievements transcend generations. In the fields of science and medicine subscribers to journals will often memorialize their past volumes through the costly process of binding, which preserves the written content in a readily retrievable form. As a society we value the importance of establishing libraries where critical information is housed. When members of the media seek to gain expert opinion from some learned individual they often stage the interview in a location that provides a backdrop of shelves stocked with tomes of similar size, shape, and monochromatic color. One can only hope that the utility of past publications is not relegated to that of overt facade, but instead, represents a repository from which knowledge can be gleaned. It is from such a repository that we announce a new section called Classic Papers.

The Journal has undertaken this initiative to republish manuscripts that have affected the conduct of extracorporeal circulation. To do so, we are happy to have Jeff Riley join the editorial staff and head up the Classic Papers section. Jeff will be responsible for scouring the Journal’s archives to seek papers that have had a lasting impact on the conduct of perfusion. Selected papers will be reproduced in their original form and will be accompanied by an editorial. This issue contains the first in the series and we are pleased to republish the excellent work of Mark Kurusz and Dennis Williams who examined the effects of blood exposure to artificial surfaces. This early paper was rich with scanning electron micrographs and the authors provided an excellent commentary on the challenges that faced clinicians concerned with extracorporeal flow. It was only a few short years after this initial publication that the term biocompatibility was used to describe the synthetic surface to blood interaction that has become such a nemesis for cardiopulmonary bypass.

We are reminded through the writings of Stuart Finder of the complex interplay between technology and morality in perfusion practice. Dr. Finder reflects on the multitude of clinician involvement in the care of patients undergoing cardiac surgery and the challenges faced by those with divergent educational and professional backgrounds who are forced to interact in close proximity. Although the 90 seconds of accountability may seem a bit simplistic, it should serve as a challenge to all of us deemed perfusionists to embrace this exclusive technology as an adhesive that links us intimately with our patients. It is only through such linkage do we become better clinicians who couple the science of technology with the commitment of patient care.

Alfred H. Stammers, MSA, CCP
Editor