

Down the memory lane: Lung India three decades

HOW WAS LUNG INDIA STARTED?

On 15th August 1982, the first issue of Lung India was launched at Chennai. Our founder editors chose a name with patriotic values. The name “Lung India” was taken from the weekly magazine “Young India” which was edited by Mahatma Gandhi.



Editor: Mohandas Karamchand Gandhi

REGULAR JOURNAL WITH LIMITED RESOURCES



Founder Editor: Late Prof. C. V. Ramakrishnan (Editor 1981-1985)

Prof. C. V. Ramakrishnan retired as the Deputy Director of the Tuberculosis Research Centre (TRC-ICMR), Chetpet, Chennai, in 1981, after serving the organization for nearly 25 years. Post retirement, he worked as an honorary visiting Chest Consultant in the Voluntary Health Centre Hospital, Adyar, Chennai. He was the founder member of the Indian

Chest Society (ICS), an organization devoted to pulmonary medicine, which was started in 1981. He was designated the first editor of the new national respiratory journal “Lung India,” an official organ of the ICS.

The assignment appealed to his writing skills and passion for research work, and he took up the challenge with a lot of zeal and commitment.

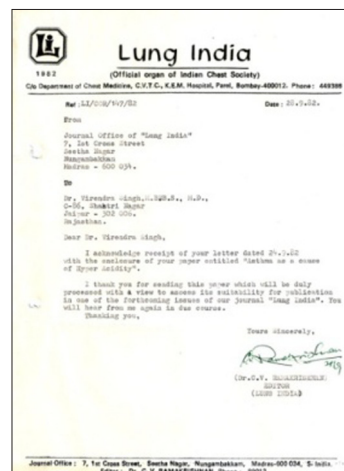
He would sit late into the night, pouring over the manuscripts received, correcting, editing and double checking the statistical analysis, with the help of just a pocket calculator.

He would return from Voluntary Health Centre Hospital by bus to find the typist waiting for him. He would sit with her, correct the drafts she had typed, and brief her on the new typing work to be done the next day, before even sitting down for his lunch.

Once the drafts were finalized, he would personally go across to the printer to brief him and check his galley proofs. He also designed the cover page and layout design of Lung India. Later, he served the journal as its Executive Editor for a span of over 13 years, from 1981 to 1994. He had been engaged in the medical profession and medical writing for over 50 years in the specialized field of tuberculosis. He had to his credit more than 80 publications in reputed national and international journals. Despite advancing age, he was an active participant in all the NAPCONs held all over the country, till his death in August 2003.

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Manuscript acknowledgment letter of those days



Cover page of those days

ERA OF PROGRESSION OF LUNG INDIA WITH COOPERATION OF CHEST STALWARTS OF THE COUNTRY



Prof. C. N. Deivanayagam (Editor 1986-1990)

I was appointed as the first Assistant Editor of Lung India under the editorship of Dr. Ramakrishnan. The ICS gave us the much needed freedom to solicit editorials, review commentaries, and original articles from senior members of the ICS and other chest physicians and researchers, both in India and abroad.

The name was chosen by us, unashamedly copying the Father of the Nation's journal, "Young India." The year was 1982 and the first issue was released by the Health Minister of Tamilnadu, Dr. H. V. Hande, on the 35th anniversary of independence of India in 1982. Lung India accepted the format of an introductory summation from the Editor, "From the Editor's Desk."

In consonance with Indexed Journals format, all our editorials and articles were peer-reviewed, taking care to avoid naming the authors or the institutions from where the articles originated. During post-review, the peer-judge's points were incorporated with the authors' acceptance.

Receiving the page proofs, double checking the material, and persuading the printers to stick by the predetermined dates were all very tough indeed. We had only one stenographer-cum-typist in our office. We received help from ICMR, Tuberculosis Research Centre, Chennai, which became our journal office.

In February 1985, Dr. Om Sharma from California, USA, joined us as Associate Editor. In November 1985, I was made the Acting Editor due to Dr. C. V. Ramakrishnan's failing health. I became the Editor in February 1986, following which Dr. V. Kumaraswami of the Tuberculosis Research Centre joined us as Associate Editor.

Most of the original articles pertained to clinical conditions commonly met with in clinical practice. We also had inputs from occupational pulmonary physicians. Dr. Samir Gupta and his team from Kolkata published their experiences in sarcoidosis, dispelling the notion that sarcoidosis was mainly a disease of temporal climates where tuberculosis had declined. Dr. S. R. Kamat and his team from Mumbai introduced the readers to pulmonary function tests, both in health and disease. Our fond hopes that spirometry or its abridged version, the peak expiratory flow meter, would become as commonly used in chest departments as sphygmomanometers in the general wards were not fulfilled. Nonetheless, Lung India succeeded in familiarizing these tests to physicians in India.

The status of tropical pulmonary eosinophilia and its relation to filarial antibodies was clarified by a series of articles from Dr. P. R. Narayanan and his team from Tuberculosis Research Centre, Chennai.

Dr. S. K. Malik from PGIMER, Chandigarh, demonstrated that there was no increase in the incidence of lung cancer in patients carrying tuberculosis scars.

There were many editorials and articles on asthma, exercise-induced asthma, and allergic bronchopulmonary aspergillosis. Dr. K. J. R. Murthy and his team from Hyderabad reported on oxygen consumption in different types of sporting events.

The annual National Conferences of the Indian Chest Society proved to be a good source of articles, and we utilized this opportunity to publish award-winning research and clinical work.

Dr. Rakesh Gilhotra contributed an article on sella turcica changes in chronic obstructive pulmonary disease. He was

awarded the first prize in our V National Conference at Jaipur.

We reviewed books on nuclear radiation causing ill health, including the medical and biological consequences of nuclear war. Fukushima disaster was, in fact, anticipated by many radiation workers. The biggest industrial disaster of the world, the Bhopal gas tragedy, was followed very closely by Dr. S. R. Kamat and his team from Mumbai, who reported on sequential flow volume loop changes in survivors of the methyl isocyanate (MIC) inhalation 18 months after the mishap.

Dr. C. V. Ramakrishnan and I wrote an editorial on the problem of urban tuberculosis, emphasizing the need for establishing neighborhood clinics, screening children and immediate close family members of the patients, and the establishment of a national policy on chemoprophylaxis for contacts who are tuberculin positive and sputum negative. We concluded “we can do it.” Unfortunately, TB in India has consistently increased in extent and, perhaps, incidence, which demands an urgent need for a change in our outlook. TB is not simply a bacterial disease, but a good index of poverty and socioeconomic inequalities. Without eliminating poverty, deprivation, chronic malnutrition, and overcrowding, we cannot even think of eliminating TB.

Dr. V. K. Vijayan of Tuberculosis Research Centre wrote on HIV infection and its pulmonary involvement. He reported that there was no need for undue panic among health care workers dealing with HIV-positive and AIDS patients. Research has demonstrated that there is no increased risk of infection in such settings.

Our team from Madras Medical College reported a clinical profile of cystic fibrosis in South India. This report dispelled the notion that cystic fibrosis was rare in India. We used our own iontophoresis method to estimate sodium and chloride levels in sweat samples. However, cystic fibrosis was not found to be as lethal in India as in other countries.

Dr. Anna Tattersfield, who was the then Editor of Thorax, and Dr. Virendra Singh of Jaipur published a report on bronchodilator therapy in asthma, emphasizing the need to use a spacer device attached to a pressurized inhaler.



Prof. C. Deivanayagam taking charge of Lung India from Prof. C.V. Ramakrishnan in 1986

In 1994, with my experience as Superintendent of the Government Hospital of Thoracic Medicine, Tambaram, Chennai, I discussed the details of financing and restructuring health care in India.

The entire experience has been of great value. I hope Lung India will grow from strength to strength, and continue to aid the physicians and policy makers in all matters concerning respiratory health.

MILLION-MINUTE WALK TEST: THE TRIAL OF PERSEVERANCE



Prof. V. K. Vijayan (Editor 1991-1999)

I was the Assistant Editor of “Lung India” from 1987 to 1995 and its Editor from 1996 to 1999. Prior to my taking charge as Editor, Lung India, Dr. C. N. Deivanayagam was the Editor. When he resigned from the editorship of Lung India, Dr. Deivanayagam suggested my name as Editor, Lung India, to Dr. V. K. Arora, the then President of Indian Chest Society, as I was the Assistant Editor of Lung India for nearly 9 years. I assumed charge as Editor, Lung India, on the basis of the letter received from the President of ICS.

The entire work of bringing out the journal, and communication with authors, advertisers, referees, etc. was done by me. In the initial stages of my editorship, Mrs. Deivanayagam had helped me. Subsequently, there were no other personnel to help in executing the work. Getting articles for publications was another area that required personal contacts to receive good articles. Delay from the referees to receive back the manuscript was another problem to release the journal in time. Proof-reading and other activities related to bringing out the journal, including posting of the journals to subscribers was done by me personally. However, I was able to bring out the journal regularly till I was the Editor.

During my Editorship, I was in communication with indexing agencies and the journal was gradually increasing the standards set up by the “PubMed”. However, I had to resign before it can be achieved. Even so, I was able to bring the journal in the Indexing system of WHO South East Asia.

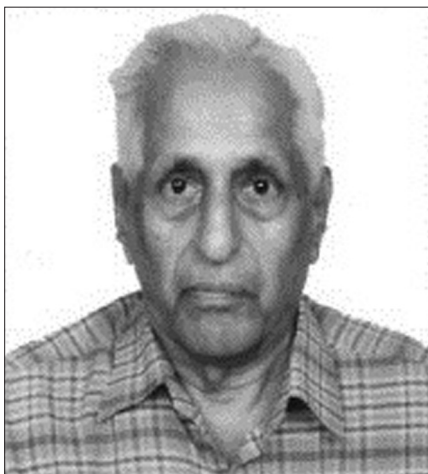


Cover page of those days

When I took charge, the financial position of Lung India was in a miserable condition. We were not able to pay the printing charges till the amount was received from ICS. The ICS released the amount only after receipt of the bill from the printers, which would be obtained after the printing of the journal. As the printer was hesitant to print the journal until the receipt of printing charges of the previous issue, I was paying the printing charges from my account in order to bring out the journal in time. I used to receive the amount spent by me after a delay of many months.

I had to resign from the editorship of the journal as soon as I took over as “Editor-in-Chief” of the Indian Journal of Chest Diseases and Allied Sciences. I handed over the editorship to Dr. P. S. Shankar.

HISTORICAL HIGHLIGHTS OF INDIAN CHEST SOCIETY AND ITS JOURNAL, “LUNG INDIA”



Prof. S. R. Kamat (Executive Editor 1991-1999)

The teachers of respiratory medicine in medical colleges and consultants in pulmonary medicine in various medical institutes of India lacked an effective representative body.

There were other bodies like the Indian Association of Chest Diseases and TB Workers Association. Both associations were run by dignitaries in Delhi, without a democratic setup or dedication to promote training in modern respiratory medicine. The TB group had every year the same agenda of talking about problems in tuberculosis with no real dynamic approach.

Thus, there was a need for creation of a society of respiratory physicians and medical teachers from recognized chest institutes. So, after massive Herculean efforts, the ICS was formed in 1980 under the auspices of Department of Chest Medicine at KEM Hospital, Mumbai. The first two conferences were held in Mumbai in 1981 and 1982, their main agenda being to provide a forum for original research and case studies from India. At these conferences, we had representatives from Britain, USA, and Australia. We achieved a membership target of 200 within the first 2 years of the society’s inception.

An attempt was made to start our periodical, but as it was not possible to create a joint journal with the above two associations, a new quarterly journal was started in 1982 under the meritorious editorship of Dr. C. V. Ramakrishnan, Deputy Director, Tuberculosis Research Centre, Chennai. Right from its inception, Lung India set high academic and printing standards.

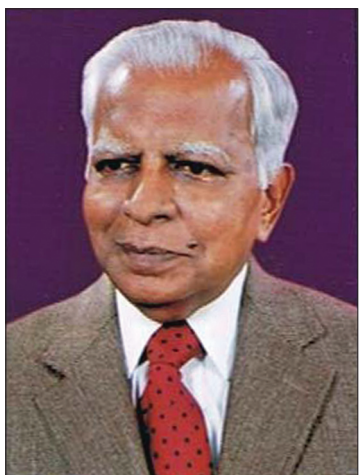
As a representative of ICS, I traveled to Chennai where the first issue of Lung India was launched amidst great fanfare at the Madras Medical College. The journal continued to come out regularly from Chennai under the successive editorships of Dr. C. N. Deivanayagam and Dr. V. K. Vijayan. The journal acquired a wide recognition in India as well as abroad.

I greatly appreciate the contributions of successive editors, viz. Dr. P. S. Shankar, Dr. P. Ravindran, Dr. S. K. Jindal, and now, Dr. Virendra Singh. For the first 8–10 years, it was not easy to raise sufficient revenue from advertising, but the journal managed to stay afloat in spite of financial constraints.

I have no doubt that the editorial board of Lung India has done its assessment fearlessly, independently, and without any bias, maintaining a high academic standard. Over time, the journal office has shifted from Chennai to Mumbai, Trivandrum, Chandigarh, and now to Jaipur. It has been accredited both at national and international levels, providing an outlet to many young scientists.

As someone who has been actively involved in the creation of ICS and promoted Lung India to reach its unique high standards, I feel privileged to watch its progress over the last 29 years. I am sure that in the coming years, the journal and ICS will continue to contribute to high academic standards in India and around the world.

LUNG INDIA AT THE TURN OF LAST CENTURY



Prof. P. S. Shankar (Editor 1999-2000)

I have been associated with the ICS since its inception in 1981. I became its president in 1984–1985 and the third annual conference was held at Trivandrum on 3–4 December 1984 (the day when Bhopal witnessed the great human tragedy following inhalation of MIC by the people). I used to participate in many activities of ICS and was attending its annual conferences regularly.

Through my participation in various activities of the Indian College of Chest Physicians and ICS, I came in contact with almost all the leading chest physicians of the country. During this time, I was working at Gulbarga, a relatively small and peaceful city in Karnataka, where I was the Principal/Dean of MR Medical College. Though I have been Professor of Medicine throughout my career, respiratory medicine was my specialty by virtue of me being student of Col. R. Viswanathan at the Patel Chest Institute, Delhi. Later, I had been Commonwealth Medical Fellow at Brompton Hospital, London, under Prof. J. G. Scadding, followed by a stint at City Hospital, Edinburgh, under Prof. John Crofton and then as a Research Fellow in Respiratory Diseases at Western Pennsylvania Hospital, Pittsburgh. I have written books on chest medicine and pulmonary tuberculosis.

ICS had been publishing the journal “Lung India” and I was contributing articles periodically. I was on the editorial advisory board of this journal from 1985. Even though the journal was published on a quarterly basis, it was not very sound economically. It was dependent on the financial contributions from ICS for its survival, and Dr. C. N. Deivanayagam and Dr. C. V. Ramakrishnan worked very hard to give a sound footing to the journal. During the annual conference of ICS at Indore, I was given the responsibility of Chief Editor of Lung India, which I humbly accepted. It was my duty to arrange for advertisements and to maintain its periodicity. Mr. Trivedi, who used to print the API Text Book of Medicine, came to my rescue and assured that he would print the journal with minimum amount without

putting any burden on me. That was a great relief and I am eternally grateful to Mr. Trivedi.

Initially, it was very difficult to get articles for the journal. I had to contact many known personalities in the field of respiratory medicine to send original articles, review articles, and case reports for the journal. My rapport with them helped me in getting the articles, and the 4–5 advertisements per issue helped me to pay the printer’s bill and postage.



Cover design of that time

I also contributed to the design of the cover page of Lung India. It had a wide, vertical red strip on one side and contents were provided on a white background. It used to look like the American journal “Chest.” But at that time, there was lot of dissent about the cover design and many of the stalwarts expressed their opposition for the change. It is always difficult to swim against the current. But I persisted with the same cover design.

Initially, the journal had no office, and it was published from Madras (now Chennai). There was a severe shortage of resources and manpower. Though there was an advisory board for the journal, it was only for namesake. However, I managed to maintain the journal’s periodicity and it was published regularly every quarter.

I functioned as its editor for 2 years during 1999 and 2000. The publication of a journal without much support is really a difficult task. One can carry out the job when there is financial backup, free flow of money, support of an establishment, and regular supply of articles from the contributors. In their absence, the editor has to do all the work by himself.

Thus, at the turn of the century, the editing and publishing of a journal in India was entirely a ‘one man show’. But the trouble was worth taking and I kept the journal alive for 2 years.

Later, the journal passed into the hands of Prof. Jindal and the office moved to Chandigarh. Unlike other journals, the editing of the journal has moved from one place to another with each successive Editor. It started at Chennai and then moved to Mumbai. From there, it went to Chandigarh and now to Jaipur. The economic status of the journal has tremendously improved and contributors have increased significantly. The “thin” journal at the turn of the century has become “fat and fair” with colorful pictures, well-written scientific articles, and markedly improved printing technology. Let the journal grow from strength to strength and live long.

NEWER LUNG INDIA: MY EXPERIENCES DURING 2004–2010



Prof. S. K. Jindal (Editor 2004-2010)

The survival of Lung India was severely threatened in 2003–2004 when it had been out of print for about 2 years. A crisis had developed due to a long gap in its regularity and the absence of journal’s leadership. I took up the challenge of getting it back on its feet and to give it a place amongst the important respiratory journals. The earlier editors had worked hard and laid a good foundation. I only needed to pool the available resources and push a bit harder for its re-emergence. I had the freedom to choose the editorial board. I selected several of my eminent colleagues who were interested in the journal, and I must acknowledge their help at every step.

It was a difficult task, considering the limited publication material available with us. Moreover, the fiscal resources at that time were also very limited. Whatever manuscripts we received were either the case reports or the general articles meant for teaching.

To put the journal back on its trails, it was important to ensure its regular publication, make it appealing to the readers and most importantly, encourage the authors to contribute original articles of merit to the journal.

Besides the inadequacy of contributions, there also

existed the difficulties of getting the articles reviewed by independent referees and final editing before printing. Both these tasks were equally laborious. The reviewers had little interest in the job. One feels sorry to say that not only the contents, but also the language and grammar employed in the manuscripts required to be repeatedly edited and modified before considering them fit for inclusion in the journal. It was not rare to find badly typed or occasionally even hand-written manuscripts.

From the very beginning, I was focused on getting the journal indexed in PubMed to make it a preferred choice for the authors and the investigators. I had planned to bring the first few issues on merit and thereafter consider an application for indexing. We had to maintain a balance between the “acceptance” and “rejection” of articles based on the merit and the reviewers’ opinions. One had to accept a reasonable number of articles to keep the journal going. On the other hand, the contents and the quality were essential to maintain to get it indexed and make it useful for the readers. One could not afford to do injustice to a task accepted in the interest of the ICS. Therefore, I undertook most of the responsibilities on my own shoulders. I must also say that the members of the Editorial Board, my colleagues in the department, and members of the ICS provided full cooperation and help, as and when required. We came out with a new look of the journal in the July–September 2004 issue (Vol. XXI, Number 3).

I have had several incidences of anger and dismay expressed by the authors at rejection of their articles. In a particular instance, a very senior member of the ICS was upset at being asked for a revision of his over 20-page article written so loosely that one could understand neither the subject nor the purpose of the manuscript. Another author had repeatedly asked me to publish his article as a favor because of his longtime appreciation of my work. There were quite a few who argued for acceptance of their papers in view of their being professors or senior consultants. Interestingly, most of the times, I had asked only for “revisions” or clarifications, rather than outright rejections. Even then, a large number of authors felt offended. I may also mention here that it is extremely rare for any author to get an article published anywhere without a revision.

I could not avoid a long delay in the publication of case reports which composed a bulk of our submissions. The journal could not survive on the basis of case reports alone. On the other hand, the delay was also a self-defeating exercise which our journal could not afford. I had somehow managed to keep the authors waiting for their publications.

After a period of about 2 years, we opted for a professional publisher – Medknow Publications. This step had significantly reduced our burden related to several exercises undertaken earlier solely by us. It has also



The first issue of Lung India (July–September 2004) which appeared during my tenure



Lung India, after the online publication was started in January 2009



Lung India in PubMed: Editorial in the issue of April–June 2010

improved the overall quality and get-up of the journal. This was the second major step in the growth of the journal during my tenure.

The next important step was to get it indexed and ensure its success pertaining to the printing quality and look of the journal.

We succeeded in getting the journal indexed in PubMed in 2009, after a period of about 5 years of my editorship.^[1] This was a matter of great joy and achievement. My job was successfully accomplished. It was a new beginning, not the end in any case; a lot remained to be achieved in the future. But the order must change. I was thereafter determined to pass on the baton to the next editor, Dr. Virendra Singh, which I did in 2010 after my two stints of 3 years each as an editor.

It is rather sad that doctors generally do not show

interest in writing and reporting. This is particularly so amongst busy practitioners in India, for whom the issue of publication may not be critically important in their professional practice. Incidentally, the publication of original contributions is neither an essential job requirement nor an incentive for promotions for vast majority of medical professionals. However, publications are important for the purpose of documentation of important observations, new techniques, latest reviews on current problems, and revalidation of data available from international studies.

Now, I joyfully look back and relish my stint as the Editor of Lung India. The reward is extremely pleasing and this is the story of my passionate association with Lung India.

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