



EDITORIAL

Physiology in respiratory medicine

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Par ma foi! il y a plus de quarante ans que je dis de la prose sans que j'en susse rien...

Monsieur Jourdain, Molière, *Le Bourgeois Gentilhomme*, Act II, Scene IV

Physiological reasoning has always been essential to the practice of respiratory medicine. Yet the teaching of physiology has been on the decline in many universities. Meanwhile, advances in molecular biology, genetics and systems biology have deeply modified biomedical research with renewed demands for bedside translation. Not uncommonly now, the question is raised about the very meaning of the word “physiology”. Is it nothing more than a constant concern about the functional significance of findings and integrative reasoning? If so, then every biomedical scientist is a physiologist. In *Le Bourgeois Gentilhomme* by Molière, Monsieur Jourdain is amazed to discover that he has been speaking “prose” for more than 40 years without having ever known it. All respiratory physicians are surely speaking the “prose” of physiology. Yet we more often than before ask our younger (and less young) colleagues questions about the pulmonary circulation, blood gases, lung mechanics and exercise tests. Furthermore, even with less funding than it was used to, research in respiratory physiology has made progress and new concepts have emerged that are not always easy to understand. Misconceptions continue to float around clinical discussions.

Therefore, after extensive talks and preliminary contacts, we have thought it timely to introduce a new review series dedicated to refreshing or renewing physiological concepts for the respiratory physician. We thought initially of presenting large, comprehensive reviews. However, these are often impractical for busy clinicians, who prefer straightforward

answers to focused questions. We thus favoured a more efficient and stimulating format of concise papers circumscribing a topic with a few pertinent figures and a limited list of references.

We intend to cover all topics related to respiratory medicine, *i.e.* the pulmonary circulation including the right ventricle, gas exchange, lung mechanics and exercise. Opinion leaders will be contacted, but motivated additional freelance proposals will also be welcome. Some pieces will appear provocative. This is fine, as controversy has always driven progress in knowledge, provided that the scientific content is robust. We might eventually need to run some topics in the format of pro/con debates, which can be pleasant to read, and more importantly, open new research avenues. Of course, as usual in the *European Respiratory Journal*, all submitted papers will be strictly peer reviewed to ensure optimal scientific quality and credibility.

In this issue of the *European Respiratory Journal*, we start with an analysis of the transpulmonary pressure gradient for the diagnosis of pulmonary hypertension [1]. We will proceed according to the reactions, criticisms and suggestions of our readers and further contributors. Our wish is to keep this series open and make it a forum for improved understanding and friendly debate. We hope to have fun.

STATEMENT OF INTEREST

Statements of interest for R. Naeije and A. Vonk Noordegraaf can be found at www.erj.ersjournals.com/site/misc/statements.xhtml

REFERENCES

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