Each month's issue usually contains 30 original papers in addition to letters to the editor and editorials. In 2000, the journal was receiving just under 400 manuscripts per year. In 2010, it received 1298 manuscripts, the highest ever, which included 1013 original papers (857 clinical and 156 experimental), 45 invited review articles, 88 invited editorials, 20 rapid communications, 79 images in cardiovascular medicine, and 16 controversies in cardiovascular medicine. Manuscripts were reviewed by 784 reviewers and the acceptance rate in 2010 was around 23%. Manuscripts came primarily from Japan (48%), with others submitted by authors in China (14%), Korea (11%), Taiwan (5%), the USA (4%), Turkey (4%), and elsewhere (14%).

Shimokawa's strategy is to enhance the scientific and internationalization level of *Circulation Journal*. 'Because the Japanese Circulation Society is the leading cardiovascular society in the Asia-Pacific region I think our *Circulation Journal* should represent and should lead this area in cardiovascular research and practice', he says. This would make the journal's position in the region equivalent to that of *Circulation* in the USA and *European Heart Journal* in Europe.

Shimokawa compares the situation with *Cloud over the Hill*, a novel written by the famous Japanese writer Ryotaro Shiba. In his book, he describes Japan's situation in the Meiji era more than 100 years ago when it was trying to catch up with western countries. Shimokawa says: 'I think the situation of our *Circulation Journal* is the same, like a cloud over the hill, chasing for *Circulation* in North American and *European Heart Journal* in Europe'.

He aims to achieve this by enhancing the scientific level and internationalization of the journal. The impact factor is improving and he hopes that it will reach around 5 in the next 3 years.

In addition, a number of international associate editors have joined the editorial team. Every month the journal publishes review articles written by internationally recognized cardiovascular scientists. And in addition to the journal being freely available online, an international email service has been started which sends the monthly contents to more than 6000 foreign cardiovascular researchers.

Other initiatives are a new review series by young cardiovascular scientists (who are recommended by associate editors), aimed at stimulating the next generation in Japan and worldwide; changes in the journal style including full colourization at no cost to authors; and publication of supplementary files in the online journal. A new section called Images in Cardiovascular Medicine has been launched for manuscripts that contain images with high scientific impact. And *Circulation Journal* now gives out awards to authors with papers at the highest scientific level and to reviewers with the highest performance.

J. Taylor, MPhil

Personal expriences of émigré cardiologist: Adrian Ionescu, MD, FRCP (Edin.), FESC

Home is where you can achieve your potential: a journey from East to West

Now a consultant cardiologist in Wales, Adrian, travelled across Europe with a few stops along the way in pursuit of a career.

I was born in 1962 in Bucharest, Romania, and graduated in 1987 from the 'C Davila' Faculty of Medicine and Pharmacy. After 3 years of post-graduate training, the only option then was to be a rural doctor in a deprived and remote location. There was no speciality training.

After the governmental regime change in 1989, speciality training was again available, so in June 1990, I started internal medicine training. A few months later, I was appointed junior lecturer at my old alma mater, the Coltea teaching hospital in Bucharest, which had a very strong tradition of clinical cardiology established by the late Prof. Bazil Theodorescu. It had one of the very few echocardiographic scanners available in Romania (M-mode only device). I was fascinated by it and started building my own experience with M-mode echocardiography. In 1994, I was certified a specialist in internal medicine, but by then, two events that would change the course of my life had already taken place.

The first was an encounter with a remarkable lady, Prof. (now retired) Beatrice Stegaru, in the Klinikum Mannheim in Germany. In January 1990, a mature medical student from Mannheim, Dieter Kloos, arrived in Bucharest with a car boot full of basic medical supplies. He pulled over at the main children's hospital and spoke to the on-call consultant, offering basic accommodation for one or two young Romanian medical graduates so that they could see 'how medicine is done' in the West. My former tutor recommended me, and a year later, Dieter and I were walking down the endless corridors of the Klinikum Mannheim, passing a lady wearing a white coat. We were startled to hear her asking

me in Romanian whether I was 'from the old country'. Prof. Stegaru had almost graduated from medical school in Bucharest, but after a dark period of political persecution and personal loss, she emigrated to Germany in the early 1960s. There she repeated medical school then rose to become a Professor of Cardiology, one of the very few women cardiologists performing diagnostic coronary angiography. Out of sheer patriotism, she supported me like a mother in my efforts to learn echocardiography, teaching me two-dimensional (2D) echo, financing me to go to the wonderful week-long Lausanne Echo course and to other international meetings. She showed a confidence in, and benevolence towards me, like I had never experienced before or since. I visited her department again for 6 weeks in 1992, when she sent me to the AHA meeting in New Orleans.

By now, we had one of the three HP1000 scanners available in Romania, and on the back of my German experience with 2D echo, and with the new and exciting colour flow mapping, I was given unlimited access to it by Prof. Bruckner.

I rapidly acquired a vast experience in clinical echocardiography, performing single-handedly 20–30 scans/day while trying to get to grips with the echo literature. In those pre-internet days the main source of information was Harvey Feigenbaum's textbook, which I had managed to translate from German while in Mannheim.

The second life-changing encounter was with Alan Fraser, the *eminence grise* of European Echocardiography, who visited our department in 1994 as part of an EU-sponsored staff exchange programme. After a few discussions and a trip to the Monasteries in Northern Moldavia he offered me a 1-year position at the University of Wales Hospital in Cardiff, as a research fellow working under his and Eric Butchart's supervision, in charge of a research project looking at embolic risk after heart valve replacement. In May 1995, I landed at Stansted and a few weeks later was learning and performing transoesophageal echo with Alan Fraser and his team. The research project took longer, was more complex, and produced far more data than initially thought, so I spent 4 years finalizing it as an MD. In 1999, I passed my MRCP exam and became a certified specialist in cardiology in 2005. I spent 4 months in Eindhoven's Katarina Hospital honing my coronary interventional skills, and in March 2005, I was appointed a consultant cardiologist in Morriston. Although relatively unknown, the Regional Cardiac Centre, established in 1997, is among the top five UK centres for cardiac surgical outcomes and has scored a few 'firsts' in Wales.

Now with eight cardiologists, we have achieved the critical mass to leave an imprint and make an impact not just clinically for the population we serve (one million), but also in the wider world.

I am very grateful to my mother who taught me English early in life. I was fortunate to have a strong role model in my father, a consultant psychiatrist, and then in a few remarkable clinicians that made the years of medical school memorable and worthwhile: Prof. D. Olteanu, Assistant Prof. D. Isacoff, the late Prof. M. Anton, and Prof. I. Bruckner. They were beacons of integrity and probity in a very murky environment and perilous times. My greatest luck was that the regime change in Romania occurred at a time when I was still young enough to take the opportunities it created. I had very little difficulty adapting to the working environment of structure, autonomy, and trust in the UK. I relish the fact that as a consultant I am entirely autonomous, without the daunting presence of a 'big boss' that scrutinizes, criticizes, and often cancels clinical or administrative decisions made by subordinates. The disadvantage of this non-hierarchical system and frame of mind is that change is more difficult to implement than in a paternalistic, authoritarian system, but for me this is a price worth paying for maintaining one's dignity and decisional freedom. I liked enormously the breadth of exposure to clinical situations that the old system of medical training allowed before the dreaded European working time directive started to rule our lives. Moving from hospital to hospital during training was a priceless and character-forming experience, and a great strength of the UK system. I am convinced that the UK is the most tolerant, unprejudiced, and meritocratic society on this side of the Atlantic. I am grateful that my two daughters were born here and are being raised and educated in a spirit of tolerance and acceptance of diversity. My only regret is that neither I nor my wife has my mother's determination to make them learn foreign languages—they are English speakers and as such have very little motivation to acquire any other idiom.

Adrian Ionescu

Wales 'firsts' at Morriston Regional Cardiac Centre

TAVI procedures
Routine use of 3D echo
24/7 primary PCI service
Routine use of 'echo contrast' for stress echo
Percutaneous closure of an aortic pseudoaneurysm
Centre to provide all stress echo modalities (dobutamine, vasodilatory, exercise)

Wales coastline