Understanding disease development and its treatment requires deep critical thinking, shrewd clinical observation, and a strong and ongoing commitment to research. Instilling such qualities, along with knowledge acquisition and professionalism, has been the driving force of each training program at McMaster University. Having been a part of the graduate school as well as the medical school, I have had the privilege to experience this relentless dedication to excellence from the faculty and students alike. This year’s issue marks the 10th anniversary of *McMaster University Medical Journal* (MUMJ); highlighting a broad range of medical topics including cardiology, thrombosis, diagnostic radiology, mental health, and professionalism in medical settings.

McMaster’s dedication to discovery is reflected through the clinical trials undertaken, exemplified in the design and evaluation of newer generation of anticoagulants. Starting from the discovery and clinical application of unfractionated heparins, we have come a long way in discovering medications with higher efficacy and improved side effect profile. McMaster has conducted several world renowned clinical trials approving these agents for treatment of venous thromboembolism (VTE) and atrial fibrillation. In this issue of MUMJ, Scott B. discusses the utility of high throughput screening (HTS) in the development of one such agent, dabigatran; an oral direct thrombin inhibitor. Continued use of HTS, combined with laboratory and clinical acumen, will further advance discoveries in the area of anticoagulation.

Devotion to drug design and innovation in diagnostic imaging has significantly reduced perioperative mortality associated with VTE. On the contrary, perioperative mortality secondary to arterial thrombosis, specifically in patients with, or at risk for atherosclerosis, remains quite high. Several published and ongoing trials by investigators at McMaster are evaluating medications that can be of benefit for high risk patients. On the diagnostic side, Alazzoni A. et al., in their systematic review, discuss the role of high sensitivity troponins as a marker for prognosis in myocardial injury. Such novel assays will enable earlier and more accurate diagnosis of cardiac injury, in turn resulting in timely initiation of therapy and improved prognoses for cardiac patients in the years to come.

In an attempt to foster continual growth, MUMJ has introduced a new critical review section, authored by internal medicine residents at McMaster. In this edition, Quinn et al. appraised the recent Cochrane review on the role of neuraminidase inhibitors in influenza A treatment. Such program-driven initiatives not only highlight McMaster’s wider commitment towards advancement, but also inspire active participation from the resident community.

I sincerely thank all the authors, the editors, the executive editor, as well as the faculty reviewers, all of whom have allowed us to publish a wide variety of high-quality articles in the diverse facets of medicine. Being a part of this journal for the past two years has been a privilege and a wonderful learning experience. I truly hope that the audience enjoys reading this issue of MUMJ as much as we have enjoyed preparing it for publication.

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