EDITORIAL VIEWS

Anesthesiology
82:1, 1995

A Brief Note to Our Authors and —From the FDA

It is often surprising to me that so many of the manuscripts submitted to ANESTHESIOLOGY arrive in the editorial office either incomplete or in other ways not suitable for review. Examples of the most common deficiencies include absence of *each* author's signature on the covering letter, an insufficient number of copies (especially of the figures), incorrect formatting of references, failure to provide appropriate copyright release, failure to provide a structured abstract, absence of each author's institutional affiliation, and failure to provide a statement that "the material contained in the manuscript has not been submitted for publication in whole or in part elsewhere." Although some of the above are relatively trivial and can be dealt with by the editorial office or can be corrected by the authors when a revision is sent, several of the items (copyright, authors' signatures, validity and exclusivity statements) cannot, and review of the manuscript must be delayed until the deficiencies are eliminated. This requires the editorial staff to contact the authors (which even in this age of electronic communication is, at times, surprisingly difficult) and be otherwise diverted from the more pressing day-to-day activities of an editorial office. As part of an effort to assist our corresponding authors as well as improve office efficiency, an AUTHORS CHECKLIST is included along with the Guide for Authors in this issue of the Journal and will be reprinted every 6 months. In the future, a completed checklist will be expected whenever a new manuscript is submitted for publication or when a revised manuscript is returned. Although this request may seem to be more of a "make work" project, in the end I am certain that fewer delays and improved editorial office efficiency will result.

Also in this issue of the Journal is the first of what I hope will be a series of articles titled "From the FDA." The purpose of these articles is to inform our readers of the latest regulatory developments regarding new drugs and items of equipment that first must be approved by the Food and Drug Administration (FDA) for clinical use. In the article in this issue, Dr. Bedford also provides a bit of background as to the functions of the FDA as well as those of the advisory panels that provide support to the FDA. In future issues, not only will FDA news be described, but developments pertaining to our practice from other governmental agencies also will appear in the Journal. I welcome your comments with regard to these changes as well as suggestions for additional ways to improve readability, importance, and currentness of that which is published in ANESTHESIOLOGY.

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Accepted for publication November 14, 1994.

Key words: Journal, changes: From the FDA; Guide for Authors.