

## ◆ EDITORIAL VIEWS

Anesthesiology  
1998; 88:289-290  
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Lippincott-Raven Publishers

### *Some Announcements for the New Year*

JANUARY is the usual time to talk about changes. Unfortunately, there was no room in the January issue, so I postponed my remarks until now. My intent is to inform our readers of certain changes that have occurred in the journal (*e.g.*, see the January issue) and others planned for the immediate future.

#### **Old and New Board Members**

A journal is only as good as its Editorial Board, and ANESTHESIOLOGY has long prided itself on having the "best in the business." Two of our longstanding members have completed their terms: Dennis Mangano and Donald Stanski. It is only appropriate that we say thank you as they have rendered invaluable service to the Journal, as did Drs. James Robatham and Warren Browner, who both stepped down last year. They are being replaced by Drs. Srinivasa Raja, David O. Warner, and Richard Weiskopf, all of whom have served on our Associate Board for many years. Retiring Associates include Drs. Greg Crosby and Dennis Koblin, and new Associates include Drs. Charles Berde, William Camann, Rona Giffard, Jerrold Lerman, Robert Pearce, and Steven Shafer.

#### **Highlights**

For several years, we have published a section entitled "Highlights." These consisted of brief solicited comments about articles likely to be of interest to many readers or about complex articles that required some additional explanation. These appeared in the "A" pages of the journal, along with the advertisements. Unfortunately, they tended to "get lost" and were neither indexed nor listed by MEDLINE. This past summer, we moved Highlights into the body of the Journal, just after the formal Editorials. It then became apparent that the distinction between Editorials and Highlights was rather uncertain—and seemed largely to be defined by length. We have therefore abandoned the separate category of "Highlights." However, we have not abandoned the intent—and readers should see such commentary continuing to appear each month in the Editorial Views section of the journal.

Accepted for publication October 30, 1997.

Our column "This Month in Anesthesiology" will not change.

#### **Guide for Authors**

The Guide for Authors has been revised to make it less ambiguous. Authors should note a new emphasis on conflict disclosure, the appropriate use of human and animal subjects, and some changes in article types. Authors should carefully read this new version before submitting any manuscript. This updated Guide will now be published four times a year (January, April, July, and October) and is continuously available (with downloadable forms) on our Web Site (<http://www.Anesthesiology.org/guide.html>).

#### **Web Page**

Our Web Page was established largely as a courtesy to our readers. However, we now wish to expand its use. The printed page clearly limits what can be published. The cost to print the Journal limits our ability to publish lengthy "archival" supplements to articles that might be of great interest to other workers (*e.g.*, data collection forms, extensive databases, and so on). Color pictures are expensive, and no one has yet figured out how to print a videotape. These limitations do not exist in cyberspace. Therefore, we would strongly encourage our authors to consider the submission of "supplementary" materials that can be published electronically. These "Web Site Enhancements" will be kept "on line" permanently, and a printed notation regarding their location will appear in the Journal. Authors may also make reference to such supplementary material in the text of their articles (*e.g.*, "see the video clip linked with this article on the ANESTHESIOLOGY Web Page"). Note, however, that submitted material must meet the same standards as anything published in the Journal. Video tapes must be professionally edited, clearly labeled, and so on.

One other feature of the Web Page requires comments. In September 1997, through the efforts of the ASA EMIT committee and of Janice Plack and Jill Sidoti of the ASA office, a searchable program for the 1997 ASA Annual meeting was posted both on the Journal's Web Page and the ASA Headquarter's home page. That program contained full text abstracts for ≈30% of the presented papers (and

remains accessible on the page). We intend to provide the same service in 1998, but our goal is to move toward having 100% of the presented abstracts available electronically—and to keep those abstracts in a searchable archive for several years.

To achieve this goal, authors submitting papers for presentation at the 1998 annual meeting will again be asked to submit their work on paper (as per the usual routine) but also on disk. Specific directions can be found in the packet sent out by the ASA.

### Key Word Changes

For several decades, ANESTHESIOLOGY has used the innovative and extensive key wording system developed by Dr. Nicholas Greene. However, its complex hierarchical nature (e.g., Anesthetics; volatile; isoflurane) is not optimally suited to computerized searching, has generated confusion on the part of authors, and also involves a great deal of work and expense by indexers at Lippincott-Raven (because it is different from the system used by any other journal). Beginning in the January issue, we converted to a more "standard" key wording system for the Journal. This system is based heavily on words appearing in the title and abstract of articles. Authors will no longer need to create a comprehensive list of all possible words. Instead, authors need only provide 3–5 key words that DO NOT already appear in the title, abstract, or major text headings, but which they believe are important (and which might be overlooked by our indexers).

### Letters to the Editor

Letters to the Editor that comment on published articles must appear in print reasonably quickly; few people are interested in a letter that discusses an article that is more than 1 year old. To improve this "promptness," we are changing our handling of submitted correspondence. Letters dealing with a published article must arrive in our office *no more than 3 months* after the original article appears (and we are willing to be flexible when appropriate). We will also "hold" letters for a short period of time, as we wait to see if others dealing with the same article will arrive. This "holding" period will permit the authors of the original articles to write one combined response to all comments, rather than a series of separate replies.

This process applies ONLY to Letters that comment

on a previously published article. As readers know, we publish many other kinds of Letters, and roughly half of the them report clinical experiences, useful tricks, brief case descriptions, and so on. We are not planning any change to our handling of these types of Letters. Note, however, that we have established a mechanism by which Letters can be submitted electronically *via* our Web Page. We would encourage people to use this service largely for "free-standing" letters because it should allow us to complete the review process in a very short time. If you wish to comment on a published article, please use more traditional routes of submission; any speed gained by electronic submissions will be lost as we wait to see if any other submissions dealing with the same paper arrive.

### Turnover Time for Submitted Articles

There are few things that an author hates worse than waiting for a decision about a submitted article; prolonging this process is exceptionally irritating. One mark of a good journal is its ability to provide authors with a prompt decision. We have therefore recently instituted procedures that we intend will "guarantee" a decision letter being mailed *no more* than 10 weeks after an article is received in our office. We hope to move toward making this time even shorter. If we find ourselves unable to meet this deadline, we will contact the authors. If you have not heard from us within this time window (after making allowances for mail, and so on), please contact us either by email (anesthesiology@uiowa.edu), *via* our Web Page (see <http://www.anesthesiology.org/services.html>), or *via* telephone/FAX. [Note: this does not apply to Medical Intelligence or Review articles, which, because of their length and complexity, often require more time to process.]

As noted here last year, one goal of the editorial office is to facilitate communications with our authors, with our reviewers, and with our readers. We welcome your thoughts and comments.

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