

EDITORIAL

As readers will have noticed, since January of this year, the Journal has changed to the A4 size which means that each issue now carries 40 per cent more material. This will significantly shorten the waiting period before articles can be published, though this is not yet obvious, as current authors will vouch. The full impact will become more apparent over the next twelve months. This increase in content has so far enabled us to provide a Quarterly Book Review service.

It is proposed to make a number of additional alterations to the contents of the Journal from January, 1989. These cannot be called innovations as many of the features have been offered at different times in the past and it will depend upon the measure of support that they receive, whether they prove to be worthwhile.

Historical Articles. Articles of this type are generally encouraged, but it is obvious that they have to provide some new information or interpretation, whether it be about a well-known person or for example an instrument associated with him, but those from within a Hospital's own department who have made a hitherto less well-known contribution would be welcome.

Letters to the Editor. This feature is to be re-introduced to give those who wish to comment about a paper previously published within the Journal, an opportunity to express their views. Wherever possible, we shall ask the original author to add his further comment, thereby adding to the value of the contribution. Such letters should be sent as soon as possible after publication of each month's issue of the Journal in the hope of including them as soon as possible thereafter.

'Mini-Papers', such as those which appear in the British Medical Journal, Lancet or New England

Journal of Medicine, will not be acceptable, except on the rare occasion that they bring information of immediate interest to the reader.

Pathology. It is proposed to present on a monthly or bi-monthly basis, articles which are of pathological interest with particular emphasis on the way the diagnosis was achieved, the techniques involved, etc. It is hoped that clinicians will involve their pathologists in these reports, and all illustrations must be of first-class quality. Where a department, particularly those overseas, may not have such specialized facilities, it may be possible, if a block or several unstained sections are provided for our Adviser to produce or supplement the illustration submitted. Only contributions of particular pathological interest will be accepted.

Radiology. It is proposed to introduce on a monthly or bi-monthly basis, short reports on cases in which the radiology has been crucial in the making of the diagnosis or the management of a particular case. This spot is to encourage clinicians and radiologists to produce material of particular interest in the specialty and to encourage co-operation in this field. Only presentations with first-class illustrations can be accepted and these must emphasise a problem of unusual clinical interest.

Rejections

Unfortunately where it is found necessary to reject a manuscript, this will not be returned unless the principal author particularly requests this. This is a common practice of other Journals in order to reduce time and expense. **This also helps us to be more cost-effective which ultimately benefits the subscriber/reader.**