

From the editors

News and comment

Robert H. Anderson, G. William Henry and Giancarlo Crupi

THE FIRST ISSUE OF CARDIOLOGY IN THE YOUNG FOR 1994 brings us into our fourth year of existence. The make-up of the Journal is beginning to take a consistent shape, and we are pleased to lead off with the second episode of our series concerning items of health policy. In this review, our Associate Editor, Tim Garson, continues his appraisal of myths, truths and reality relative to the delivery of health care in the United States of America. In this respect, there is little doubt that the United States has the most sophisticated machinery for administration of health care in the world. Elsewhere, and certainly in the United Kingdom, the provision of universal health care is in turmoil. Even in the United States, major changes are afoot, as heralded by the recent publication of the preliminary proposals of the Rodham-Clinton committee and the proposed modifications into a single-payer system by Congressman McDermott. These are turbulent times in the field of health care, and we will be pleased to publish any material relative to this growth area, providing, of course, it satisfies our necessary criteria for peer review. Any of our readers with an interest in the area is encouraged to contact Tim Garson directly.

The larger part of this issue is taken up by the work submitted by five of the six finalists in our Young Investigator's competition sponsored by the World Forum during the recent World Congress in Paris. As announced in our last issue, the winner was Dr. Vera Aiello, a pathologist from São Paulo, Brazil. We are delighted to publish her work on arterial lesions appearing as a consequence of pulmonary hypertension. We are equally pleased to publish the contributions from Drs. Vogel, Ladeia, Keller, Hebe and their respective co-workers. Anyone reading these important works will appreciate the problems confronting the jury in selecting just one of these presentations to receive the prize.

This issue of the Journal also contains a varied collection of original articles, and an interesting and extensive series of brief reports. It concludes with the text of the invited lecture given by the well known echocardiographer and researcher, David Sahn, at a

recent meeting of The Southeastern Pediatric Cardiology Society. We are always prepared to publish reviews of this type, particularly if concerned with important topics such as fetal cardiology. Our only expectation is that the text of the lecture, or editorial, meet the high standards we set for all our regular articles.

In this respect, we in the Editorial team set ourselves high standards when we prepare the material for publication. As indicated in our "Instructions to Authors," we have strict "house rules." It is very evident to us, as we work on the submitted manuscripts, that our authors must, very frequently, neglect to consult these rules before setting pen to paper. We state explicitly that our style is not to use any abbreviations, nor alphanumeric subgroupings. Yet all the time we receive manuscripts stuffed with abbreviations and richly adorned with Groups IA, IIB and so on. These conventions not only make the job of the Editor much harder, they also distort the flow of the manuscript and make it harder for the reviewer to understand the message. We always try to ignore such considerations when assessing the works as to suitability for publication. It would make things easier all around, nonetheless, if our authors would read the "instructions" prior to starting on their manuscript and, if deciding to submit to *Cardiology in the Young*, would then abide by the instructions.

It is also clear that our attempts to achieve a consistent editorial style do not always meet with the complete approbation of our authors. As authors ourselves, we are more than aware of how precious is one's individual style. We are also equally aware that the good editor is worth his (or her) weight in gold. All too often, passages of text which seem crystal clear to the author are shown to be anything but when attacked, and improved, by the editorial red pencil. When time permits, we always attempt to "clear" our proposed editorial changes with the authors prior to committing them to text. In most instances, our authors have been gratified by the care we have tried to use to improve their texts, particularly when English (or American) [sic (RHA)] is not their native tongue. Sometimes the constraints of time have

negated our attempts at dialogue, and we know we have offended some of our authors, particularly when preparing our recent symposium concerned with cardiopulmonary bypass. This is a difficult area, where the practitioners almost converse in a language of their own. The “jargon” used conspires against the construction of free-flowing prose. We set about our task so as to achieve some uniformity in the texts, and in this we believe we were successful. On occasion, we perhaps went too far in our zeal to avoid the use of nouns as adjectives, and the creation of the “count of platelets” was perhaps our greatest solecism. Fortunately, the editorial chain was sufficiently flexible that this newly created aristocrat was not glorified on the printed page.

The point we seek to establish is that we are committed to publishing our journal in as simple and unambiguous prose as possible. The changes we make are done with the best intentions, and we are always open to contrary views. Our desire, as with that of our authors, is simply to publish the best material as clearly and as expeditiously as is possible.

*National Heart & Lung Institute
London, United Kingdom*

*University of North Carolina
Chapel Hill, North Carolina, USA*

*Ospedali Riuniti
Bergamo, Italy*