

## *From the Editor-in-Chief*

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THERE IS ALWAYS A LAG BETWEEN THE preparation of material for publication and its appearance in print. Thus, it is currently approaching the end of January as I put together these comments, which hopefully will be in your hands within the first week of March. Our New Year resolution for 2002 as a publication team was that the Journal would appear much closer to the date promised on its cover. We already know that we failed miserably in our attempt to have the January issue out within the first week of the New Year. We have an excuse, but it is not important. What is important is to make sure that we do better in future. By the time of appearance of the May issue, therefore, the copy should be in your hands by 1 May. Please use our website to inform us if your Journal arrives late, or indeed, if it does not arrive at all.

As was explained in the January issue, the website is now “up and running”, and we hope that many more of you will use the site to let us know your opinions. The address is <http://www.catchword.com/titles/10479511.htm>. Log on and follow the online instructions. We are always eager to hear your criticisms, as well as to acknowledge any plaudits that you may wish to cast in our direction. Ongoing improvement in the Journal depends on feedback. You can now submit your manuscripts electronically, and we hope that many more will take up this option. We are increasingly using the electronic medium for the purposes of refereeing. This becomes that much easier if the initial submission is itself electronic. May I also take this opportunity to remind the increasing numbers of authors who are sending us articles to read carefully our “Instructions” before submitting their work. We have several rules. We do not use ANY abbreviations, and we prefer to avoid devices such as “Group 1” and “Group 2”. If you want to use “Groups”, then please give them descriptive titles. When I read a paper, I have usually forgotten what “Group 2a” means when I next encounter the term within the text. There are no such problems when using descriptive titles. It is also our style to use both given names and surnames on the title page, but not to include degrees. Key words should be chosen which do not already appear within the title. These are little things but, if adhered to, they make the editing process that much easier. And, if there is a difficult decision concerning acceptance, it could well be swayed according to whether the manuscript is prepared in the appropriate format. Readers should

remember, however, that it is always the scientific content that determines acceptance or rejection. Grammatical inadequacies are of no consequence, although we prefer to see nouns used as nouns and adjectives as adjectives. In my opinion, the bugbear of modern writing is the increasing use of nouns as adjectives. Consider the “big picture gallery”. Is this a gallery for big pictures, or simply a large gallery containing pictures? Such ambiguities are rife in the cardiological literature.

An added advantage of the website, seen for the first time in this issue, is that it permits us to introduce our “Forum for Discussion”. Konrad Brockmeier and his colleagues from Heidelberg initially posed to me the question concerning the closure of an arterial duct which appears on page 200. I discussed it together with Ted Baker, and we thought that the best way of obtaining an informed answer would be to solicit an opinion from all of you. The images which are seen in still form in our printed pages are presented as videoclips on the website. Please let us have your responses on the site. Konrad and his colleagues have another question for a future issue, and we would encourage all of you to submit suitable cases for discussion.

The other item to which I would draw your attention is the “Newsletter” from the Association for European Paediatric Cardiology that we published in the January issue (pp. 89–90). Otto Daniëls, together with Shakeel Qureshi and Heinz Weber, discussed the problem of the evolution towards specialisation in paediatric cardiology. Those working in North America are well advanced in this regard, with regular Board Examinations which must be passed by those wishing to specialise. Paediatric cardiology is now recognised as a specialty in its own right in the United Kingdom, although as yet we have no specific examinations. The specialty is recognised in other European countries such as Sweden, but not in the majority. Harmonisation is clearly required, both in terms of recognition and accreditation. The Association for European Paediatric Cardiology is making great strides to achieving this goal. We will hear much more of this in the future, as we seek to clarify the prickly relation between the new paediatric cardiological specialty and its parent specialties of paediatrics and cardiology.

*Robert H. Anderson*  
*Editor-in-Chief*