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Editors' View

Journal content and quality

The content of the Journal is determined by the editors based on a number of variables. Over the past several volumes we have substantially changed the journal content. We have solicited manuscripts from our sponsoring societies to publish original articles; we have developed specific sections on medical imaging; we have recruited talented people to promote specific areas of interest to surgeons such as biology, trauma and evidence-based medicine, by asking them to solicit specific articles germane to these topics. In addition to these efforts, original manuscripts submitted for editorial consideration continue to grow both in quantity and quality.

The number of pages we can publish is, unfortunately, limited by financial constraints. The Journal is dependent on subscription and advertising revenues, both of which are limited. A decision must be made regarding the content of the editorial pages based on the number of pages available. Since we have increased the number of solicited contributions, the number of pages available for original manuscripts submitted for consideration has diminished. This has led to an unfortunate situation of increasing waits by authors to see their accepted manuscripts actually appear in print.

The quality of the Journal depends not only on the solicited contributions but, perhaps more importantly,

on the quality of unsolicited manuscripts submitted for consideration. If the waiting time for publication of these manuscripts becomes unacceptable, authors will seek to publish their work elsewhere. This will result in an overall decrease in the number of manuscripts submitted and, almost certainly, will lead to a decrease in the quality of unsolicited manuscripts.

In order to increase the number of editorial pages available for the publication of original articles the Editorial Board decided to decrease the number of case reports or brief communications in the Journal. Although long seen as the ideal entry level of scientific publication for a resident ("You should write that up, Smith") most case reports have little scientific value. They have a very low citation index, rarely being referenced except in another case report of the same condition, and are usually the least read part of any medical or surgical journal. At our most recent Editorial Board meeting a decision was made to limit the use of case reports to those that are unique (in the true sense of the word) or serve as a perfectly defined teaching case. This decision will allow several more pages for original work and permit better use of our resources. It will also improve the overall quality of the Journal and make it more attractive to authors since the citation index will improve significantly.

Dr. Meakins and I hope that the decision by the Editorial Board will be supported by our readers and contributors — as always your comments are welcomed.

**James P. Waddell, MD
Coeditor**