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Thorax impact factor at 7.069

We are delighted to let you all know that the latest *Thorax* impact factor released for 2008 has risen to the highest ever at 7.069. The impact factor is calculated by dividing the number of citations during 2008 to papers published in 2006 and 2007 by the number of papers published in 2006 and 2007. The rise in impact factor was achieved following a significant rise in citations in 2008 and shows that *Thorax* has published the highest quality papers in the field. We are grateful to all our authors for sending us your very best papers and please continue to send them so that our impact factor can rise even further.

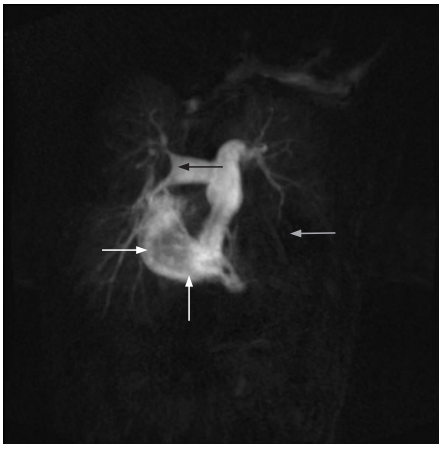
CT scan of mediastinal window setting showing central low attenuation and rim enhancement of the nodule. (See Pulmonary puzzle ***page 682***.)

Long-term effects of air pollution

As Sunyer points out in his editorial accompanying the paper by Forbes and colleagues, the acute effects of air pollution are well established. There is also some evidence for an effect on lung function growth in children but little data on the long-term effects of pollution in adults. Using data from the Health Survey for England, Forbes and colleagues report the largest cross-sectional study in Europe on the association between chronic exposure to outdoor pollution and lung function. The study shows that greater exposure to particulate matter, nitrogen dioxide and sulphur dioxide was associated with lower adult forced expiratory volume in 1 second; the size of the effect being up to 3% for particulates. Effects were greatest in men, older adults and ex-smokers. The paper concludes that although these effects are modest, pollution may have an effect on the prevalence of low forced expiratory volume in 1 second and associated health care utilisation. ***See pages 645 and 657***

Traffic pollution and adult asthma

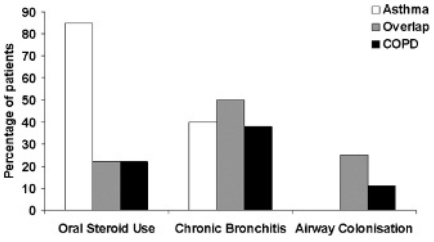
There is evidence that traffic-related pollution is associated with the onset of asthma in children and in this month's *Thorax*, Kunzli and colleagues report on an 11-year study using the SAPALDIA cohort on the association of asthma in never-smokers with traffic-related particulate matter up to 10 μm in diameter. The results show that traffic-related local pollution contributes to asthma development and, importantly, that reductions in these pollutants decreased asthma risks. In his accompanying editorial, Balmes concludes that the greatest research challenge now is to find out which specific constituents of the pollutants are responsible for the observed effects so that exposures can be effectively controlled. ***See pages 646 and 664***



Perfusion view of MRI showing a floating right atrial thrombus (white arrows) and right main pulmonary thromboemboli with no perfusion to left lower lobe (grey arrow). (See Images in *Thorax* ***page 736***.)

Biomass fuel and tuberculosis

In this issue, we publish an interesting case–control study from India by Kolappan and Subramani showing that there is an independent association between biomass smoke and pulmonary tuberculosis. In an accompanying editorial, Gordon and Rylance discuss the results and the mechanisms that may be involved in the association between tuberculosis and biomass smoke. Reducing biomass smoke will not only impact on lung cancer, respiratory infection and chronic obstructive pulmonary disease but may also reduce the burden of tuberculosis. ***See pages 649 and 705***



Airway complications and the overlap syndrome: percentage of patients with asthma (white bars), chronic obstructive pulmonary disease (COPD) (black bars) and overlap syndrome (grey bars) requiring oral corticosteroids for an exacerbation in the past year, with chronic bronchitis and with airway colonisation with bacteria. (See Review ***page 728***.)