Annual Report October 1993–September 1994

We have had another excellent year. The total number of papers submitted to *Thorax* has increased yet again (table 1). Our overall acceptance rates for original articles and case reports remain steady at 46.7% and 23% respectively.

Despite the further increase in throughput the reviewing time for original manuscripts has fallen from a median of 79 days last year to 73 days this year (table 2). Time for the first verdict for case reports is a little longer than 1992–3 but the differences are relatively small.

We have attempted to encourage submissions from outside the UK to reflect the true international status of *Thorax*. Table 3 shows the gratifying increase in submissions both from North America and other European countries. Japan and Australia are also sending us more work. This increased level of awareness for *Thorax* is reflected both in the larger number of papers accepted from outside the UK and also in the sales of the journal at the reduced subscription rate available to individual members of foreign thoracic societies around the world. The half price subscription for individuals who belong to thoracic societies other than the BTS has proven most attractive. The offer remains open and the Editorial Board are committed to making the journal as widely read as possible and hope the gradually rising number of subscriptions for *Thorax* will continue as it has done over the last three years.

We are pleased with the response to the Short Paper

Table 1 Articles submitted by category

	1992	1993	1994
Original papers	370	415	410
Case reports	204	219	242
Editorials	27	44	34
Review series	16	24	6
Scientific up-dates	4	—	—
Short papers	—	—	14
Supplement articles	—	—	12
Case report commentaries	—	—	3
Total	621	702	721

Table 2 Decision times for submitted papers, 1993–4

	Original papers	Case reports
Number	433	195
Median time to first decision (days)	73	62
Papers resubmitted (n)	172	33
Median time to final decisions (days)	24	8

Table 3 Geographical distribution of submissions

	1992 (n = 621)	1993 (n = 702)	1994 (n = 721)
UK	277	257	253
Western Europe	167	179	220
Spain	35	40	50
Netherlands	30	27	35
Italy	9	21	28
France	17	18	19
Turkey	15	15	15
Israel	15	10	15
Eire	10	12	13
Switzerland	8	7	12
Germany	10	13	11
Belgium	7	9	9
Greece	3	3	9
Austria	7	4	3
Portugal	1	0	1
USA and Canada	48	81	100
Japan	37	44	47
Australasia	18	32	32
Scandinavia	25	38	27
Asia	32	35	22
Eastern Europe	6	9	6
South America	1	9	5
Africa	4	6	5
Middle East	6	12	4

Table 4 Impact factor and cited half-life of manuscripts, 1993

	Impact factor	Cited half-life (years)	Rank
<i>Am Rev Respir Dis</i>	4.72	6.8	1
<i>Am J Respir Cell Mol Biol</i>	3.55	2.6	2
<i>Thorax</i>	2.41	7.4	3
<i>J Thorac Cardiovasc Surg</i>	2.33	8.2	4
<i>Eur Respir J</i>	2.01	3.2	5
<i>Chest</i>	1.59	5.7	7
<i>Respir Med</i>	1.0	3.1	11

section. An increasing number of manuscripts are being presented as 1400 word papers. These vary from an important negative study to a preliminary communication or a paper making a small but important point which can be stated succinctly.

Case reports remain a significant and popular part of the journal. In order to make these more valuable and less anecdotal, the case report Associate Editor is organising commentaries on collections of three to four case reports to set them in better perspective as an educational exercise. The first of these will appear early in 1995.

There is no doubt that *Thorax* is flourishing. It is under constant pressure to expand as more papers, reviews and editorials are produced. The current policy of three editorials an issue, including directed editorials, will continue into 1995 as will the review series, some of which have been turned into books – a further popular development of the last few years.

We are always open to suggestions; we certainly would encourage correspondence on published papers as we only receive about 40 letters per year. It is hoped to send a questionnaire to the readership during 1995 to assess satisfaction, new ideas, etc.

Our wish expressed in last year's annual report for more paediatric respiratory papers is looking promising. However, we must continue to strive for submissions in those areas of respiratory medicine that we seem in constant danger of losing to other specialities – lung cancer, intensive care, and HIV-related subjects.

Citation index and cited half-life of manuscripts

In 1992 the citation index for *Thorax* jumped from 1.8 to 2.4. As you will see from table 4 this excellent level has been maintained. The impact factor for the American Thoracic Society journals has fallen whilst the *ERJ* has improved from 1.5 to 2.0. The relationship between the *ERJ* and *Thorax* remains excellent with the stimulus of healthy competition, and both are now strongly challenging the ATS journals. There is room enough for two major European respiratory journals and it is good to see them both doing well.

The cited half-life for manuscripts accepted by *Thorax* remains excellent at 7.4 years, and is bettered by only one other respiratory journal. *Thorax* has moved up to third place in the overall ranking for respiratory journals worldwide. Authors are now increasingly sending their best work to the journal and if this trend continues the impact factor will surely rise again.

All those who have reviewed manuscripts for *Thorax* have made an important contribution to the improving standard of the journal. Reviewing is often an apparently thankless task but, if well done, helps to maintain the value of the peer review system. All our reviewers are listed on page 1280 and their contribution is gratefully acknowledged.

STEPHEN G SPIRO
Editor