60th anniversary of *Thorax*

Celebrating 60 years of *Thorax*

J A Wedzicha, on behalf of the present *Thorax* Editorial team

The year 2006 is the 60th birthday and the Diamond Jubilee of *Thorax*, and I am delighted to welcome all our readers to this special edition of the journal to celebrate our successful 60 years.

About 6 months ago I raised the issue of this jubilee at one of our regular Thursday Editorial Committee meetings, and we decided that an insight into the way *Thorax* has developed and changed over the past 60 years would be interesting to our readers. I therefore decided to contact all the past medical editors of *Thorax*, with the exception of Guy Scadding (Editor 1946–1960) who had passed away, and I asked them for a contribution—either memories of their period of editorship or mention of landmark published papers that have considerably advanced our specialty. Within 24 hours of the letters being sent to the editors, I was surprised and delighted that John Robertson (Editor 1960–1971) called me on my mobile cell phone to discuss the celebrations. I never had the privilege of meeting John as I entered respiratory medicine after he retired, but I was struck with his sincere enthusiasm for *Thorax*, his vision and concern for our future, and wise counsel. He then sent in his contribution for this issue very quickly and was planning to attend the reunion of *Thorax* Editors arranged with the annual Associate Editors' meeting and planned for 3 November 2006. Sadly and unexpectedly, John Robertson died a few weeks later, and thus we are also publishing in this special issue an appreciation of his life written by Anthony Seaton (Editor 1977–1982). Contributions from all the other editors follow this introduction, and I know you will all enjoy reading this unique collection of articles which provide an interesting perspective on the history of our journal.

Thorax was born in 1946 as the official journal of the Thoracic Society that later merged with the British Thoracic Association (BTA) in 1982 to form the present British Thoracic Society (BTS). At the start *Thorax* had a joint medical (Guy Scadding) and surgical editor (N R Barrett), although the majority of the articles in the first years were on topics

concerned with thoracic surgery, pathology, and tuberculosis. The first ever article in *Thorax* was a review on lung cancer written by A Tudor Edwards and, for this 60th edition, we have commissioned a review on lung cancer written by Gerard Silvestri (current Associate Editor) and Stephen Spiro (Editor 1991–1996) on the progress in the management of lung cancer over the past 60 years and published in this issue after our special editorials. As Gerard and Stephen point out, in 1946 cigarette smoking was not even regarded as the predominant cause of lung cancer and the major aetiological factor was considered to be influenza! The first issue of *Thorax* had only five papers and, in addition to the review on lung cancer, there was a paper on pneumonitis by R Coope, the first paper written by a youthful Sir Richard Doll on helium in the treatment of asthma (but without statistics as pointed out in his commentary by Anthony Seaton!), a paper on stainless steel wire suture techniques in thoracic surgery by Belsey, and another on spontaneous perforation of the oesophagus by Barrett. Only 19 papers were published in 1946, but the journal expanded in the 1960s under John Robertson's editorship to a total of 116 papers published, of which 52 were on surgical topics. *Thorax* expanded to monthly publication in 1980 and currently publishes around 180 papers per year but, over the past 20 years, we have changed to almost entirely papers on medical issues and publish few papers on thoracic surgical topics that tend now to be submitted to dedicated surgical journals.

Reading the editorials, you will see how papers have been handled by editors over the past 60 years. The success of a scientific journal requires that research papers are truly original and, as Anne Tattersfield (Editor 1987–1991) comments: "Editors look for articles that say something new, and they don't have to be large and grand". The increase in research in respiratory medicine, the large range of topics, and the success of the journal has obviously increased the number of high quality manuscript submissions. The number of submissions has increased even further

to approximately 1500 per year for the past 3 years. It is not possible to peer review so many papers, and thus we have to reject a proportion of the papers without review. I was interested to find that Anthony Seaton even received a death threat from an overseas colleague after imposing this policy, while John Britton and Alan Knox (Editors 1996–2002 and keen Nottingham Forest football supporters) also report irate authors. However, reject without review policies are now common in other general and specialist journals and are in the interest of authors who can submit their work without delay to our journals. One of my current fellow editors even boasts the record for receiving a rejection without review within two hours of manuscript submission from a well respected American respiratory journal! A major change in the journal has been the use of web publishing, allowing wider accessibility of the journal and the introduction of the online submission system that coincided with the start of my term as editor in October 2002.

Increases in the numbers of submitted papers required the appointment of *Thorax* associate editors for the first time in 1985 by Alistair Brewis (Editor 1982–1987), and I would like to take this opportunity to thank all the past and current associate editors who have given so much of their expertise, knowledge, and free time to the journal and contributed to its international success. I would like to thank all the many peer reviewers over the years, who have made such a valuable contribution in reading and assessing our submitted papers. The increasing complexity of submissions has required expert statistical review and now all potentially acceptable papers are checked by one of our two statistical editors. However, as Anthony Seaton points out, peer review is "to guide an editor as to whether the science is valid, the analysis appropriate, and the work is original—not to usurp the editorial role of deciding what is most likely to interest the journal's readers". An important role of an editor is therefore to make sure that the balance of the journal is right, with sufficient educational material for all clinicians, and crucially that all our readers find something of interest to them in every issue. Stephen Spiro refers to the institution of supplements in the journal that we now use mainly for publishing clinical guidelines.

Complexities in the field of medical publishing have led to the journal editor dealing with many other issues apart from manuscript review. Issues of publication ethics have been much debated, with policies on such topics as competing

interests, criteria for authorship, trial registration, and duplicate publication that need to be understood by editors and adhered to in the journal. In this 60th year, *Thorax's* impact factor has now risen to the highest ever at 6.15 and is second only to the *American Journal of Respiratory and Critical Care Medicine*. Although the concept of journal impact factor is not ideal, this measure is now used in many research assessment processes all over the world and is important to authors. Both past and current editors have received wise advice and support on many of these topics from the editorial teams of the BMJ Publishing Group who, with the British Thoracic Society (BTS), have co-owned *Thorax* since the 1970s. On the other hand, both organisations have allowed us and past editors complete editorial freedom for which we are very grateful. *Thorax* is now based in BMA House and this has some obvious advantages for us with the direct availability of professional expertise. The current *Thorax*

To celebrate the 60th birthday of *Thorax*, a special symposium will be held at the British Thoracic Society Winter Meeting in the Abbey Room at the Westminster Conference Centre, Westminster, London on Friday 8 December 2006 at 11 am.

editors meet on Thursdays at BMA House with the *Thorax* management team to discuss all potentially acceptable papers, correspondence from authors, rebuttals (please not too many!), commission editorials, and discuss the educational content of the journal.

In ending, I would like to echo the words of John Robertson who ends his article with this comment: "Although the work of an editor is what they make of it, no one should take it on who is not proud of the honour bestowed on them by our Society". The present editors are

immensely grateful and honoured in being appointed by the BTS and BMJ Publishing Group as editors of *Thorax*. The journal is only in such a strong position because of the skill, vision, and dedication of its previous editors. We are so proud that we have been allowed to continue the excellent work of our predecessors that has led to the journal's continuing international success. We are also privileged that, through the editorship, we have been able to serve our respiratory community both in the UK and abroad. Finally, I would like to ask you all to raise your glasses to *Thorax*, to all its achievements over the past 60 years, and to wish the journal, readers and editors a very successful next 60 years.

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Thorax in the 1960s

A J Robertson*

At the Spring meeting of the Thoracic Society in 1970, I summarised some of the work done after receiving over 700 papers, of which 53% had come from the UK and 45% from 40 different countries. About 40% of all papers were rejected, the acceptance rate being 64% for those from the UK and 56% for those from elsewhere. I do not think we ever refused anything which should have been taken, although we had almost certainly taken some which we should not have accepted.

In those 10 years our circulation rose by over 40%; two thirds were exported and nearly one third of our issues went to the United States. I introduced abstracts at the beginning of a paper, but here is an example of exuberant literary inebriation:

"It seemed reasonable to suppose that marked variations in techniques would modify the parameters involved when assessing the problems caused by the omission of

standard multifactorial corrections, for which appropriate measures are suggested in detail for further consideration with a view to their being finally eliminated."

The last word was "eliminated". It was.

The best results were from the Antipodes, with Australia having 19 accepted papers out of 23 and New Zealand topping the list with 7 out of 7. This started with my only journalistic scoop. In 1963 I met Brian Barrett Boyes in Auckland and asked where his results of aortic homografts had been published. He said he had just signed the letter sending the manuscript to the *American Journal of Thoracic Surgery*, but it might take 9 months to get it published. After reading it and suggesting minor modifications, I promised to publish it in 2 months if he would give it to me to take home, and indeed this was the first of several papers from Green Lane Hospital.

In 1960 26 papers were published (10 medical, 8 physiology, 6 pathology, and 2 radiology) with a total of 179 pages. This was in addition to 33 surgical papers on

165 pages. In 1969 the number of papers published had increased to 64 (19 medical, 16 physiology, 25 pathology, and 4 radiology) with a total of 420 pages – plus 52 surgical papers on 330 pages.

In 1960 our paid circulation was 2423 with 536 (22%) going to USA, while in 1969 the paid circulation was 3301 with 1054 (32%) going to USA.

Thorax has always had a high standard, and you must recognise the tremendous task of those colleagues who spend many hours reading, altering, or suggesting modifications to the manuscript. Rejection letters are not easy because few of us can grace a refusal with the charm of Sir Theodore Fox when he edited the *Lancet*. One of my favourite helpers recently wrote just 13 words: "*This paper is unethical, illiterate, and contains no scientific information of value. Reject.*" There was one paper from a Medical Research Council worker with 87 statistical errors.

The Editor obviously has the final say for the test and, because of an interest in nomenclature, I removed the words "râles" and "rhonchi" from every paper in those 10 years, substituting "crackles" and "wheezes". Although the work of an editor is what they make of it, no-one should take it on who is not proud of the honour bestowed on them by our Society.

I wish to thank Wisia Wedzicha for her kind invitation to send these comments.

Editor 1960-1971

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