

Editorials

In recent years the number of articles submitted to *Thorax* has steadily increased; indeed, in the past year the figure has risen by 30%. The quality of the papers has been maintained at a high level, and the proportion meriting publication has not fallen. As a result the waiting time between final acceptance of a paper and publication has risen from 5–6 months to 8–9 months. We consider that this is an unreasonable delay for an author to accept before his publication sees the light of day. We have attempted to minimise the waiting period by increasing the number of pages in each issue of *Thorax*, by reducing the size of tables and illustrations, and using a smaller typeface in some cases, but these experiments have now reached their limit.

The Thoracic Society has therefore decided that from January 1980 the journal will be published monthly. It should then be possible for all articles which have been accepted to be published within five months. Monthly publication will of course necessitate a relatively small adjustment to the subscription rate.

Our editorial at the beginning of 1978 indicating fields that were not adequately covered by the contributions in *Thorax* met with a satisfactory response, and we feel that the whole spectrum of cardiothoracic medicine and surgery is now well represented. Moreover, the international nature of *Thorax* is emphasised by the fact that last year articles were submitted to the journal from 34 different countries. We are still disturbed that British thoracic surgery is under-represented in a publica-

tion that emanates from the United Kingdom. In 1977 only 12 articles from British thoracic surgeons were published, and in 1978 only 22. We are sure that the skill and originality of British thoracic surgeons matches that of their colleagues around the world. We hope to receive more contributions from them in the future.

From January 1980 references in the journal will follow the principles laid down in the Vancouver Declaration (*British Medical Journal*, 1979). References should be numbered consecutively in the order in which they are first mentioned in the text. Arabic numerals above the line will be used to identify references in the text, tables, and legends. The form of reference should be that used in the *Index Medicus*. This is as follows:

Authors. Title. Abbreviated name of journal year; volume number: first and last page. The names of journals should be abbreviated according to the style used by *Index Medicus*.

The instructions to authors on the inside front cover have been amended and henceforth manuscripts submitted should adhere to them.

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Reference

International Steering Committee of Medical Editors (1979). Uniform requirements for manuscripts submitted to biomedical journals. *British Medical Journal*, 1, 532–535.

Clinical diagnosis of byssinosis

Standard textbooks describe the early symptoms of byssinosis as chest tightness occurring on the first day at work after a break—generally on a Monday in Western countries and on a Saturday in Arab countries (Parkes, 1974; Crofton and Douglas, 1975; Morgan and Seaton, 1975). The meagre information on symptoms contained in these accounts (simply chest tightness) has led to

undue emphasis on timing (return to work) in the diagnosis.

The earlier descriptions of the disease give a much fuller account of the symptoms. In 1831 Kay, a Manchester physician, pointed out that the chest disease of cotton spinners differed from ordinary chronic bronchitis, adding:

“[the patient] experiences a diffused and ob-