

# Annual Report October 1995 to September 1996

The past year has been particularly eventful for *Thorax*. In addition to dealing with over 870 manuscripts and letters the journal has undergone a change of editorial staff, a move to a new office, and modifications to the general review process. The figures for this year are therefore presented in the context of a period of considerable change.

The total number of original manuscripts submitted this year was 826, slightly lower than 1994/95, but still many more than in previous years (table 1). We continue to attract work from a wide range of countries, but particularly from the UK and mainland Europe (table 2). In terms of measured performance indicators for 1995 the citation index was 2.13, slightly lower than in previous years and sixth in the ranking of citation indices for respiratory system journals. However,

Table 1 Articles submitted by category

	1992	1993	1994	1995	1996
Original papers	370	415	410	493	415
Case reports	204	219	242	252	247
Short papers	—	—	14	34	51
Editorials	27	44	34	38	38
Review series	16	24	6	15	18
Supplement articles	—	—	12	16	41
Case report commentaries	—	—	3	7	11
Scientific updates	4	—	—	—	—
Science matters	—	—	—	3	13
Rapid communications	—	—	—	—	5
Total	621	702	721	872	826

Table 2 Geographical distribution of submissions

	1992 (n = 621)	1993 (n = 702)	1994 (n = 721)	1995 (n = 872)	1996 (n = 826)
UK	277	257	253	291	320
Western Europe	167	179	220	266	264
Spain	35	40	50	46	42
The Netherlands	30	27	35	51	44
Italy	9	21	28	38	48
France	17	18	19	27	28
Turkey	15	15	15	13	14
Israel	15	10	15	20	17
Eire	10	12	13	10	8
Switzerland	8	7	12	10	13
Germany	10	13	11	16	26
Belgium	7	9	9	17	12
Greece	3	3	9	7	7
Austria	7	4	3	7	5
Portugal	1	0	1	3	—
Malta	—	—	—	1	—
USA and Canada	48	81	100	101	71
Japan	37	44	47	65	53
Australasia	18	32	32	38	31
Scandinavia	25	38	27	36	32
Asia	32	35	22	34	26
Eastern Europe	6	9	6	7	10
South America	1	9	5	14	10
Africa	4	6	5	7	4
Middle East	6	12	4	13	5

Table 3 Citation index and half life for respiratory journals, 1995

Journal	Citation index	Cited half life
<i>Am Rev Respir Dis</i>	6.421	6.9
<i>Am J Respir Cell Mol Biol</i>	4.014	3.4
<i>Am J Respir Crit Care Med</i>	3.731	1.4
<i>J Thorac Cardiovasc Surg</i>	2.611	7.9
<i>Eur Respir J</i>	2.275	3.5
<i>Thorax</i>	2.132	7.3
<i>J Cardiovasc Pharmacol</i>	1.709	5.0
<i>Chest</i>	1.582	5.8
<i>Respir Med</i>	1.046	3.7
<i>Lung</i>	1.000	5.8
<i>J Asthma</i>	0.384	6.0

Table 4 Decisions on papers submitted 1995/6 as at 30 September 1996

	Case reports	Papers	Short papers	Rapid communications
Total	247	415	51	5
Rejected	179 (72.5%)	241 (58.1%)	24 (47%)	3 (60%)
Accepted	22 (8.9%)	52 (12.5%)	12 (23.5%)	1 (20%)
Pending	46 (18.6%)	122 (29.4%)	15 (29.5%)	1 (20%)

our half life of 7.3 years remains one of the highest in the specialty (table 3).

The median time to a first decision on full original papers has remained stable at about 70 days, and for resubmitted papers has fallen slightly to 51 days; the equivalent figures for short papers were similar and for case reports lower. Definite decisions to reject manuscripts have been made at the time of writing for approximately 70% of case reports, 60% of full papers, and 50% of short papers submitted by the end of September 1996; we estimate that the final proportion of case reports accepted for publication will remain unchanged at around 20% but for full papers and short reports the figure will be around 30% (table 4). The increase in the definite rejection proportion relative to last year (which was approximately 50% for full papers) is partly attributable to changes in the way this statistic has been calculated, but also reflects a stricter policy on our part in terms of acceptance.

As previously outlined<sup>1</sup> we have now adopted a policy of returning papers that we feel are unsuitable for *Thorax* directly to authors without involving external referees; this policy reduces the heavy burden of work currently carried by our referees but also provides a faster decision to submitting authors. Since introducing this policy we have rejected approximately 20% of newly submitted papers at this stage, returning them to authors within two weeks. Of papers that now go out to referees, approximately half will therefore be published. This policy has also reduced the time to first decision on all papers by a median of about a week, but the reduction has been offset by our policy of including review by our statistical editor for papers accepted or returned to authors for revision with provisional acceptance for publication. We have introduced a "rapid communication" category of papers which is now beginning to attract submissions; the first of these to be accepted was published within four months of first submission.

Since last year the *Science Matters* series has developed into a strong regular review series which we hope to continue for at least another year. Other reviews, on pulmonary infection and passive smoking, are due to appear in the near future. The second *Year in Review* supplement was published in August and, like its predecessor, was very well received as a new development for the journal and one that we hope to continue into the future.

In view of the many changes this year we present this year's report primarily as a baseline against which to measure future progress with the journal. Overall our plan for *Thorax* remains to produce a lean but high quality journal that can compete in the international arena with a balance of pure science and practical clinical respiratory medicine of relevance and interest to all involved in the specialty. These are objectives that we hope are common to all involved with the journal, whether as submitting authors, contributors to the review process, or both. We look forward to the challenge. For now, however, thanks are due to the many people who have helped and supported us and the journal over this year. Stephen Spiro could not have handed over the journal in better form; we have received superb managerial and technical support from the BMJ Publications staff; our associate editors have carried a heavy workload with unstinting professionalism, and Hilary Hughes has run the editorial office with efficiency and invariable good humour. We thank our Year in Review editors and contributors for their excellent contribution, the members of our Advisory Board, and the many others who have provided advice, expertise, and goodwill to the journal over the past 12 months. In particular, we thank the referees who form such a crucial part of the peer review process and whose contribution is acknowledged with gratitude on page 1284. Finally, and most importantly, however, we thank the contributors to *Thorax* for giving us the opportunity to publish their work.

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Editors