



## EDITORIAL

# Changes at the *Journal of Human Hypertension*

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Some readers prefer their journals to remain unchanging and familiar in their format. By contrast others look for a continuous state of change which they sometimes label as 'reform'. There is, however, a middleway where one brings about subtle changes where necessary, whilst maintaining a sense of familiarity. Both the *Lancet* and the *New England Journal of Medicine* have opted for this method and this may explain why they are the two most prestigious medical journals.

Looking back on the yellow-covered first issue of the *Journal of Human Hypertension* in June 1987, it is apparent that we have changed a great deal, not least when in 1992 we changed to violent red and moved to the European standard A4 size pages. This change did in fact bring about some irritation, particularly in North America, and many of our readers had to rearrange the shelves of their book cases. The changes that we are instituting during 1997 will, however, be less dramatic but we hope will make the Journal more attractive and readable.

### Commentaries

We hope to publish frequent short 1000 to 2000-word commentaries on recent important events in the field of hypertension. Sometimes these will discuss papers published in this Journal and sometimes they will refer to important papers published elsewhere. We hope they will on occasion be controversial and even provocative. We are likely to see the publication of two major long term hypertension outcome trials in the near future and we hope to be able to publish reviews of them soon after they appear. Some of our commentaries may be critical of some aspects of the trials but they will also discuss the implications of the findings and the direction of future research. Some will be written by members of the Editorial Board but we also welcome unsolicited commentaries although these will usually be sent to referees for a rapid opinion.

The commentaries should normally only be accompanied by a limited number of important references and should broadly be similar in format to those that are published in the *Lancet*.

### Review articles

We know from market research of the readership of medical journals that review articles are always very popular. For this reason we hope to have many of these review articles over the year in the Journal. These will be of variable length and should normally be very detailed with a large number of references. They need to be comprehensive and reliable. We have already commissioned some of these and are open to suggestions for future topics. Whilst most of the review articles will be centred on 'clinical' hypertension, we would also be happy to see reviews which discuss some aspects of the current basic scientific research, putting it in some form of clinical context. As with the commentaries, again we would welcome unsolicited review articles as well as ones that we have commissioned, but again all will be sent through the normal refereeing process.

### Historical reviews

Our readers may have noticed that we have published several excellent reviews on the history of hypertension over the last few years. We are keen to continue in this tradition by encouraging more submissions in the field of the history of hypertension and related topics as well as biographical articles. Authors from continental Europe and the USA should not feel inhibited from submitting reviews in this area.

### Original articles

We have noted a modest increase in the number of original articles submitted to the Journal with a pleasing expansion in the number offered to our USA office. Furthermore we are now beginning to receive papers from our Japanese office, a trend which we greatly welcome. Unfortunately we have to reject about half of original articles that are submitted. Sometimes we have to ask our authors to send their communications to us, reduced to the form of a Letter to the Editor. The most difficult task

in the editorial office is mediating when the two referees that we have employed have diametrically opposed opinions. It is not uncommon for one referee to feel that a paper should be accepted without any modifications, whilst the other referee thinks the paper should be rejected outright! Under these circumstances it is necessary for the editors to make decisive and arbitrary decisions. Referees are usually employed to be highly critical, whereas editors are employed to be helpful.

### **Case reports**

We welcome the submission of case reports to this Journal. There is no fixed limit to the length these need to be because this must depend on the complexity of the case. With the cardiac, renal, endocrinological and neurological aspects of hypertension this could be an area where many authors might wish to submit an account of their most interesting cases, and we will encourage fast-track refereeing and publication.

### **Hypertension illustrated**

We are keen to publish interesting biomedical images related to high blood pressure. These could

be reproductions of X-rays, echocardiograms, ECGs or angiograms. Furthermore we would be happy to have photographs of patients as long as written consent has been obtained. We hope therefore over the years to build up a reasonable bank of medical illustrations which will be informative and educational. We encourage submission of colour pictures but these will be subject to a small printing charge.

We will be very happy to receive unsolicited medical illustrations and the decision whether or not to publish will be made rapidly by the Editors.

### **Conclusion**

The gradual but inexorable increase in the activities of this Journal has meant that we have now appointed Dr Gregory Lip as an Assistant Editor in the Birmingham Office. We hope that this move will lead to greater efficiency as well as an expansion of our activities. In 1997 we can report that our subscription rate, our manuscript submission rate, our citation index and our impact factor have all modestly improved despite the increased competition from new journals. We do therefore owe a debt of gratitude to all those who have contributed to the Journal and particularly to the members of our Editorial Board.