

The *British Heart Journal* Redesigned

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The *British Heart Journal* is seen in the seventies in a new style. The familiar crimson jacket that it has worn for almost a third of a century, and in which it has doubled its size in the past fifteen years, is now shed. The priorities of instant recognition, and of immediate presentation of contents have been accepted, together with the aim of easing the burden of those who have had to peer painfully at black type upon a crimson matt background. But a stylish modern cover must embrace a stylish modern look within. Readers may see for themselves the new typography and the layout which is based upon proven easier reading. Moreover, the present new manner allows more scope for arrangement of figures and tables which may be displayed more effectively.

The Journal has adopted, not without misgiving, the synoptic preface. Readers may, and editors certainly do, notice that the summary has often been the weakest part of a paper: as if the authors, exhausted by labours of composition, could not bring themselves to recrystallize their thoughts. They will now need to show special skill to summarize their aims and achievement in a space shorter than the erstwhile terminal summary.

In his foreword to the first issue of the *British Heart Journal* in January 1939, Sir Thomas Lewis wrote: 'There is no stronger tradition concerning work upon the heart than the British'. He traced the development of

cardiology through the great clinicians of the 17th, 18th, and 19th centuries, Harvey, Heberden, Parry, Withering, Corrigan, Hope, Stokes, Peacock, Ringer, and Mackenzie. Concerning the substance of the new Journal he said that: 'the best contributors will prepare their manuscript in all particulars to save further labour, for every hour so spent will save countless hours by the many who will afterwards read'. The *British Heart Journal* has indeed many contributors of this stamp, and to them it owes in large measure its ever widening circulation.

These contributors have provided the threads that have helped to weave the pattern of cardiology in the seventh decade of the twentieth century. The main strands have been the development of open heart surgery, the increasing understanding of coronary heart disease, and the pharmacological and biochemical discoveries that have improved the means of relieving oedema, hypertension, and many arrhythmias. What will be the themes emerging in the eighth decade? They are already foreshadowed in the cellular biology of the myocardium, the great unsolved problems of the cardiomyopathies, the increasing application of electrical methods in investigation and treatment, and the developing knowledge of inheritance in heart disease. Perhaps much of the pattern may be unfolded in the next thirty years of the *British Heart Journal*.