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Advice to authors

Indexing the *British Heart Journal*: choice of keywords

From 1994 there will be a change in the method of indexing subjects in the *British Heart Journal*. In addition the author index will no longer include the title of the paper and will become a list of authors only. Papers and proceedings will be indexed by a keyword system, and authors of papers and proceedings will be asked to choose up to three keywords for each paper at manuscript stage, which will then contribute to the compilation of an annual index. A keyword is a word (or phrase) which will identify the subject matter of a written paper or proceeding in an index. The index will be published, as usual, at the end of each volume, in the June and December issues. The format will be different, with the title of the paper repeated after each keyword on every entry.

On the surface, choosing index headings does not appear to be difficult. Medicine, however, because of its synonyms, phrasal headings, proprietary and pharmaceutical names of drugs, syndromes, latin words, and assorted lay terms produces problems of its own. Examples include whether to use cardiac or heart failure; pulmonary or lung; ventricle, left, or left ventricle; angina, Prinzmetal or Prinzmetal angina; and problems with ischaemic heart disease, myocardial ischaemia, and related diseases abound.

An index should be constant. It is not good if half the entries are under Left ventricle and the other under Ventricle, left, and whereas it is reasonable to make some decisions about the entries that can be anticipated, authors will not know what other work is being published, or under what titles, in the same volume. The keyword will be chosen at the earliest stage of publication

not at the latest as it is now, and as each article will be dealt with in isolation there will be no links between articles of like subject matter.

Authors are advised to scan their papers for headings that may not be in the title, to use British approved names rather than pharmaceutical names for drugs, and to avoid general terms such as clinical, complications, adverse effects, and patient. As the subject of the journal is "Heart" it is better not to use this as a heading, with a few exceptions such as Heart transplantation, Heart failure, Heart rate. In general, it is better not to split accepted concepts. For instance, Atrial septal defect is preferable as a keyword, rather than Defect, atrial septal.

Some shortened forms can be accepted. DNA, AIDS, HIV, and cAMP are universally known and are the terms that will spring to the mind of a reader using the index. But generally the full form should be used as the keyword. Alphafetoprotein and Alpha and Beta receptor blockade are the usual terms and gamma-aminobutyric acid is indexed under GABA, but the Greek letter is generally not used in alphabetisation. Put all Ventricular entries under Ventricle, and use Heart failure rather than Cardiac failure, Aortic arch rather than Arch, aortic, but Cardiomyopathies under the specific type. There will be no cross references in the keyword index.

This cannot be more than an attempt to guide authors and perhaps to warn of the pitfalls, but it is important to remember that if authors wish to have their work found easily in the index they should consider the keywords carefully.

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