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*Editorial*


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## Heart in the 21st century

This millennial edition has hopefully avoided the “bug” and marks a turning point for *Heart*. We have a new editorial team, a new cover, the beginning of a new rolling continuing medical education programme (see page 110), as well as changes in the type and format of articles both in the paper and electronic versions (*eHeart*; [www.heartjnl.com](http://www.heartjnl.com)).

During his time as editor, Professor Michael Davies improved *Heart* immensely. He took over as Editor of the *British Heart Journal* in 1992 and retired as the Editor of *Heart* in 1999. This change in title was accomplished so smoothly that some readers have still not noticed. It has positioned *Heart* as a journal that could take its place on the international stage. I see it as important that the journal should remain a voice of British cardiology while avoiding being parochial in its content.

There has probably never been a more daunting or exciting time to take over the editorship of a scientific journal. The extent to which electronic publishing and the growth of the internet will impact on paper journals is unknown, but it is certain there will be revolutionary changes and some believe the very existence of journals such as *Heart* is threatened.

The immediate advantage of committing ourselves wholeheartedly to the new technologies is to speed up and improve the dissemination of information. The major downside is the potential loss of quality control in a free for all to get information “up on the web” without peer review, using the type of scheme originally proposed for the NIH backed web site PubMed Central (<http://www.nih.gov/welcome/director/ebiomed/ebi.htm>). Those backing unrestricted posting of data believe that the consumer can judge the quality for themselves but forget how rigorous the peer review process often (but not always) is, and that many searching the web for information are not themselves equipped to judge scientific quality. We cannot avoid the issue and need to be closely involved in this change so we can take the best of both worlds to achieve rapid publication while maintaining quality.

Without a healthy and interested readership the journal will be unattractive to contributors and vice versa. Readers want the right mix of original science and comment while the contributor wants to submit to a high quality, prestigious journal, which gives a quick response and then publishes their cherished work while it is still relevant—every researcher has horror stories of good pieces of work spending a year with a journal only to be rejected or, perhaps worse, for a competing author to get in to print in the meantime.

This all comes down to quality and speed, which in turn depend on receiving good submissions and having an efficient review process. Inevitably our rejection rate will be high as I believe quality is paramount, and the same standards of peer review must be applied to all papers be they from an unknown research worker or a doyen of the British Cardiac Society. We plan to speed up *Heart's* review process by using modern technology combined with weekly

decision making meetings. We are aiming at a time from initial submission to first decision of less than six weeks.

Reducing the lag time from acceptance to publication will be facilitated by imaginative use of *eHeart* as well as introducing new formats for published articles.

*Electronic only papers*—We will offer authors the choice of publishing their full paper in *eHeart* only, with an extended abstract (about 500 words) in the paper version of the same issue.

*Rapid publications*—For those who prefer a full paper version with a fast turn round we will publish **short**, rapid publications; these will have to be of outstanding interest to be included in this new section of the journal.

We aim to publish both “rapid publications” and “electronic only” articles within four months of initial submission.

*Scientific letters*—We are introducing a section for reviewed research letters, which we hope to publish within three months of submission.

*Rapid responses*—The correspondence column will become electronic only with almost immediate posting of “rapid responses” on *eHeart*. At present a letter to the editor may appear six months after the article it relates to, resulting in some loss of immediacy.

Speeding of the process will I hope be attractive to those who have important work which they want to see in press quickly while maintaining the quality control of full peer review.

*Basic science*—Basic science has been an area of some conflict in the past. Some believe that this is not what *Heart* is for and that the “jobbing” cardiologist is not interested. I believe this is an insult to jobbing cardiologists, many of whom are young intelligent physicians with a better understanding of basic science than some of the more elderly members of the academic establishment. The revolution in molecular biology is not going to go away and we all need to have some idea of what is going on. Basic science is certainly no more difficult than clinical research once you have broken the sometimes rather closely guarded code. Gary Baxter has been appointed as basic sciences Associate Editor and editorial board members with basic science interests are being added. We will publish only those basic science articles that have clinical relevance, keeping a balance between all types of research in the journal as well as providing interpretative comment. To complete the basic science package there will be a rolling programme of short reviews specially written for the practising cardiologist.

*Clinical cases*—In general, case reports will be published only on *eHeart* with a brief abstract in the paper version. Occasional cases of exceptional clinical interest may be included in the paper version. We do encourage short clinical vignettes with suitable illustrations, which we will publish as “images in cardiology”.

The new formats are explained in full in the revised instructions to authors that appear in this edition (page 107).

I cannot achieve these ends without a lot of help. David Lefroy has agreed to be Deputy Editor and we have several new Associate Editors including two from mainland Europe. All the new members of the team have a unifying characteristic: they are all considerably younger than the Editor. John Gibbs will remain as Associate Editor in charge of congenital heart disease, and the educational role of *Heart* is going to be taken forward by Peter Mills. Peter has done an excellent job as Michael Davies's right hand man and has been largely responsible for commissioning the excellent editorials carried by *Heart*. He has agreed to be part of the new team and is going to keep responsibility for the editorials and reviews while heading the new *Education in Heart*

section. It is a tribute to him that seven of the 10 most read articles in *eHeart* were editorials or reviews.

I do not believe in change for change's sake but this seems an appropriate time to rethink. I hope the ideas outlined here will make *Heart* an even bigger asset to its readership and contributors than it is at present. To this end I encourage comments and suggestions to be sent to me by email to [HeartJournal@bmjgroup.com](mailto:HeartJournal@bmjgroup.com) (I have installed a special program that intercepts abuse!).

Finally, I would like to use some of the "white space" between articles to keep the tired cardiologist amused. We encourage you to send in cardiological "bits and pieces"—cartoons, jokes, quotes, photographs, etc.

ROGER HALL  
Editor

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## Editorial

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# Professor M J Davies, Editor *Heart* 1992–99

With this issue of *Heart*, Professor Michael Davies relinquishes the Editorship, which he has held for the past seven years. He leaves to take up the post of Assistant Medical Director (Research) of the British Heart Foundation.

I was extremely fortunate to have been taught by Mike Davies both as an undergraduate medical student and as a research fellow. His approach to his work has always been characterised by a friendly but relentlessly fierce scientific objectivity. Over the years he has acquired many friends among senior cardiologists and cardiac surgeons. He has, however, never compromised in explaining the truth as he saw it from a pathologist's perspective, even when he knew that this was not what his friends wanted to hear. His pre-eminence in the fields of coronary artery pathology,<sup>1–3</sup> sudden death,<sup>4</sup> an understanding of valvar pathology,<sup>5,6</sup> and cardiomyopathies together with his outstanding abilities as a teacher, made him the ideal person to become Editor of the then *British Heart Journal* when Dr Dennis Krikler retired in 1992. His ability to bridge the gulf between pathologists and clinicians is exemplified by the outstandingly lucid editorials he has provided for the journal over the years.<sup>7,8</sup>

His mission was to provide a truly international perspective and profile for the *British Heart Journal*. He presided over the changing of the name with consummate diplomatic skill allied to a quiet determination. He gathered together a team of subspecialists and encouraged his Associate and Assistant Editors to employ the

rigorously objective methods of assessment that he himself always exemplified. In an age when team players are important, Mike Davies as a team leader engendered total loyalty, commitment, and appreciation from his team. The "hanging committees" were days of hard work, wonderful postgraduate education, and a friendly, witty, and open exchange of views.

His many friends, and I hope most of the authors who have submitted manuscripts to the journal, will wish Professor Davies well at the British Heart Foundation. The Foundation will benefit from his many talents not only as an immensely knowledgeable scientist but also as an inspiring leader.

PETER MILLS  
Commissioning Editor

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- 4 Davies MJ, Thomas AC. Thrombosis and acute coronary artery lesions in sudden cardiac ischaemic death. *N Engl J Med* 1984;310:1137–40.
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