EDITORIAL

A new Editor for *Heart*

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The new millennium saw Roger Hall take over the editorship of *Heart*. The journal had recently changed its title to signal its international ambitions, and no one could argue that these have not been fulfilled. *Heart* now receives submissions from around the world—only a minority emanating from the UK—and is able to publish $\leq 15\%$ of the original research articles it receives. The high quality content is ever more widely cited, and with its rated Education section—edited by Peter Mills and shortly to be made available to the European Society of Cardiology membership—has seen *Heart* established firmly in the top five clinical cardiac journals based on the impact factor scores. Meanwhile, the web-based submission system has speeded the handling of papers, whereas OnLine First has ensured that research and review articles appear electronically within days of acceptance, simultaneous listing in PubMed and other reference collections allowing almost immediate citation. The facility for rapid communication for papers of outstanding interest is an additional asset, and it is hardly surprising that researchers are increasingly turning to *Heart* for publication of their work.

What changes will my appointment as editor bring? There will be no major cosmetic adjustment, although a reduction to US letter size will be welcome (it will now fit better on the library shelf), in line with most other biomedical journals. As for the content, I will continue to add to the main strengths of the journal—clinical cardiac research and education—while encouraging submissions across the full cardiovascular spectrum. *Heart* should be a natural home not only for cardiac research but also for hypertension, stroke medicine, diabetes and peripheral vascular disease, whether derived from primary care or from the great academic institutions. In this extended brief, work from researchers anywhere in the world will be welcome depending only on its competitiveness in terms of interest, originality and quality. Many of the minor research observations considered in Scientific letters fall short of these criteria and, accordingly, citation has been negligible. I have decided, therefore, to stop publishing Scientific letters, and henceforth only fully fledged original research articles will be considered. I will also reduce the number of space-filling Images in cardiology, which have proliferated to an extent that is distracting from the scientific content. Priority will be given to images that show the clinical applications of novel diagnostic technologies, with occasional space for salutary case reports.

Editorials linked to original research articles will continue—as will the current series of highly successful review articles—but new to *Heart* will

Heart 2007;93:1. doi: 10.1136/hrt.2006.106708 be “featured editorials” from internationally acclaimed experts to provide a window for recently published work that is shaping their opinions. Also new will be a technology review section to complement the journal’s educational content. Cardiovascular medicine is increasingly driven by technologies, a variable proportion of which pass the test for incremental diagnostic or therapeutic value, sometimes with additional application in the research laboratory. Occasionally, however, we have been seduced by enthusiasts or those with conflicting interests into adopting technologies that fail this test. Our reviews will provide an accessible guide through this minefield, focusing on appropriate application of new and emerging technologies with clear evidence-based assessment of clinical value. Within this section we will also endeavour to provide timely responses to cardiac technology assessments to coincide with their publication by NICE. In addition an occasional series is planned on the medicolegal and ethical questions that increasingly affect cardiological practice, in the UK and also in the rest of the world. The cardiologist who is not the target of medicolegal action is often in the witness box, providing expert testimony; whatever role one has in this unwelcome dance, it is important to understand the rules and be forearmed against the wiles of our learned friends in the legal establishment.

What a time to be editing a cardiac journal, with increasing numbers of cardiologists worldwide trying to deal with an epidemic that threatens to take over from infection and dietary deficiency as the leading cause of global death. Never before has cardiovascular disease been so high on the international agenda and the public been so medically aware—most of them now recognise coronary atherosclerosis as the likely cause of their own demise. This unprecedented international interest provides *Heart* not only an opportunity to further extend its reach—an opportunity well served by the shift towards electronic distribution—but also an obligation to reflect on its research content and review material that truly deals with the global challenge of cardiovascular disease. Cutting-edge research will, no doubt, continue to predominate in *Heart*’s original articles, but material that is truly relevant to the journal’s international readership will also be sought from around the world. In all these endeavours, John Sanderson, my deputy editor, will support me, along with other members of a new editorial team selected for their wisdom and having in common an enthusiasm to see *Heart* thrive as one of the leading international journals of clinical cardiology.

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