

Editorial

Reading Between the Lines

It was always apparent, so went the old saw, that one knew when electronic companies were successful because they moved into smaller premises. So it would seem is the case with aortic aneurysms and their associated incisions. One of the most astonishing clinical paradigm shifts in the last decade has been the employment of an endovascular approach to aortic aneurysm repair. In this edition, our review paper authored by Andrew England and Richard McWilliams provides a timely exposition on the subject.

Back in the day, as a senior house officer in Vascular Surgery, in the small hours, I was assisting a mild-mannered Scottish senior registrar with a case of impending aortic rupture. To date, the most shocking expletive I had ever heard him utter was 'Jings!' During the emergency procedure, the aorta abruptly ruptured, and I noted with increasing interest two things: my own increasing tachycardia and how quickly someone's cardiac output could well up over the edges of the abdominal wound. Suddenly, my colleague uttered, staccato, a single word, (originally an exhortation to reproduce), and one heard on street-corners everywhere throughout these islands. Its emotional force took me slightly by surprise. Years later, walking back to his home on a cold Scottish night, in the course of our reminiscence, I remembered that occasion: emotion recollected in tranquillity. "Barry" he said in his soft Scottish burr, "It was simply a brief prayer for continence." The patient, incidentally, survived. Aortic aneurysm rupture surgery always struck me as a high wire act: swashbuckling heroes, big surgery, massive potential volume shifts, impressive co-morbidities, and minimal preparation time. Part of the local EVAR success story is unquestionably due to the pragmatic, engaging and accommodating personalities of our interventional radiologists and vascular surgeons, and for this they rightly deserve great credit.

The UMJ Editorial board is committed to encouraging academic endeavours in junior doctors and in medical students. Accepted wisdom had been that the case report was an ideal starting point, but one can argue that this is no longer the case. There are dedicated journals and on-line resources for case reports of course, but many publications now limit these on the understandable grounds that their actual worth is equivocal, and more pointedly, case reports lower a journal's impact factor. Occasionally an apparent lack of senior guidance, standard of English, and the somewhat calculated nature of the extravagant author numbers weighs heavily with our reviewers.

Given that there is significant weight attached to academic publishing as a vehicle for career progression, the UMJ editorial board wishes to assist. We shall still accept and publish occasional case reports but the threshold will be high. Fundamental will be a requirement to adhere strictly to the new instructions for authors (please see below). Implicit in these will be the understanding that all authors, particularly the guarantor, are aware of all versions at all stages and that other specialist input is appropriately recognised.

In addition to case reports and papers, other avenues are available. 'Letters to the Editor' should be viewed as an acceptable alternative. Interesting clinical cases, audits, and even the occasional rant at me are fine. Because these are accepted -or rejected - by the editor, they are not restricted by the journal's review regulations and thus their transit is less complex and more likely to succeed. The 'Grand Rounds' feature, which is proving very popular, is aimed at undergraduate and postgraduate examination candidates. This would be a very appropriate vehicle for trainees but does require, reasonably, the presence of a senior author.

In 2013, The editorial board also plans to unveil a new one-page section. Its purpose would be to encourage interactivity and inquisitiveness amongst the junior UMJ readership. Such a section will be limited to one page per paper edition. The subject matter will be wide-ranging, but could include summaries of studies in other journals; picture questions and even historical vignettes; each of which would be of the order of 80-100 words.

The Journal, this year, will phase in a new set of instructions for authors and this will incorporate a guarantor form. The guarantor will typically be the senior author, and will effectively underwrite the entire project. It is anticipated that this revision will bring the UMJ into line with other mainstream medical publications. The new instructions can be found on the Ulster Medical Society website (www.ums.ac.uk/journal) and will be printed in the May 2013 edition. The only exception to this process will be the letters to the editor, which will be accepted or rejected by the editor.

Finally, may I wish you all a peaceful and professionally rewarding 2013. Please keep on sending me your good papers.

Barry Kelly
Honorary Editor