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Editorial

Information for authors

During recent years, *Acta Orthopaedica Scandinavica* has allocated increased editorial work and technical resources to help authors express their message clearly and succinctly. Realizing that the authors themselves wish to do more to reach this goal, the editorial office has produced an updated version of "Information for Authors," which is published in this issue. The previous version, which appeared on the inside pages of the cover, had not been revised for some 20 years; it did not reflect changes in policy and technical production, notably the electronic revolution. We now plan to publish our information for authors in every other issue, and we welcome comments and suggestions for improvements.

Many authors have been surprised by the extensive textual reductions sometimes suggested by our editors. However, we hope to serve authors and readers alike by communicating solid observations at the expense of often repeated phrases and textbook material. This is a natural evolution of scientific expression, necessary in the stiffening competition for attention. It is well documented in the literature on medical writing that readers prefer short to long articles and that you can record valuable observations in only a few pages. Hence, *Acta* favors short articles because brevity usually generates clarity. We are less concerned with saving space per se, and certainly welcome long articles that are well written; further, we do not impose unreasonable restrictions as regards illustrations. In the presentation of observations, we favor the use of rather detailed tables, which are often probably skipped by the casual reader, but that may prove crucial to specialized investigators.

Like other journals, *Acta* previously used color rather sparingly. We now prefer color when a particular feature cannot be made clear by other techniques; the cost will be born by *Acta*.

Acta Orthopaedica Scandinavica has certain specific requirements compelled by the need of precision in orthopedic definitions and vocabulary. Some examples of this are quoted as *Acta* idiosyncrasies in "Information for Authors." Notable examples of such usages are arthrosis rather than osteoarthritis and radiography rather than radiology. We use *arthrosis* because the arthroplasties have enforced the distinction between noninflammatory and inflammatory arthropathies, notably rheumatoid arthritis. We use *radiography* for conventional examinations because radiology now includes roentgen stereophotogrammetry, ultrasonography, radionuclide scintimetry (-graphy), computed tomography, magnetic resonance imaging, infrared heat measurements, and so forth.

We also use abbreviations sparingly, for they often cause more confusion than they save space. Note that some accepted abbreviations are rather irritating: for example, ACL, PCL, MCL, and LCL for the knee ligaments where C does not have a consistent meaning, and all four expressions share two or three letters. Although these acronyms do not disturb the arthroscopy specialist, they may alienate an innocent bystander.

The emphasis on editorial work aimed at improving the quality of *Acta Orthopaedica Scandinavica* has entailed liberal use of an expanding number of referees, to wit, over 200 last year as compared with less than 50 five years ago. This means that most articles are reviewed by two referees selected by one of five co-editors. This system is somewhat time consuming, but necessary, as we still do not have a paid medical staff.

Because the majority of our articles are written by authors who do not have English as their native tongue, the final manuscript is revised by a language editor.

The final manuscript is delivered to the printer as a computer disk and the computer is used also for checking the references, which are taken directly from the reference bases to the printer. We are presently experimenting with using a computer for illustrated material. Because editorial revision is done on a hard copy, we cannot as yet see the advantage of having authors deliver their manuscripts on a computer disk. or diskette. However, we may eventually invite authors to submit their final revised version on a disk.

In addition to unsolicited original articles, Case Reports, and Letters to the Editor, we publish commissioned Review Articles and Proceedings of national or subspeciality societies. Lastly, *Acta* supplements constitute a unique niche among international orthopedic publications. For more than 50 years, *Acta* has distributed one supplement every third month to subscribers free of extra charge. The number of pages of the supplements now equals the number of pages in the regular issues. The supplements were previously reserved for Scandinavian and Dutch academic theses, but we now welcome suitable manuscripts from the rest of the world.