and equivalent degrees of left ventricular dysfunction will eventually enable us to assess the proper place of surgery in the management of the different forms of this complex disease.

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References


Sizing of Figures in Circulation Criticized

To the Editor:

I have been disappointed by the illustrations in the February and March 1974 issues of Circulation. Disappointment stems mainly from the reproductions of echocardiograms. In the February issue, Dr. Popp was victimized by reproduction of his echocardiograms on such a tiny scale that it is virtually impossible to see them clearly even though they are probably good echocardiograms. I would also like to call to your attention the March issue in which the echocardiograms by Dr. Popp are again so small that they are difficult to interpret. For example, figure 5, p. 430: This echocardiogram is almost better NOT shown than to be displayed in its present form. In fact, I believe that all figures on this page are far too small. Figure 8, p. 432, has an arrow pointing to some micro structure that is difficult to determine. I think I know what he is trying to show, but I cannot be sure. The next victim was Dr. Gibson, page 434. Figure 1, p. 435, shows another small reproduction of an echocardiogram. The remainder are larger. The next victim is also Dr. Gibson, with another very small reproduction, figure 2, p. 442. The next victim, in a slightly different area, is Dr. Bleden, on p. 586. Figure 1 is so small as almost to defy seeing the legends. Dr. Williams fared little better in figure 2, p. 419, on which is reproduced another micro echocardiogram.

I do not know if this practice is for the purpose of saving money or for some other reason, but it is extremely unfair to the authors and to the readers. When this group is shorted, what other group could possibly benefit?

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To the Editor:

I am writing to you as a member of the Editorial Board of Circulation rather than as a contributing author. Several people have commented to me that the articles in Circulation containing echocardiographic illustrations show relatively non-uniform size of these reproductions. While this is exemplified in my own recent article on mitral valve prolapse, this is not the only example. Surely it is the author’s responsibility to judge the size of the illustrations in the galley proof, however, it should be our policy to reproduce this type of record in a relatively uniform way so that comparison of one author’s work with another is facilitated. Can you advise me of the proper person to contact in order to attempt standardization of reproduction of these records? I hope you will agree that an attempt at such a standardization would improve the presentation of these articles within Circulation.

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The editor replies:

This is an issue on which the editor will be willing to follow the desires of the readers. In 1973 we accepted three out of every ten papers submitted to Circulation. The number of manuscripts submitted continues to rise and the acceptance rate must fall still lower unless some adjustments are made. I elected to reduce the size and number of the illustrations. By so doing, Circulation can publish an additional six papers per issue.

I reduced the illustrations in the echocardiographic papers too much. Henceforth, Circulation will allow illustrations in echo papers to be one column in width. We will have to make special arrangements for sweeps. We will exert more pressure on the author to use fewer illustrations and to be certain that those submitted are of good technical quality, that they really demonstrate his point, and that all extraneous material is excluded. This may increase the time between submission and publication for echo papers, but the time will be kept as short as possible.

I would be very happy if the echocardiographic experts would make recommendations to help in standardizing the production of records.

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