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The time from submission to first decision for manuscripts took months in the paper era and shrank rapidly to weeks with Web-based manuscript processing, but it varies considerably from journal to journal. We instituted two changes to speed this turn-around time while maintaining a high standard of peer review. First, editors were encouraged to use two rather than three expert reviews in addition to their own review, and the proportion of manuscripts using two reviewers plus the editor increased from 5% in 2009 to over 60% currently. Second, authors are not pleased when their articles are rejected, but they are especially unhappy if it takes a long time to receive a rejection notice. We instituted a triage option whereby the editor can decide to reject an article themselves or with only one external review, if they feel it is highly unlikely to be accepted. This triage option, frequently used at other major journals, now accounts for nearly 25% of decisions at Anesthesiology. Over less than 5 yr, these changes have reduced the time from first decision from 40 to 20 days. We have also improved the time between acceptance and online publication, currently around 20 days.

Authors want their work to be noticed, and even authors of basic science articles submitting to Anesthesiology want clinicians to be aware of the progress they are making to advance the specialty. The most recent ASA member survey from 2012 showed that most members do open Anesthesiology and at least scan its content, yet in-depth surveys conducted by our publisher show that many members consider the work published in Anesthesiology to be irrelevant to their clinical practice or their patients. Over the past 8 yr, we have made many changes to the journal to increase its appeal to clinicians, with more emphasis on review and educational content, which now comprises nearly 40% of the articles in the journal.
the journal, including three-sentence reviews of important articles from outside the specialty, infographics, and a creative writing section on the art and humanity side of our medical practice. For original research, we now provide an 80-word summary on what is known on the topic and what the article tells us that is new. We recently moved to a new digital platform with responsive Web design so that journal content is delivered in a readable, attractive manner regardless of the screen size of the device being used. And we have reached out to patients and the general public with regular press releases from the ASA, highlighting new discoveries in the journal of relevance to public health.

Assessing whether strategies work requires measurement tools, and the ones we have chosen to apply are the number of submissions of original research to Anesthesiology, as well as the number of submissions of high quality. One measure of high-quality research is work that has successfully competed for extramural support, and we have chosen the number of articles we publish that are supported by grants from the National Institutes of Health and Foundation for Anesthesia Education and Research as that metric. By these metrics, there has been a large, positive change over the past several years (fig. 1). The increase in National Institutes of Health– and Foundation for Anesthesia Education and Research–supported work is particularly striking, given stagnant or reduced numbers of grants by these organizations in the same period.

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From an author’s perspective, journal prestige is measured by the impact factor, an assessment of citations released annually that is roughly the ratio of citations to articles in the journal divided by the number of articles published. Some journals manipulate content, timing of publications, and self-citations to increase their impact factor. At Anesthesiology, we have focused on quality, only publishing material that is rated as the most important scientifically, regardless of whether it is or is not expected to be highly cited. This, coupled with the increased number of education-related articles, has reduced the number of original investigations we publish to approximately 17 per month. In addition, we have proactively tried to attract submissions in important areas of clinical and basic science research through journal symposia at the ASA Annual Meeting and through Calls for Papers. There are currently two active Calls for Papers, one on Accelerated Recovery, guest edited by Dr. Henrik Kehlet, and the other on Health Care Redesign and the Anesthesiologist, guest edited by Drs. James Rathmell and Warren Sandberg. We believe that these efforts, coupled with those of better author service and attempts to better reach readers, have led to the rapid increase in the impact factor for Anesthesiology (fig. 2). In many
institutions and countries, more academic credit and even financial support go to publications in journals with impact factors above 6, so breaking that threshold for the first time last year will likely lead to even greater success in the future.

In the end, our mission remains to promote new discovery that advances our understanding and care of our patients. To do this, we must first attract the best work we can. At *Anesthesiology*, we are not a sieve, passively responding to material sent to us. Rather, a dedicated group of editors, associate editors, reviewers, and staff are actively trying to improve author service, journal readability, and journal outreach so that we can provide you the best and most exciting new science we can. Stay tuned!

**Competing Interests**

Dr. Eisenach is the Editor-in-Chief of *Anesthesiology*, and his institution receives salary support from the American Society of Anesthesiologists (Schaumburg, Illinois) for this position.

**Correspondence**

Address correspondence to Dr. Eisenach: editor-in-chief@anesthesiology.org

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**From Greek to Arabic: “Tom Morton” Cigar Box Label, Part I**

The left side of the “Tom Morton” cigar box label includes items related to Greek mythology and Arabic alchemy. Derived from Lethe, the Greeks’ name for their mythological river of forgetfulness, “LETHEON” is inscribed across what appears to be a scrolled up patent or paper (above), presumably penned by ether pioneer William Thomas Green Morton (WTGM). Synthesis of sulfuric ether originally involved alchemical glassware, the name of which changed from the ancient Greek word “ambyx” to the Arabic “al-anbīq” to the English “alembic.” But what about WTGM’s name? Was he ever nicknamed “Tom Morton”? (Copyright © the American Society of Anesthesiologists, Inc.)

*George S. Bause, M.D., M.P.H., Honorary Curator, ASA’s Wood Library-Museum of Anesthesiology, Schaumburg, Illinois, and Clinical Associate Professor, Case Western Reserve University, Cleveland, Ohio. UJYC@aol.com.*

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