This issue of the journal marks the occasion of the 11th World Congress of Anaesthesiology which is being held in Sydney, Australia. The over-printing on the front cover of this issue does not signify a special issue or a particularly special selection of manuscripts for publication; it is intended to commemorate the occasion of the World Congress and signifies that the British Journal of Anaesthesia, being a truly international journal of anaesthesia, will be represented during the congress, both by an exhibition stand staffed by our publishers and also active participation by several members of the Editorial Board in a session on anaesthesia publications.

The international nature of the British Journal of Anaesthesia is exemplified by our readership, with more than 50% of our subscribers based outside the UK, and by the origin of the material published in each issue of the journal. In this present unselected issue, we have articles from Australia, Denmark, France, Japan, New Zealand, Switzerland and the USA, with only 50% of manuscripts originating from within the UK. In many issues of the journal, articles from outside the UK greatly exceed the number of those from the UK. The gradual policy which the Board of the BJAn has pursued in making the journal more international is also reflected in the fact that since the last World Congress of Anaesthesiology, held in the Hague in 1992, new members of the Board of the journal have been recruited from the USA, Germany and Australia, and the Board is still actively seeking additional members from outside the UK. It is also perhaps appropriate in this World Congress issue to describe two major innovations in publishing technology for the journal for 1996; namely, printing from disk and publication of a CD-ROM.

Before this year, the process of publishing the journal involved submission of hard copy from authors to the editor, and onward transmission of edited manuscripts to a technical editor who made technical adjustments and marked up the copy for specialist typesetters situated at our printers, Cambridge University Press. The typesetters had the role of keying manuscripts onto computer from hard copy. However, in 1996, this process of typesetting will be eliminated and it will be possible for manuscripts to be handled in disk form, with editing of disks on screen by our technical subeditor and printing directly from that disk, thereby eliminating the tier of typesetters in the printing process. The origination of the pages will be performed at our publishers and at the same time an SGML (standard generalized mark-up language)-encoded neutral form of each article will be locked away in a database. This will enable any material in the BJAn to be re-used for online publishing, collected article publications and perhaps in other technologies which will be developed in future. DTP (desk-top publishing) has been used for many years in other branches of the publishing industry but it is being introduced more slowly in such conservative organizations as monthly scientific journals. For the reader, this should have benefits in reducing the number of potential printing errors, and for authors, it should enable us to reduce the period between acceptance of a manuscript and subsequent publication. Currently, the BJAn has a good acceptance to publication interval which averaged 4½ months for the period December 1995 to March 1996; our technological innovation should enable us to achieve a potential reduction of 20 days in this process. There will be other additional benefits which will not be as obvious to the reader, such as automated computerized indexing and facilities for electronic transmission of the journal.

The second major exciting technological innovation with which the journal is associated in 1996 is the production of a CD-ROM which has been termed TEAL (the electronic anaesthesiology library). Not only does this represent a major advance in anaesthesia publishing technology but it also allows an exciting collaboration between four major international journals: Anesthesiology, Anesthesia and Analgesia, British Journal of Anaesthesia and Canadian Journal of Anaesthesia. In the past year, these four journals have been collaborating in this venture and agreement was reached in producing a single CD-ROM which will incorporate 5 yr of contents (1991–1995) inclusive of all issues of these journals. All of the contents will be featured, including review articles, but abstracts of proceedings of scientific meetings and symposia that are not regular issues will be excluded. In addition, Medline abstracts to all cited references in the four journals within this 5-yr period will also be included on the same disk. This will enable the reader, during perusal of a manuscript, to access instantly on screen an abstract of any article published in this era in any other biomedical journal incorporated on Medline.

The first demonstration of TEAL took place at the 1995 American Society of Anesthesiology Meeting. The demonstration CD contained the contents of the two US journals for 2 yr. At the World Congress in Sydney, there will be a demonstration of a disk...
containing 3 yr of contents of all four journals. The scheduled publication date for the final version of TEAL is July 1996 and it is now possible to place advance orders. The disk will contain the full 5-yr contents from all four journals with the Medline abstracts on a single CD-ROM. The Boards of the four journals have agreed that, in future, TEAL will be produced in a 5-yr rolling updated format, that is the annual update disk will contain a rolling 5-yr disk set, 1992–1996, 1993–1997, 1994–1998 and so on. It is important to note that the copyright of material on TEAL will remain vested in each of the four respective journals.

The proposed search engine for TEAL will be based on fuzzy logic. This will enable material to be brought up within seconds of typing in a search word. The fuzzy logic component also allows considerable latitude in accuracy of the search word, that is it will respond to either US or British spelling, or even misspelling!

TEAL will allow extremely rapid access to articles with appearance of material on screen as in the printed page of the original journal. It will be possible to print out in the same format as the articles appeared in the printed journal. Other extremely useful features include the ability to reproduce images in as good or better quality than the original printed version and also magnification of some images. It is notable that the cost of TEAL will be considerably cheaper than the cost of binding the journals described on the disk.

TEAL will be demonstrated in the exhibition area at the World Congress and we hope that delegates will take the opportunity to assess the power of this innovation. The editors of the four journals involved in TEAL were extremely enthusiastic and unanimous in their support for the project which has been brought to fruition in an amazingly short time since this concept was first discussed—a superb example of international co-operation. We hope that our enthusiasm is shared by our subscribers and that TEAL proves to be of great value to all anaesthetists, enabling more rapid access to the important and recent international anaesthetic literature.

G. SMITH
Editor