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FOREWORD

The Publishers and I have great pleasure in presenting to our Readers the first issue of CLINICAL HEMORHEOLOGY. A COMPANION JOURNAL OF 'BIORHEOLOGY'.

CLINICAL HEMORHEOLOGY is a medical journal to serve as an aid to the practice of medicine in all its fields, whenever applicable. Hemorheology, a science branch of biorheology, concerns flow properties of blood and its components, as well as the rheology of structures of the vessel wall with which blood or its components come into direct contact. CLINICAL HEMORHEOLOGY deals with the clinical aspects of this science branch. They include pathogenesis, symptomatology, diagnostic methods, therapeutic and prophylactic measures.

As stated in the subtitle, CLINICAL HEMORHEOLOGY is a companion journal of BIORHEOLOGY, The Official Journal of the International Society of Biorheology, which, since its first issue in 1962, is published by Pergamon Press. The designation given in the subtitle means that CLINICAL HEMORHEOLOGY is an official journal of the International Society of Biorheology.

We are very pleased to welcome Siegfried Witte as Co-Editor-in-Chief, and the Editors: B. Aronson, T. Azuma, P.I. Brånemark, S. Chien, L. Dintenfass, J. Ditzel, J.A. Dormandy, A.M. Ehrly, A. C. Groom, H. Hartert, Y. Isogai, F. Leblond, D.E. McMillan, H. Schmid-Schönbein, G.V.F. Seaman and J.F. Stoltz, as well as K.V. Benner who will serve as an Editor for the Section on Abstracts.

The Board of Editors has not yet been completed. A total of twenty-four Editors will be appointed. However, not all twenty-four positions will be filled during the first year.

As printed under Instructions to Authors, our Journal will publish the following communications: Papers, which will need to have an Abstract; Brief Communications without an Abstract; Letters to the Editors-in-Chief; Mini-Reports without an Abstract; Over-

views; Book Reviews; Reports of Conferences; News Items; Republi-
cation of Abstracts (see: Section on Abstracts).

Overviews, Reports and Book Reviews are invited by the Edi-
tors-in-Chief. Papers and Brief Communications on clinical hemo-
rheology will need to be presented in accordance with the Instruc-
tions to Authors and submitted for consideration to an Editor of
the Author's choice. Mini-Reports can be submitted either to an
Editor or an Editor-in-Chief.

Manuscripts pertaining to non-clinical hemorheology should be
submitted to BIORHEOLOGY.

Overviews will not be limited to clinical hemorheology, but
will include theoretical and experimental hemorheology, of interest
to physicians and surgeons. The Overviews can also deal with other
fields of interest to clinical hemorheology.

This first issue of CLINICAL HEMORHEOLOGY contains an overview
by me which is of unusual length, as it combines several overviews
on related topics, viz., (i) the endoendothelial fibrin lining,
(ii) fibrinogen gel clotting extra vivum and in vivo, (iii) surface
hemorheology and pathological conditions. The combination of these
topics in one overview became necessary to utilize the space re-
served for several contributions, which were expected, but did not
reach the Executive Editorial Office in time for inclusion in the
first issue of CLINICAL HEMORHEOLOGY.

The editorial policy, established for CLINICAL HEMORHEOLOGY,
will not be adhered to for the first two issues, as I am acting as
an Editor. However, beginning with the third issue of volume 1,
Papers and Brief Communications will be handled only by the Editors.

The first two issues of CLINICAL HEMORHEOLOGY, published in
1980, and the remaining four issues, published in 1981, will com-
prise volume 1. Each subsequent volume, beginning with volume 2
in 1982, will contain 6 issues per year.

Aims and Editorial Policy

The aims of CLINICAL HEMORHEOLOGY are (1) to be of service to
clinical investigations and to hemorheological testing in the cli-
nical laboratory or in blood transfusion centers, (2) to acquaint
physicians and surgeons with hemorheology and (3) to advance hemo-

rheological diagnostic and therapeutic approaches toward better medical care.

The endeavor of the Editors-in-Chief and Publishers of CLINICAL HEMORHEOLOGY is to bring together contributions from those working in various fields of medicine and surgery from all over the world. The Editors of CLINICAL HEMORHEOLOGY are from those countries where appreciable work in clinical hemorheology is being carried out.

CLINICAL HEMORHEOLOGY provides for the rapid publication of contributions. A special editorial policy and handling procedure for manuscripts has, therefore, been established. Each Editor has the responsibility to decide the acceptance of a manuscript submitted to him/her. Authors are asked to send their manuscripts to an Editor of their choice, preferably one in their own country or regional proximity for rapid handling. The Editor is required to have the manuscript appraised by two referees, and may act as one of them. The Editor's decision is based on these appraisals, as well as on the technical presentation of the manuscript, which must adhere strictly to the Instructions to Authors. Upon acceptance of the contribution, the Editor sends the manuscript together with any Figures to the Executive Editorial Office, where the name of the Editor will be placed on the title page of the communication as follows: (Received DATE. Accepted by Editor NAME). The manuscripts are then compiled at the Executive Editorial Office and the issue is prepared by the Publisher for camera-ready reproduction and sent for printing.

Instructions to Authors

Detailed Instructions to Authors are contained in each issue concerning the presentation of Papers, Brief Communications, Mini-Reports, and Letters to the Editors-in-Chief. It is reemphasized that the Instructions to Authors must be strictly followed as otherwise the manuscript cannot be considered for publication.

By accepting a communication for publication each Editor takes full responsibility both for its scientific merit and its technical presentation.

Whenever a manuscript is submitted, it will need to be ascertained by the Editor, whether it adheres strictly to the Instruc-

tions to Authors. In case it is not acceptable on technical grounds, the Editor is advised to return the manuscript to the Author before placing a date of receipt on it.

The Author is required to place Key-Words as a footnote on the first page of the communication. He/she is also asked to write in blue pencil below the upper margin of the Title page a Running Title of not more than 32 typewriter spaces.

In the event an Editor cannot act on a communication rapidly, he/she is authorized to forward it to another Editor of his/her choice. The Editor is required then to inform the Author to whom he/she forwarded the manuscript. This will make it possible that the communication can be dealt with by another Editor without delay.

Upon acceptance of a communication, the Editor will send to the Author the Transfer of Copyright Agreement and Reprint Order Form. These two forms must be completed by the Author and sent without delay to the Executive Editorial Office. (See: Instructions to Authors, subheading IV.)

Mini-Reports of Clinical Laboratory Methods
and of Therapeutic Approaches

The Mini-Reports are meant to address practical problems in the laboratory and in clinical investigation. CLINICAL HEMORHEOLOGY will thus be a forum for such problems which occupy many of our Readers who do laboratory research or/and are engaged in clinical investigations.

The problems which are faced can be as simple as the drawing of blood samples. They may concern standardization, automation, or studies in different patient populations. Comparisons of findings with different methods, both extra vivum and in vivo, are also of interest.

There is as well a need for the development of guidelines for therapy of pathological conditions associated with hemorheological phenomena.

We invite our Readers to submit such Mini-Reports to an Editor of their choice or to an Editor-in-Chief. The Mini-Reports will be judged by the Editor on their scientific merits and are

meant to answer the need for better standardization of laboratory methods and therapy. The Mini-Reports are limited to four pages with no abstract and no summary. A brief introduction of not more than eight lines is required and a brief comment of not more than half a page just prior to the references. The references must be restricted to those which are most relevant and should be typed in accordance with our Instructions to Authors.

We trust that the Mini-Reports will be of great aid to our Readers and we anticipate that these reports will stimulate a public discussion in Letters to the Editors-in-Chief.

Section of Abstracts

Under this Section, CLINICAL HEMORHEOLOGY will publish abstracts of papers on clinical hemorheology from the following three sources: 1. The abstracts of such papers presented at national and international conferences of biorheology including hemorheology. 2. Abstracts of papers on clinical hemorheology which have been published in (a) leading journals or (b) the proceedings of national or international conferences in scientific disciplines other than biorheology. Our Readers are asked to submit such abstracts, described above under 2a and 2b, to the Editor of the Section of Abstracts who will then consider them for publication.

Abstracts should not exceed 300 words, should not have Figures or Tables, and will have to be typed on laysheets by their authors. The laysheets and sample copies for the typing of the abstracts can be obtained from the Editor of the Section on Abstracts or from the Executive Editorial Office.

Permission for republication of abstracts, which have previously appeared in journals or in the proceedings of conferences, must accompany the abstract.

It should be noted that the Section of Abstracts will not be a comprehensive compilation of abstracts of the world literature on clinical hemorheology.

Letters to the Editors-in-Chief

We recognize unequivocally the need for differences of opinion in scientific inquiry. Accordingly, we invite "Letters to the Editors-in-Chief" for informal discussions. These Letters should be

concerned with comments, proposals, evaluations and expressions of criticisms.

Perspectives

It is foreseen that clinical hemorheology will participate more and more in diagnosis, therapy, and prophylaxis, and thereby will become an integral part of the practice of medicine.

As we launch CLINICAL HEMORHEOLOGY, we hope that the students of clinical hemorheology will have their forum in this medical journal to follow Claude Bernard's dictum TO CONSERVE HEALTH AND TO CURE DISEASE.

Alfred L. Copley
Founder/Editor-in-Chief

New York, N.Y.
15. August 1980