

# BjO

British Journal of Ophthalmology

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## Editorials

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This issue of the *British Journal of Ophthalmology* will surely induce comment from its readers if for no other reason than the change to its cover. We hope that our readers will welcome the changes since we believe that, in addition to the editorial and administrative changes which the journal has undergone in the past three years, the *BjO* needed a new image. In particular we have tried to indicate, by using a computerised reconstruction of the onset to peak fluorescence of the summed photographic sequences from a normal fluorescein angiogram, how new quantitative techniques are being applied to the clinical science of ophthalmology and, especially, to the analysis of fundus imaging.

The changes to the journal will not all be cosmetic. In addition to placing the contents on the inside front cover, readers will notice that the section entitled 'Case reports' has been renamed 'Letters to the editor', and will now be devoted exclusively to case reports. This section will retain the same requirements of keeping within 500–600 words with a maximum of two display items but will have less prominence in the contents list and will gradually move to a three column format. This change necessitates the introduction of a new section to be termed 'Correspondence', which will act as the main channel for discussion of other matters relating, for instance, to previously published papers and the like.

What has prompted these changes? In recent times the role of the case report has come under scrutiny. While it is recognised that many case reports are of interest to the reader, several problems are attached to them. Documentation of rare clinical events is undoubtedly valuable, particularly if they enlighten and/or lead to new hypotheses. Rarely, however, is this so. In contrast, as recently outlined in an editorial in the *Annals of the Rheumatic Diseases*,<sup>1</sup> they are more likely to lead to bias. This is particularly so where new treatments are concerned. For instance, the main lesson to be derived from anecdotal reports of successful treatments for subretinal neovascularisation in age related macular degeneration is

that our understanding of the natural history of this condition is considerably lacking.

Reducing the prominence of the case reports has stimulated the journal to consider its existing sections. Both clinical and laboratory science receive strong support from readers and generate a lively correspondence. However, concise presentation of the central findings of published papers in a readily accessible manner to the reader is sometimes lacking, and for this reason the *BjO* has decided to introduce structured abstracts during the course of the next few issues. This is not without some misgivings since it is recognised that not all material submitted to the journal lends itself readily to the restrictions of the structured abstract. Accordingly, this change like the other changes will be reviewed regularly.

The journal has also recognised that there may be a need for some means of opinion forming (or challenging). Accordingly a new section has been introduced which will constitute an occasional series in which current dogma and opinion can be challenged or new hypotheses formulated. This section will be under the general heading 'Commentary' and may be accompanied from time to time by a statement or reply from a correspondent holding an alternative view. In addition, the journal would expect a lively correspondence to follow from these articles which can be on any subject relevant to the science and practice of ophthalmology. This includes the many changes which are affecting educational programmes in ophthalmology generally. Commentaries will remain separate from editorials, which reflect new findings and concepts, and from perspectives, which aim to provide brief up to the minute reviews.

The *BjO* therefore invites its readers to take advantage of these new developments in the journal and to participate in the information exchange which we hope they will generate.

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1 Doherty M. What value case reports? *Ann Rheum Dis* 1994; 53: 1–2.