LETTER TO THE EDITOR

Analysis of publication trends in two internationally renowned ophthalmology journals

EDITOR,—International journals represent a forum for exchange of current information with contributions from all over the world. High standards are essential. In this report, we compared the publishing trends of two internationally renowned ophthalmology journals—the British Journal of Ophthalmology (BJO) and the American Journal of Ophthalmology (AJO).

METHOD AND RESULTS

Using the public Medline facility provided by the National Institutes of Health, the numbers of prospective studies and case reports published in the AJO and the BJO from January 1980 to December 1999 were determined. These were done using the following keyword searches: “prospective” and “case report.” The countries of origin of the articles were counted manually for the years 1990 and 1999, and were taken as the addresses of the corresponding author. Keyword searching was not possible owing to the non-uniformity of the way the addresses were registered.

The total number of publications remained fairly constant in the AJO over the two decades (Fig 1A). The percentage of prospective studies increased greatly from 1% to 12% (Fig 1B). Case reports, on the other hand, constituted 34–45% of the published articles (Fig 1C) with no obvious trend.

In comparison, there was a steady increase in the total number of articles (Fig 1A) in the BJO. The trends in the percentages of prospective studies and of case reports were similar to that in the AJO (Fig 1B and C).

The native countries (that is, the countries in which the journals are published) were the major contributors of articles for their respective journals (Fig 2A). The United States made a considerable larger contribution to the BJO than the United Kingdom did to the AJO (Fig 2B). Comparing 1990 with 1999, the contribution from foreign countries had risen significantly from 40% to 60% in the AJO and from 14% to 36% in the BJO. The top few foreign countries contributing to the respective journals are shown in Figures 2C and D.

COMMENT

In an ideal world, all studies will be randomised and controlled. In reality, however, this is often not the case for various reasons. In our present study, we arbitrarily and simplistically chose the prospective design as an indicator of a good quality publication. In both the BJO and the AJO, there had been an increasing percentage of prospective studies published (from 3% to 6% and from 1% to 12% respectively) over the past two decades. This is an encouraging sign but the percentages remain small, especially in the BJO, when compared with other types of publications. This is not necessarily the fault of the journals but merely a reflection of the research work done during that period.

Contributions from abroad appeared to be on the increase in both journals when comparing 1990 with 1999 with the BJO.
being the more cosmopolitan of the two. This increasing trend of foreign contribution was also noted by Kaugars et al in the journal Oral Surgery Oral Medicine Oral Pathology.

There are limitations to the present study. The AJO and the BJO may not be representative of the international ophthalmological journals from the United States and the United Kingdom respectively. Secondly, the total number of articles may be deceptive as the AJO and the BJO may have articles such as book reviews, editorials, letters, etc. at different frequencies. Thirdly, there is the possibility of inadequate keyword classification of the publications in the journals. Finally, the address of the corresponding author may not always correspond to the country where the research was performed.

In conclusion, our study suggests that the standard of publications has improved in the AJO and the BJO, with an increasing international contribution over the past two decades.

Proprietary interests: None.
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NOTICES

Onchocerciasis
The latest issue of Community Eye Health (No 38) discusses onchocerciasis and the impact of interventions, with an editorial by Bjorn Thylefors, former director of the Programme for the Prevention of Blindness and Deafness WHO. For further information please contact Community Eye Health, International Centre for Eye Health, Institute of Ophthalmology, 11-43 Bath Street, London EC1V 9EL, UK. (tel: +44 (0) 20-7608 6909/6910/6923; fax: +44 (0) 20 7608 3207; email: eyesource@ucl.ac.uk) Annual subscription £25. Free to workers in developing countries.

International Centre for Eye Health
The International Centre for Eye Health has published a new edition of the Standard List of Medicines, Equipment, Instruments and Optical Supplies (2001;85) discusses onchocerciasis and the impact of interventions, with an editorial by Bjorn Thylefors, former director of the Programme for the Prevention of Blindness and Deafness WHO. For further information please contact Community Eye Health, International Centre for Eye Health, Institute of Ophthalmology, 11-43 Bath Street, London EC1V 9EL, UK. (tel: +44 (0) 20-7608 6910; email: eyesource@ucl.ac.uk).

Second Sight
Second Sight, a UK based charity whose aims are to eliminate the backlog of cataract blind in India by the year 2020 and to establish strong links between Indian and British ophthalmologists, is regularly sending volunteer surgeons to India. Details can be found at the charity website (www.secondsight.org.uk) or by contacting Dr Lucy Mathen (lucy.mathen@yahoo.com).

Specific Eye Conditions (SPECS)
SPECS is a not for profit organisation acting as an umbrella organisation for support groups of any conditions or syndrome with an integral eye disorder. The SPECS website (www.eyeconditions.org.uk) acts as a portal to support groups, and is a valuable resource for professionals and may also be of interest to people with a visual impairment or who are blind. Further details: Kay Parkinson, SPECS development officer. (tel: +44 01803 524 238; email: k@eyeconditions.org.uk).

CORRECTIONS

In a paper published by Minassian et al in the July issue of the BJO (2001;85:822–9) two authors who made significant contributions to the project were omitted. They are Sunny Kaushal, research optometrist, Oxford Eye Hospital, and Nicholas WIngate, research optometrist, Moorfields Eye Hospital. We apologise for this omission.

A translation error occurred in the article by Demailly et al which appeared in the August issue of the BJO (2001;85:921–4). In the abstract (p 921 line 16) and the text (p 922, line 8) the dose for carteolol alginate was given as “four times daily” when it should be once daily. We apologise for this error.

BOOK REVIEW


This is a large reference multiauthored, well illustrated text on a multitude of systemic conditions that have ophthalmic manifestations. It certainly is an enjoyable book to “flick through,” with some excellent photographs ranging from retinal disorders associated with infection and systemic disease to genetic disorders, including a multitude of pictures on dysmorphic syndrome. There are chapters on relatively rare conditions such as ocular pharyngeal muscular dystrophy, periodic paralysis and myopathies, and encephalopathies associated with vitamin disorders. The list goes on and indeed the book is a useful reference, with illustrations and bullet points on the manifestations seen in these diseases. But, without prior knowledge or other texts to read the book is not easy to use. However, with an impressive 159 chapters every library should have this book on the shelf. It would offer residents and students from all disciplines the opportunity to appreciate how many diseases have ocular manifestations. What a great subject we are involved with!

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