

Interesting times in medical publishing

'Publish and be damned', the Duke of Wellington's reported retort to attempted blackmail in a kiss-and-tell saga two hundred years ago, has acquired a *Don't* in front of it in the modern academic world. However, how research should be published has become a controversial topic. In the US the National Institutes of Health (NIH) have decided that any work they support should be made freely available after six months.¹ The subtext is eventual immediate availability, which can already happen if authors publish in some electronic fora. If so, subscription journals could disappear. It is suggested that, instead of the existing system, authors should pay to publish their work, at a generally quoted cost of US\$1500 per article. Future NIH grants would include publication costs. Other large grant giving bodies in the UK and elsewhere may follow the NIH example.

This would affect authors as well as publishers. It increases the risk that commercially funded research will dominate science. What will happen to studies that are not backed by large grants? Who will pay for case reports, which can introduce trainees to the excitement of academic activity? Even more important could be the effect on the development of research themes. For example, folate is now widely recognized to help prevent neural tube defects. Originally, epidemiological studies on geographic and other variations suggested that nutritional factors might play a role. Further research then focused on vitamins. After a series of case-control and randomized trials, in varying numbers of patients, limited by various methodological issues, a large definitive trial was funded by a national body: the UK Medical Research Council. The results were published in a prestige journal and folate supplementation became policy.² However, the initial studies on which this great advance in public health was based were published in specialist journals. Large scale expensive trials are only likely to be funded if smaller pilot studies have suggested a worthwhile effect. To overlook this would be to cut away the roots from which major research studies grow. A compromise may be to allow authors to buy open access for readers of their article in a subscriber-pays journal.³

The impact factor of a journal is another pre-occupation in publishing. Used to judge a journal's quality, this is a yearly score obtained by dividing the number of citations of articles published in the previous two years in a particular journal, by the number of articles themselves in that journal. It is important for most academic authors because promotion and other ranking by their employing universities depend on publishing in journals with high impact factors.⁴ 'Impactitis' can distort priorities in publishing: for example, case reports are rarely quoted even though they can have good clinical value. Impact factors correlate to some extent with clinical relevance, but not closely.⁵ For example, no paediatric journal achieves a rating over four but the articles in them are both scientifically and clinically valuable.

We remain a clinical journal, which still welcomes case

reports, and over the last five years our impact factor has steadily risen to a relatively high ranking amongst paediatric journals, and is now the highest ranking paediatric neurology journal. As a non-profit making concern, our subscription prices are relatively low. We already make all material freely available in electronic format after one year. In addition, although publishing research data is the most important aspect of our work, digesting and discussing its implications is also valuable. For this reason we are trying to increase the number of reviews that we publish and to invite commentaries on selected papers as well. We would also like to publish more papers: to do so without increasing costs we are now asking authors to restrict the length of their articles to 3000 words. Mainly to create more space, but also after comments from authors, we are changing from the Harvard system for references (name of the first author and year of publication) to the Vancouver style as used in this editorial. For the next few months there will be a mixture of the two styles as papers already in the system come through to publication. To ensure that articles can be found by all electronic searches, we are also asking authors to supply us with keywords for databases.

Electronic publishing is adding value as well. Advantages include easy accessibility for clinicians and researchers, even if off site or out of hours. The Mac Keith Press website will be coming online soon. It will cover all the Press' activities including information about 'Developmental Medicine & Child Neurology', books, and Meetings. In terms of the journal, initially, it will provide links to sample articles, instructions for contributors, and subscription information on the Cambridge Journal Online site. We will be allowing access to papers before print publication in future. A special feature will be an acknowledgment of our reviewers; we publish about half of the papers offered to us and they are critical to ensuring it is the right half. Without that, medical publishing would be damned indeed.

Peter Baxter

DOI: 10.1017/S0012162205000149

References

1. National Institutes of Health. (2004) Enhanced Public Access to NIH Research Information. <http://grants1.nih.gov/grants/guide/notice-files/NOT-OD-04-064.html> (accessed 17th December 2004)
2. Bower C. (2001) Neural tube defects and childhood brain tumours: the role of maternal vitamin supplementation. In: Baxter P. *Vitamin Responsive Conditions in Paediatric Neurology*. London: Mac Keith Press for the International Child Neurology Association. p12–21.
3. Cozzarelli NR. (2004) An open access option for PNAS. *Proc Natl Acad Sci USA*. **101**: 8509. (Editorial)
4. Abbasi K. (2004) Let's dump impact factors *BMJ* **329**: <http://bmj.bmjournals.com/cgi/reprint/329/7471/0-h>
5. Nakayama T, Fukui T, Fukuhara S, Tsutani K, Yamazaki S. (2003) Comparison between impact factors and citations in evidence-based practice guidelines. *JAMA* **290**: 755–756.