

## Editorial

It is axiomatic for those engaged in medical practice to assume that publication is, *a priori*, a good thing. The rationale behind this is not always self evident but it is undeniable that at every level preferment seems to be, at least in part, dependent upon it. It is even true that academic departments will be judged as having been successful or as having failed dependent upon the quality – and even the quantity – of their published output.

For medical publishers the priorities are, of course, quite different. They hope to produce a blend of material that will educate and inform while entertaining and stimulating the readership. At the same time they have to ensure commercial viability. And, to survive in the modern age, that means ensuring a reasonable impact factor and attracting advertising copy.

These matters were part of the subject of a recent meeting of the editorial staff. We discussed a range of issues starting with the role of the Clinical Record or Case Report. We are one of few Journals that continue publishing case reports and there is no doubt that they lower our impact factor. As a result some editors considered that we should cease to publish them but the majority opinion was that we should continue – albeit without giving them any priority. We are also keen to ensure that such cases have added value. This is, perhaps, difficult to define but, for example, the isolated ‘oddity’ or unique happening that has no interest other than that it transpired is of no value. After all ‘nothing ever never happens’. However if there is a unique case that has some intrinsic value as, for example, further explaining the embryology, pathology or treatment of the condition then we will consider it. However claims of uniqueness need to be authenticated and, in order to do this, we will in future require the authors of such reports to submit the search strategy that they have used. In the same vein we will continue to publish relative rarities or series of cases where there is some inherent interest: but, as with unique cases, such case reports should highlight a new understanding of the entity or an advance in diagnosis or treatment. They will otherwise be unacceptable.

*Pari passu* we intend to ‘fast track’ clinical research including properly conducted audit and review articles. We shall also be commissioning reviews of subjects that are controversial or interesting in the hope that these will prove helpful to

those studying for examinations as well as those who have little time to make regular visits to the hospital library to update their knowledge. Such reviews have proved popular in other specialities.<sup>1</sup> We hope that we will start publishing these shortly, on a quarterly basis in the first instance.

In addition to these changes we will be starting a section for the reporting of technical innovations and for reporting of new surgical techniques. It is hoped that, in due course, this might be supplemented by posting videos of the techniques described on the Web. We will also be reviving our book reviews section and hope to extend this to encompass a review of Web sites that might prove of interest to us as practising Otolaryngologists. We are grateful to Liam Flood for volunteering to take on this latter task and trust that it will prove of interest to the readership.

These changes must be evolutionary and cannot be made abruptly. However we believe them to be correct and, in order to ensure that we implement them as soon as possible, they are reflected in the revised Instructions to Authors which have been printed for the first time in this issue.

Finally we are often told that medical knowledge is growing at an exponential rate. Surgical knowledge must be practically based but “. . . the premise that surgery is a craft expresses only a part of the truth, and (that) the conclusion that there can be no such thing as surgical science is unwarranted”.<sup>2</sup> There is a danger in developing this argument to extremes least one becomes too theoretically biased – or even develops a somewhat epistemological view. Common sense suggests that such an extreme is unnecessary and, in surgery, largely irrelevant. But there is no doubting that an increased scientific base for our speciality is essential and we hope the newer format will enable this and that the Journal will continue to stimulate the readership. We also hope that should that not prove the case that you will make your views known!

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### References

- 1 Williamson RCN. How to write a review article. *Hospital Medicine* 2001;**62**:780–2
- 2 Woodruff MFA. Surgical Science. In: On Science and Surgery. Edinburgh: Edinburgh University Press, 1977;13–24