

# Your precious submission is awaited

It is one of the great trials of medical life trying to get things published. Where once upon a time a few case reports and being eighth author on a paper or two was more than sufficient to secure a consultant job, the bar is being raised ever higher. Our leaders are rightly demanding more of our trainees, with a view to focusing their attention on the importance of research and the scientific method. There are now points awarded to ophthalmic registrars for every case report or paper they publish with a recommended yearly 'score' to aim for. This pressure is growing and relentless and it is out of this environment that *BMJ Case Reports* was born. A legitimate new business model was developed in which low impact but still interesting case reports could be published, count for points, lines on CVs and topics for discussion at ARCP meetings, with a subscription fee from the nearest deanery covering the costs of publication. Those trainees outside of the normal training system did face a fee they had to pay themselves. Otherwise trying to get case reports published in recognised journals was a prolonged act of self-harm.

Whereas in past years *BMJ Case Reports* seemed to take most articles, even they are becoming saturated of late, with a gradual reduction in their acceptance rate of the third class case report which formed their bread and butter. Most journals have stopped publishing case reports altogether, regarding such submissions with the same enthusiasm as those emails offering penile enlargement solutions. Trainees are a resourceful bunch and often seek out obscure journals such as the *Oman Journal of Ophthalmology* or the *Ulster Medical Journal*. I myself have publications in some of these out of the way journals, including the *Middle East Africa Journal of Ophthalmology*, the *Indian Journal of Ophthalmology* and the *Saudi Journal of Ophthalmology*. All of these were born of a desperate effort to publish my work and satisfy myself that the gargantuan effort put into writing and rewriting the article a billion times to comply with various and slightly different guidelines was not utterly in vain. Yet every year even these safety valves get overloaded

and the rejection rates climb ever higher. Submitting to *Ophthalmology* or *Retina* or any of the big journals is utterly pointless unless you've just bashed out a randomised control trial or are Alan Bird. Even *Eye* has become sniffy, treating each of my recent submissions as a French waiter would a hobo come in for a five course meal.

Crooks and charlatans see this growing pressure and predatory publication houses trawl the medical ghetto like loan sharks offering to publish their wondrous papers, without initially mentioning their hefty fees, of course. As with the Nigerian 419 scams where badly worded emails tell of wealthy deceased generals and businessmen and then demand my bank details, I get emails from *EC Ophthalmology* almost every week. I must have deleted hundreds of these annoying messages offering me 'heartly greetings', asking for my 'precious paper' or telling me that I am welcome to 'express my valuable views' in their online open access journal that is Pubmed indexed. One bored day I decided to reply to the author of every such email I have received, the ubiquitous 'Dianna Winters'. Dianna with two 'n's that is, just to dent your confidence in the enterprise that little bit more.

I asked if there was a fee involved for publication. Dianna informed me it was 'only \$499 for any case report, research article or review article and \$449 for any other type of article.' It was not stated what 'any other type of article' might consist of. I checked out Pubmed and found to no surprise whatsoever not one indexed article from this 'precious journal'. The articles were available online, however, and I was absolutely fascinated at what I saw 'published' in this journal. These articles were from authors from all around the world, including the United Kingdom, and ranged from what seemed like legitimate pieces of research examining diabetic changes to the cornea, to articles about consumer profiling in optometric practices, experiences of using a Malyugin ring for the first time and articles about art. One article described a rhabdomyosarcoma as a 'very bad type of cancer' and some were littered with spelling mistakes. Others had such convoluted sentences that reading them

reminded me of the legal clauses at the end of those online agreements that everybody clicks 'yes' to without ever opening. There were hundreds of 'Editors'; I tried to count them but got bored after I passed a hundred.

We are the architects of this. Those poor desperate souls who spend hard earned cash pseudopublishing a piece of work they could not legitimately publish elsewhere do so because we ask that everybody pour forth published articles, while the old journals are saturated. *EC Ophthalmology* is not a journal. And it is not alone. It is a scam run by crooks so that far away medics spend personal income for pointless points on their CVs to please people who never read the articles but are satisfied they are in some way advancing the cause of medicine by making such requirements.

Publishing is not what it was. There are more ophthalmologists, more doctors, more articles demanded of them all and less legitimate places to publish them. We cannot let this turn into a big bucks business opportunity for the likes of *EC Ophthalmology*. There are two things we can do to solve this. Firstly, we should concentrate on the quality rather than the quantity of publications, encouraging bigger projects and discouraging case reports. To be honest, we should in fact recognise that case reports are relicts of an earlier simpler and generally lovelier age. Secondly, we should all reply the next time Dianna Winters graces our inbox with a message that she can shove her \$499 where the sun does not shine.

\* Editors' note:

*Eye News* is always grateful for case reports, email [diana@pinpoint-scotland.com](mailto:diana@pinpoint-scotland.com)

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