

European Science Editing

Contents

Vol. 29(4)

November 2003

From the editors' desks

- 103 More from Bath — New names, addresses and sections — *Science Editors' Handbook* — New members — Index missing? — Contributions for the next issue

Editorial

- 104 It's all in the name: AJ (Tom) van Loon

Article

- 105 Michael Berkwits, Warren B Bilker, Frank Davidoff: Trends in manuscript submissions to medical journals, 1994–1998

Editing in France

- 109 Hervé Maisonneuve: Editing health care journals in France

Correspondence

- 111 J Andrews: Two-language references — English-language journals
111 Marie-Louise Desbarats-Schönbaum: Intellectual property

Reports of meetings

- 112 Editing and scientific "truth": 8th general assembly and conference of EASE (Jenny Gretton, David Hawkins, Caroline Allsopp, Carol Norris, Bronwyn Bennett)
116 12th Annual EMWA conference (Nic Evans)

EASE-Forum digest: April–September 2003 (compiler: Elise Langdon-Neuner)

- 117 Joining the forum — Information and articles — Requests — Sensu

Book reviews

- 118 Michael Alley: *The craft of scientific presentations: critical steps to succeed and critical errors to avoid* (reviewed by Bob Huggan)
119 Cecil Helman (ed.): *Doctors and patients: an anthology* (reviewed by Carol Norris)
120 Alan G Gross, Joseph E Harmon, Michael Reidy: *Communicating science — the scientific article from the 17th century to the present* (reviewed by AJ (Tom) van Loon)

From the literature

- 120 Liz Wager: Effects of authors' competing interest statements on readers' perceptions of articles

News from the Council and Publication Committee

- 131 EASE Council update: Georgianna Oja
132 Publication Committee meeting: a readers' survey will be welcome: Hervé Maisonneuve

Obituary

- 133 Roger Bénichoux, 1919–2003: Hervé Maisonneuve

Regular features

- 122 The Editors' WebWatch (Moirá Vekony)
124 News Notes (Margaret Cooter)
127 Forthcoming meetings, courses and BELS examinations
128 The Editor's Bookshelf (Jane Moody)
133 Membership list additions and changes
134 Membership of EASE [membership information and application form]

European Association of Science Editors

powered by

ScholarOne Manuscript Central

ACCEPTED

TRIED, TESTED, AND

**The most widely
accepted system for
the management of
peer review**

Benefits of Using Manuscript Central™

- Increased submissions
- Reduction in time from submission to first decision
- Reduction in administrative time
- Reduction in distribution costs

Manuscript Central™ Facts

- Number of journals: 300+
- Monthly submissions: 11,000+
- Academic disciplines served: 100+
- Registered users: 570,000+
- Flexible workflows
- System implementation: 6-8 weeks
- System availability since 2001: 99.5%
- Training classes: Online and on-site
- User support: Online, e-mail, phone and fax
- In-house software development team
- Software launched in 1998

TRIED, TESTED, AND ACCEPTED...SEE FOR YOURSELF

**Request an Online Demonstration Today
Contact LearnMore@ScholarOne.com**

ScholarOne

Web-Based Solutions for Scholarly Publishers

ScholarOne, Inc.
375 Greenbrier Drive, Suite 200 • Charlottesville, VA 22901
434-817-2640 • www.ScholarOne.com

From the editors' desks

More from Bath

If you know Anne M Gale (Germany), Vani T Kurup (India), Ian C Metcalfe (Switzerland), Janet Salisbury (Australia), or Peter Thorpe (UK), you will want to offer congratulations. These EASE members passed the examination for Editor in the Life Sciences held by BELS (Board of Editors in the Life Sciences) in Bath.

New names, addresses and sections

As mentioned in the August issue, several members have retired from the Publication Committee (formerly the Editorial Board). In their place, we would like to welcome Elise Langdon-Neuner to the EASE-Forum Digest, Jane Moody to the Editor's Bookshelf, and Werni Lindegaard to our overwhelmingly popular *Science Editor's Handbook*. In addition, several new members join the Committee to look after new sections. Tom van Loon, our past president, will be looking for review articles, Liz Wager is initiating a section called "From the Literature", Jane Sykes will be gathering news from learned societies, and Jo Wixon will take over as webmaster. All are welcome additions to the Publication Committee. Please remember that these editors, along with the rest of the Publication Committee, can only do their job with the support of EASE members. They look forward to receiving your suggestions as well as your contributions.

Also new in this issue: accounts of what the Council and Publication Committee have been doing and deciding.

Note that Hervé Maisonneuve's e-mail address is now hervemaison@wanadoo.fr, the correct address for Jane Moody is jane.moody1@ntlworld.com, and Maeve O'Connor's address has changed to maeve.oc@blueyonder.co.uk.

Science Editors' Handbook

Now that all of you have (or should have) the contents of the *Science Editor's Handbook* in your hands, the Publication Committee is looking for feedback and suggestions for new chapters. Werni Lindegaard is the person to contact. Many have already ordered the attractive looseleaf binder with its practical dividers, but, for those of you who have not, the binder is still available at the same price: GBP 7.50 for within Europe and GBP 11.00 outside Europe. Orders should be sent to Georgianna Oja, Nyyrikintie 14 A 1, FIN-33540 Tampere, Finland; e-mail secretary@ease.org.uk.

New members

Although many new members have joined EASE this year, many more would be welcome. If you know any new editors, or even experienced ones, who are not members of EASE, please suggest that they visit our web site (www.ease.org.uk/) for a look at what we have to offer. In addition, our secretary (Georgianna Oja, address as above) would be happy to send them a sample copy of the journal if you send her the necessary addresses.

Index missing?

Readers who have misplaced their indexes to *ESE* are reminded that these can be found on the Association's web site, www.ease.org.uk/.

Contributions for the next issue

Contributions for the February issue of *European Science Editing* are invited and should be sent to the appropriate member of the Publication Committee (see right, and see the Instructions to Authors on the EASE web site: www.ease.org.uk/). The deadline for contributions for the February issue is **15 December** (but articles should be sent as early as possible).

Publications Committee, 2003–2006

Chief Editor

Hervé Maisonneuve
hervemaison@wanadoo.fr

Production manager

Maeve O'Connor
maeve.oc@blueyonder.co.uk

Secretary

Georgianna Oja
secretary@ease.org.uk

European Science Editing

Original articles

John W Glen
john_glen@jgla.demon.co.uk

Review articles and viewpoints

Tom van Loon
tom_van_loon@eresmas.com

Series

Edward Towpik
redakcja@coi.waw.pl

Reports of meetings/WebWatch

Moira Vekony
DunaScripts@editors.ca

EASE-Forum digest

Elise Langdon-Neuner
langdoe@baxter.com

Book reviews

Marie-Louise Desbarats-Schönbaum
Peelkensweg 4, 5428 NM Venhorst
Netherlands
desbarats@planet.nl

News Notes

Margaret Cooter
mcooter@bmj.com

From the literature

Liz Wager
liz@sideview.demon.co.uk

Editor's Bookshelf

Jane Moody
jane.moody1@ntlworld.com

Books (Handbook)

Werni Lindegaard
w1@dadl.dk

Web site

Jo Wixon
jwixon@hgmp.mrc.ac.uk

EASE Council

Elisabeth Kessler (*ex officio*)
elisabet@ambio.kva.se

Contributions for *European Science Editing* should be sent to the Chief Editor or the appropriate section editor listed above. See Instructions for authors on EASE's web site (www.ease.org.uk/).

The journal is published in February, May, August and November, free to paid-up members of EASE and available on annual subscription of £50 to libraries and other non-members.

Disclaimers: The views expressed by contributors are their own. The Association does not necessarily endorse the claims of advertisers.

EASE Council 2000–2003

President: Elisabeth Kessler, *Ambio*, Royal Swedish Academy of Science, PO Box 50005, Stockholm, Sweden; elisabet@ambio.kva.se

Vice-Presidents: Ricardo Guerrero, Spain; Jennifer Gretton, UK

Treasurer: Arjan Polderman, Netherlands

Members: Alison Clayson, France; Roderick Hunt, UK;

Remedios Melero, Spain; Magne Nylenna, Norway; Linus Svensson, Sweden; Hervé Maisonneuve, France (*ex officio*)

Past-President: AJ (Tom) van Loon, Netherlands/Spain

Company Secretary: Stephen Mills, UK

Secretary: Georgianna Oja, Nyyrikintie 14 A 1, FIN-33540 Tampere, Finland; tel. +358 3 260 8644, fax +358 3 260 8606; e-mail: secretary@ease.org.uk

EASE web site: www.ease.org.uk/

Correspondence about EASE and applications for membership (see form in this issue and on the web site) should be sent to Georgianna Oja.

Printed by Unwin Brothers Ltd, Old Woking, GB-GU22 9LH ©EASE 2003

Editorial

It's all in the name

At several meetings of the EASE Council a possible change of name for our Association has been discussed, a number of times on my initiative. The 2000–2003 Council mentioned this for the first time in public at the General Assembly in Bath. The present Council is also of the opinion that this topic needs serious attention, but considers this only worthwhile if the Council's ideas are first brought forward into the open in more detail. The present contribution — written on behalf of the Council — is meant to do this. All members are invited — and strongly encouraged — to take part in the discussion on what is a very important topic for the future of our Association.

A change of name is a radical step, which should be realized only after careful weighing of the pros and cons. There may be many more pros and cons than the present Council is aware of. The most important aspects considered within the Council so far are summarized below.

Is anything wrong with the present name?

The present name, European Association of Science Editors, has three main disadvantages: it restrains potential non-European members from joining us, it no longer reflects the members' activities, and it has resulted in our journal having a non-sense name.

Many freelancers from outside Europe, particularly from the USA, have expressed reluctance to join EASE because they imagine that mainly European problems are dealt with (multi-language texts, geographically restricted aspects, etc.); editors who are employed by a non-European organization are frequently not allowed to become EASE members paid for by their employer or journal because less "exotic" organizations (such as the Council of Science Editors, whose name promises global activity) get priority.

Many editors have a (commonly unpaid) editorial job in addition to a scientific career. This implies that a large number of science editors are also scientific authors — a most fruitful combination, as recognized by EASE in the *Science Editors' Handbook*, which is, for a large part, aimed at scientific authors rather than at editors. Moreover, editors nowadays need a wide range of technical capabilities, including working with word processors and handling figures electronically. Using various media is now the rule rather than the exception. The "old-fashioned" editor has changed into a communicator — although this does not necessarily imply that the term "editor" should be replaced by "communicator". In almost all professions modern technologies and changing social demands have resulted in the need for additional capabilities and activities.

Last but not least, the name of our journal, *European Science Editing*, is admittedly a logical consequence of the Association's name, but it is also a shame for a professional editorial organization. The name makes no sense, since it means either "Editing of European Science" (but there is no such thing as European science) or "European Editing of Science" (which would

imply that editing in Europe is different from elsewhere in the world). One of the most important objectives of science editing is to make texts meaningful, clear and unambiguous, but the name of our journal certainly does not reflect these requirements; it is just non-sense, and that is why I dare name it a shame for our Association.

What names might be more appropriate for the Association and the journal?

I have suggested that — if a name change is advisable — the term "European" should be replaced by something like "International", or perhaps by nothing at all. In addition, it seems that the term "Editors" should be replaced, either by "Communicators" (I hope that members will come up with a better equivalent for this fairly horrible term) or "Editors and Authors" (or something similar). The term "science writers" has been suggested in this context, but this term is considered by many editors to imply that we would have changed into an organization for science journalists, which is not the case (but perhaps we should seriously consider including them: an increasing number of journals — *Nature* among them — ask for "popular" versions of abstracts, for example).

These considerations imply that a possible new name might be something like "International Association of Science Editors and Authors" (IASEA), "Association of Science Editors and Scientific Authors" (ASESA), or "International Society of Science Communicators" (ISSC). Perhaps these suggestions are not very appealing; who has a better proposal? I suggested a couple of years ago the name "Association of Science Editors" but in the meantime what was then the Council of Biology Editors changed its name to Council of Science Editors. It also seems highly preferable that a new name should have a three-letter or four-letter acronym, which should preferably be easily pronounceable.

If the Association decides to adopt a new name according to the above considerations, it is clear that the title of the journal should be adapted as well. One possibility would be *Journal of the [new name of the Association]*. When I proposed having a new name for our Association, I also proposed the name *Science Editing* for what was then our bulletin, but CSE's journal now has the rather similar name *Science Editor*. There must be creative members in our Association who have other ideas.

Would a new name be counter-productive?

A change of name is always difficult to accept, particularly for people who have been or are still actively involved. But there are also more objective arguments, among others: (1) non-members (including potential members) will not easily realize that an organization with another name is, in fact, still EASE, thus implying that the "old" web site etc. would have to be maintained for at least three years, in addition to a new web site; (2) the name of the journal would have

to change and a new ISSN would have to be used; (3) the *Handbook* should also be adapted, at extra cost; (4) a change of name should be restricted to as few times as reasonably possible (every 20 years?), implying that a new name has to be correct, unambiguous and appealing for the time to come.

The time has come to think all this over and make a decision. The sooner the better for a prosperous future for our Association, which needs to attract new members and receive the recognition it deserves. Let all members be aware how much the Council needs them

to communicate their opinions on this topic. Send your views to the Secretary as soon as possible, so that the Council will have a good insight into members' feelings and can come up with a formal proposal at the General Assembly. If such a proposal is accepted, the new name would be implemented as soon as possible and would, one hopes, remain unchanged for a long time. So remember that a good, powerful, name is essential: it's all in the name.

AJ (Tom) van Loon
tom_van_loon@eresmas.com

Article

Trends in manuscript submissions to medical journals, 1994-1998*

Michael Berkwits¹, Warren B Bilker² and Frank Davidoff³

¹Philadelphia Veterans Affairs Medical Center and the Division of General Internal Medicine, University of Pennsylvania Medical Center, Philadelphia, PA 19104, USA (berkwits@mail.med.upenn.edu); ²Department of Biostatistics and Epidemiology, Center for Clinical Epidemiology and Biostatistics, University of Pennsylvania Medical Center, Philadelphia, PA 19104, USA; ³American College of Physicians-American Society of Internal Medicine, and the Division of General Internal Medicine, University of Pennsylvania Medical Center, Philadelphia, PA 19103, USA

Abstract

Background: Changes in US research and health care funding in the 1990s could have led to a change in the number of manuscripts submitted to medical journals. We sought to determine journal submissions between 1994 and 1998.

Methods: Data on total submissions and research and non-research submissions, and on numbers of US and non-US contributors, were sought from 55 general medical and specialty journals. Submission rates were analysed and compared by journal location and type and by contributor nationality.

Results: Forty-eight journals responded (87%). Total submissions to both US and non-US journals rose significantly, mostly due to a rise in research submissions at specialty journals (88.3 manuscripts [95% confidence interval 25.4 to 151.2; $P = 0.006$] per journal per year for US, 31.0 [CI, 11.6 to 50.5; $P = 0.002$] for non-US journals). US contributions did not change (11.7 manuscripts [CI, -21.2 to 44.6; $P = 0.49$]), but non-US contributions increased significantly (73.1 [CI, 24.8 to 121.4; $P = 0.003$]). Differences between the two were significant for US ($P = 0.03$) and all journals ($P = 0.02$).

Conclusions: US contributions remained constant while non-US submissions to specialty journals increased significantly. These findings warrant further tracking and correlation with other measures of US and non-US scholarship.

Berkwits M, Bilker WB, Davidoff F. 2003. Trends in manuscript submissions to medical journals, 1994-1998. *European Science Editing* 29(4):105-109.

The 1990s brought unprecedented changes to American medicine that could have affected the number of manuscripts submitted to medical journals by US contributors. Academic and financial restructuring at many academic health centres forced many physicians to assume greater clinical responsibilities, reducing time for research and academic writing [1-3]; at least one US editor attributed a 13.4% decline in submissions from North American authors over five years to these changes, publicly declaring it "a cause for concern" [4].

At the same time, a steady rise in NIH funding was a strong stimulus to research scholarship [5], and some journals reported a rise in submissions [6, 7]. Given conflicting evidence for overall submission trends during this period, we sought to determine if numbers of manuscripts submitted by US and non-US contributors changed in the mid-1990s at general medical and specialty, US and non-US, and high- and low-circulation journals.

* This investigation was funded in part by the American College of Physicians and was approved by the Office of Regulatory Affairs of the University of Pennsylvania.

Table 1. Journals invited to participate in study

<i>General medical</i>	
United States (n=6)	Non-US (n=5)
American Journal of Medicine	BMJ
Annals of Internal Medicine	Canadian Medical Association Journal
Archives of Internal Medicine	Journal of Internal Medicine
JAMA	Journal of the Royal Society of Medicine
Journal of General Internal Medicine	The Lancet
New England Journal of Medicine	
<i>Specialty</i>	
United States (n=25)	Non-US (n=19)
American Heart Journal	Annals of Rheumatic Diseases
American Journal of Cardiology	Bone Marrow Transplantation
American Journal of Gastroenterology	British Journal of Haematology
American Journal of Hematology	British Journal of Rheumatology
American Journal of Kidney Disease	Diabetologia
American Journal of Respiratory and Critical Care Medicine	European Heart Journal
Arthritis and Rheumatism	European Journal of Cancer
Biology of Blood and Marrow Transplantation	European Journal of Clinical Microbiology and Infectious Diseases
Blood	European Journal of Endocrinology
Cancer Chest	European Journal of Hematology
Circulation	European Respiratory Journal
Clinical Infectious Diseases	Gut
Critical Care Medicine	Heart
Diabetes Care	International Journal of Cancer
Digestive Diseases and Sciences	International Journal of Cardiology
Gastroenterology	Journal of Rheumatology
Hepatology	Kidney International
Hypertension	Respiratory Medicine
Journal of the American College of Cardiology	Thorax
Journal of the American Geriatric Society	
Journal of the American Society of Nephrology	
Journal of Clinical Endocrinology and Metabolism	
Journal of Clinical Oncology	
Journal of the National Cancer Institute	

Methods

Study design and sample

In a retrospective cohort study we surveyed English-language internal medicine journals with well-defined clinical research sections that served physician communities. Journals exclusively publish-

ing basic science research were excluded. General medical journals were selected based on investigators' knowledge of journals likely to receive and publish submissions of clinical interest. A survey of local physician leaders identified specialty journals most likely to receive and publish submissions from specialty physician clinical researchers. International specialty journals were augmented by review of local library holdings under common titles such as "British", "European", and "International Journal of" for journals with clearly defined and substantial clinical research sections.

Survey

We sent surveys to the editorial offices of 55 journals (Table 1), requesting manuscript submission data for 1994–1998, a five-year period following the rise of market-driven health systems in the US for which data were available when the investigation began. Data were collected on: (1) total manuscript submissions, including research submissions (defined as original articles, brief reports and rapid communications, distinguishing between clinical and basic science research if possible) and non-research submissions (defined as reviews, perspectives, case reports, symposia and all other submissions excluding letters); (2) contributors' countries or regions of origin, as tracked and defined by each journal; (3) annual number of published editorial pages, and (4) annual circulation (without distinguishing paid from free subscriptions). Non-respondents received a letter at eight weeks, and remaining non-respondents received one or more phone calls or other contacts until they provided data or explicitly refused study participation.

Statistical analysis

Submission trends were analysed using generalized estimating equations (GEE) linear regression to account for multiple observations within journals [8]. Separate models were fit for submission counts and percentage change in each submission (total, research, and non-research) and author (US and non-US) category, where percentage change was defined relative to 1994–95. Normal models were used to approximate a Poisson distribution with a large mean. Comparisons of trends by journal location and type, author nationality and journal circulation were also tested with GEE linear regression. High- and low-circulation journals were distinguished using median (upper versus lower 50%) and tenth-percentile (upper 90% versus lower 10%) values for circulation within US and non-US journal categories.

We made the following assumptions when necessary. All research submissions to general medical journals were considered clinical research unless designated otherwise; all research submissions to specialty journals were considered undefined with respect to clinical or basic science research categories unless explicitly identified. Meta-analyses, health services, and epidemiological research were considered original research when identifiable (two journals). Correspondence was counted within total submis-

sions but not otherwise included unless the journal had an explicit "research letter" category (two journals). When data on authors' nationality were available for only a subset of submissions (such as for published papers or research manuscripts only), proportions within the subset were applied to total manuscript submission counts to estimate total US and non-US contributions (16 journals). When total submission counts exceeded category counts (i.e. research plus non-research submissions), total counts were considered accurate and the difference was attributed to the non-research submissions category; and when total submissions were less than category counts, the total submissions count was revised to reflect the sum of research and non-research submissions. All inferential statistical analyses were done on available data, but partially missing data within a submissions category (e.g. research submissions data missing for one to four years of the five-year period at a journal) were imputed using averages for purposes of enumerating raw submissions numbers (i.e. for Figs 1A–C).

All analyses were performed using SAS version 6.12 (SAS Institute Inc., Cary, NC, USA, 1996).

Results

All 55 invited journals responded to inquiries, and 48 (87%) provided data (6/6 US general medical, 4/5 international general medical, 22/25 US specialty, and 16/19 international specialty journals). Reasons for declining participation included transfer of editorial offices with loss of data (three journals), unavailability of data given manuscript tracking systems (three journals), and insufficient staffing to retrieve data (one journal). One additional journal was excluded after enrolment because submitted data revealed it did not exist in 1994, making invalid a model for the five-year period of interest. On average, 14% of requested submissions data (range 10–27%) and 21% of requested national author data (range 19–23%) were missing for US journals; 10% of submissions (range 0–27%) and 16% of national origin data (range 5–26%) were missing for international journals. Study results are reported based on analyses of available data; results did not differ when missing data were imputed using averages, values for the years immediately before, and values for the year immediately after the years for which data were missing.

Manuscript submissions to all journals rose during the study period (Fig. 1A), at a rate of 68.2 manuscripts (95% confidence interval [CI] 29.5 to 106.9) or 6% (CI, 3.0% to 8.0%) per journal per year (both $P < 0.001$). Submission numbers and rates by journal location are presented in Figure 1a and Table 2. The increase in total and research manuscripts was evident for both US and non-US journals. A rise in clinical research submissions was detectable at US journals alone. There was no detectable change in the rate of non-research submissions. The increase in total and research submissions appeared to be limited to specialty journals (data not shown) and comprised clinical and possibly basic science research contributions.

Differences in submissions of these manuscript types to specialty and general medicine journals were not

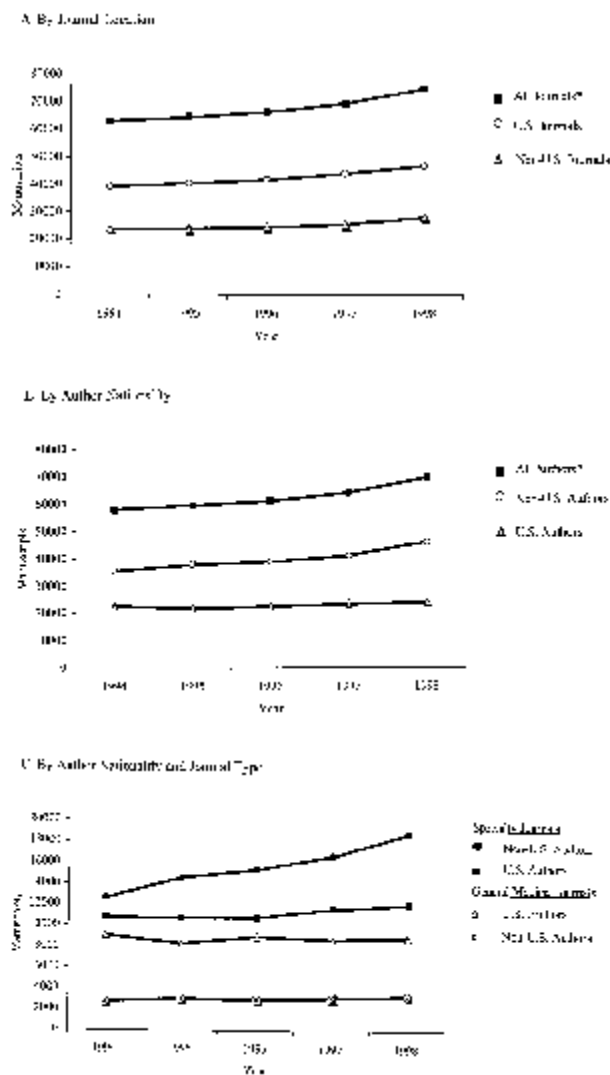


Figure 1. Total manuscript submissions.

* Counts for all journals (A) and all authors (B) differ slightly because of the effects of imputed data.

significant (data not shown). However, differences in research submissions to US general medical and specialty journals were of borderline significance (78.0 [CI, -159.0 to 3.0; $P = 0.06$] or 7% [CI, -13% to -0.7%; $P = 0.03$] more per journal per year for specialty than for general medical journals). More clinical research papers were submitted to US than to non-US specialty journals (51.5 more [CI, 2.2 to 11.8] per journal per year for US compared to non-US specialty journals [$P = 0.04$]), but no other detectable differences by journal location occurred in other submissions categories. Submission rates to high- and low-circulation journals in the US and non-US did not differ for any submissions type.

Submissions from US authors to all 48 journals held steady over the five-year study period (Fig. 1B) at a rate of 8.7 manuscripts (CI, -11.1 to 28.5; $P = 0.38$) or 3% (CI, 0% to 7%; $P = 0.05$) per journal per year ($P = 0.05$). By contrast, submissions from non-US authors rose substantially, at a rate of 75.0 manuscripts (CI, 37.6 to 112.4) or 10% (CI, 6% to 14%) per journal per year (both $P < 0.001$). The difference in submissions

Table 2. Changes in manuscript submissions to medical journals, 1994–1998

Submissions category	n*	Changes	P
Absolute†			
US journals			
Total	27	75.7 [15.8, 135.6]	0.01
Research	25	69.4 [18.1, 120.8]	0.008
Clinical research	17	39.7 [2.0, 77.5]	0.04
Basic science research	11	63.1 [-14.9, 151.1]	0.11
Non-research	24	1.6 [-7.5, 10.7]	0.73
US contributors§	24	11.7 [-21.2, 44.6]	0.49
Non-US contributors	24	73.1 [24.8, 121.4]	0.003
Non-US journals			
Total	20	57.6 [16.2, 98.9]	0.006
Research	15	27.9 [11.1, 44.8]	0.001
Clinical research	5	9.4 [-1.0, 19.8]	0.08
Basic science research	3	-0.7 [-3.1, 1.7]	0.57
Non-research	16	9.1 [-1.2, 19.4]	0.08
US contributors§	18	3.7 [-1.7, 9.1]	0.18
Non-US contributors	18	73.6 [17.4, 129.7]	0.01
Per cent‡			
US journals			
Total	27	7 [3, 10]	<0.001
Research	25	7 [3, 11]	<0.001
Clinical research	17	9 [4, 14]	<0.001
Basic science research	11	12 [0.1, 23]	0.05
Non-research	24	10 [-3, 20]	0.13
US contributors§	24	3 [-1, 6]	0.12
Non-US contributors	24	12 [7, 18]	<0.001
Non-US journals			
Total	20	4 [1, 7]	0.008
Research	15	11 [3, 20]	0.008
Clinical research	5	30 [-2, 61]	0.07
Basic science research	3	#	#
Non-research	16	12 [0.1, 24]	0.05
US contributors§	18	5 [-2, 12]	0.19
Non-US contributors	18	7 [2, 12]	0.006

* Number of journals contributing data to category (values differ from total number of participating journals because of missing data).

† Absolute change per journal per year [95% confidence interval] calculated by GEE regression. See Methods section for details.

‡ Percentage change per journal per year [95% confidence interval] calculated by GEE regression. See Methods section for details.

§ Includes Canada for one US specialty and all international journals.

Insufficient data to fit model.

from US and non-US authors was significant (77.0 fewer manuscripts [CI, -142.2 to -11.9; $P = 0.02$] or 9% [CI, -12% to -6%; $P < 0.001$] fewer per journal per year from US than from non-US authors). This difference was observed at US journals (64.7 [CI, -123.9 to -5.5; $P = 0.03$] and 9% [CI, -16% to -3%; $P = 0.004$]), again at US specialty (73.4 [CI, -146.2 to -0.6; $P = 0.05$] and 10% [CI, -16.9% to -2.6%; $P = 0.007$]) but not general medical

journals (38.7 [CI, -97.4 to 20.0] and 8% [CI, -21% to 4%; both $P > 0.15$]) (Fig. 1c). Data did not allow distinctions between US and non-US contributors within research and non-research submissions categories.

Editorial pages increased significantly at both general medical and specialty journals in the US during the study period (69.5 [CI, 12.0 to 127.0; $P = 0.02$] pages, or 3% [CI, 1% to 5%; $P < 0.001$] per journal per year), but not at non-US journals; there were no differences by journal location or type.

Discussion

We detected no change in the number of manuscripts submitted by US authors to medical journals between 1994 and 1998, but submissions by non-US authors increased significantly, predominantly at specialty journals.

These findings are consistent with those of two investigations which documented a decline in US author representation at major medical journals in the past two decades [9, 10]. The present effort remedies some limitations of those studies, such as small journal cohorts and lack of an extensive stratified statistical analysis, and provides updated evidence of accelerated non-US research efforts. Our findings differ slightly, however, in that they reflect manuscript submissions to rather than acceptance by medical journals. We did not solicit data on acceptance rates, and therefore could not distinguish by national origin the numbers of submitted manuscripts and those eventually published.

The study has important limitations. The lack of data on acceptance rate, a common surrogate measure of manuscript quality, makes the academic significance of our findings unclear. Also, our five-year study period may have been too short to capture the effects on manuscript submissions of broader changes in health systems and research funding, or to detect changes given the sequence of work, from project funding through data analysis, which typically precedes manuscript submission. We did, however, collect data that were available at the time to determine if the changes in submissions that individual journals were already experiencing were an isolated or more general phenomenon.

Other limitations include a lack of data on author degrees or credentials; we can only speculate that our findings reflect trends in scholarship relevant to physician versus non-physician communities. We have no benchmark to ground our estimates of rates of change of manuscript submissions; trends may differ relative to total numbers of internal medicine physicians, academic faculty, total research dollars, or other parameters in the US and elsewhere. The study cohort of 48 medical journals represents a small fraction of the thousands publishing original work, though it is larger than in all previous studies. Available data did not allow us to distinguish incident submissions from manuscripts that had been sent many times to the same journal or to multiple journals after initial rejection. And the study had limited statistical power to detect differences between journal types, given the small number of general medicine journals.

Nevertheless, we believe the trends we detected are editorially significant. Specialty journals enjoyed a surge in manuscript submissions from non-US authors. US journals significantly increased their editorial pages, suggesting that the quality of these submissions was high enough to result in publication. It is unclear why specialty journals were primary beneficiaries of submissions from non-US contributors, but intense competition for publication in general medical journals combined with a strong association between medical research and a specialist professional identity outside the US may contribute.

In summary, in a survey of 48 major medical journals we found no significant reductions in manuscript submissions by US authors at a time when major reorganization of US academic health systems appeared to threaten scholarship, but we detected a rise in submissions from non-US contributors that significantly outpaced those from US contributors, primarily at specialty journals. These findings warrant further tracking and correlation with other measures of US and non-US medical scholarship.

Acknowledgements

We wish to acknowledge Valerie Florance, PhD, and Christine Laine, MD, for their early contributions to this study. We are also indebted to the editors of each participating journal, and to the following editorial assistants and fellows, managing editors, and manuscript supervisors, without whom this investigation would not have been possible:

Margo Alderton, Christine Arturo, Aime Ballard, Andy Beare, Robin Bodishbaugh, Linda Casey, Tony Delamothe, Michael Dustevich, Gil Ebner, Laura Fabri, Janet Frank, Linda Hansen, Thina Hedbom, Penny Hodgson, Sue H. Jones, Barbara Kindred, Elizabeth Kitzinger, Ken Kornfield, Pat Krause, Martha Langill, Suzy Lanier, Patricia Luce, Tara Lynch, Jeffrey Mazo,

Dominic Mitchell, Jim Mullins, Susan Nutter, Rachel Orme, Yvonne Pigott, Helga Reiter, Anette Runefelt, Tim Ryan, Maribeth Schaeffer, Kristi Shook, Debbie Smith, Josie Stephenson, Brad Timms, Erica Weir, Lorna Wycherley, Alex Williamson.

References

1. Moy E, Mazzaschi AJ, Levin RJ, Blake DA, Griner PF. 1997. Relationship between National Institutes of Health research awards to US medical schools and managed care market penetration. *JAMA* 278:217–221.
2. Nathan DG, for the NIH Director's Panel on Clinical Research. 1998. Clinical research: perceptions, reality, and proposed solutions. *JAMA* 280:1427–1431.
3. Zemlo TR, Garrison HH, Partridge NC, Ley TJ. 2000. The physician-scientist career issues and challenges at the year 2000. *FASEB Journal* 14:221–230.
4. Pitkin R. 1998. Cause for concern. *Obstetrics & Gynecology* 92:471.
5. Malakoff D. 2001. NIH prays for a soft landing after its doubling ride ends. *Science* 292:1992–1995.
6. Parmley WW. 1998. Annual report — JACC 1997. *Journal of the American College of Cardiology* 31(7):1695.
7. Williams ES, Lundberg GD. 1996, 1997, 1998. Information for readers; the JAMA editorial peer review audits. *JAMA* 275(10):804; 277(10):840; 279(14):116.
8. Liang, KY, Zeger SL. 1986. Longitudinal data analysis using generalized linear models. *Biometrika* 73: 13–22.
9. Stossel TP, Stossel SC. 1990. Declining American representation in leading clinical-research journals. *New England Journal of Medicine* 322(11):739–742.
10. Rahman M, Fukui T. 2002. A decline in the US share of research articles. *New England Journal of Medicine* 347(15):1211–1212.

Editing in France

We are continuing this series, which focuses on opinions on specific aspects of editing in particular countries, and would like to attract more comments on non-medical fields. Contributions are welcome and should be sent to Edward Towpik, redakcja@coi.waw.pl.

Editing health care journals in France*

Hervé Maisonneuve

Public Health Department, Paris 7 University, 75010 Paris, France; hervemaisonneuve@wanadoo.fr

French scientific journals need to redefine their strategy in a difficult economic environment; editors are not among the leaders in publishing French journals. Journalists manage most journals and there are very few professional editors. Over the last ten years we have observed the decline of advertising, the absence of incentives for continuing education, and the spectacle of the pharmaceutical industry taking the lead in all editing and publishing activities. Few opportunities

exist for some low circulation journals (<2000 subscribers) published by learned societies or for new business models such as *La Revue Prescrire* (no advertising), and there is little future for some online projects.

300 journals for health care professionals run by journalists: very few editors

Most French journals are members of the Syndicat

* This paper represents the opinions of its author alone.

National de la Presse Médicale et des Professions de Santé (SNPM). The SNPM web site (www.fnps.fr/snpm/default.asp) lists 250 journals, 70% of which are for medical doctors and the rest for dentists, nurses, pharmacists, physiotherapists, etc. To be a member of the SNPM, these journals must have more than four issues per year and must be available on subscription. The SNPM web site gives a detailed list of journals, with their circulation, and provides links to their web sites (187 out of 250 journals have such a site). A few large publishers have many journals (Elsevier 48, Masson 44, Vivactis Media 22, John Libbey 15, Impact-médecin 12, Baillière Santé 8, etc.) and very small companies publish all other journals. The SNPM has conducted surveys showing the vitality of this domain of publication.

The main objective of the medical journals seems to be to act as a medium for continuing education. Circulation varies between 1000 and 3000 for monthly scholarly journals publishing original research (managed by learned societies); between 30 000 and 40 000 for a few journals dedicated to continuing education (*Concours Médical*, *Revue du Praticien*); between 40 000 and 50 000 for news magazines (*Généraliste*, *Impact Médecin*), and 76 000 for a daily newspaper, *Le Quotidien du Médecin*. These numbers must be compared to the number of doctors: 150 000 (half of them general practitioners, half of them specialists). *La Revue Prescrire* has a good circulation (>28 000) and its income is solely based on subscription. *La Presse Médicale*, which was renowned 20 to 30 years ago, has lost its leadership and has a current circulation of 3000. For nurses, one journal has a circulation of 45 000.

On average, a health care professional reads 2.5 journals, medical doctors 3.5. Surveys have shown that 7% of doctors read journals in the English language. Reading time is 50 minutes per issue. More than 50% of journal subscriptions are supported by institutions (hospitals, local associations). Free journals for GPs are common.

Surveys show that French medical journals have an excellent image with their public, and that advertising is widely accepted. Doctors say that the main reasons for reading journals are continuing education, updating knowledge, and professional information.

Editorial practices could be improved

Journals with a high circulation have an editorial system run by medical journalists. They do a good job and are able to publish weekly journals with short reviews and interviews with opinion leaders. The quality of the content is good and the writing is clear, but the choice of topics shows a pharmaceutical bias. The short reviews are more often about administrative matters than about clinical research. Some journals for GPs try to publish a few original papers.

Scholarly journals have an editorial committee and officially use a peer-review process. Editors are part-time employees of learned societies and do their best to improve the quality of their journal. Fewer than ten specialized journals, among them *Gastroenterologie Clinique et Biologique*, *Annales Françaises d'Anesthésie et Réanimation*, *Annales de Chirurgie*, and *Annales de Dermatologie*, have a high editorial quality. These jour-

nals publish excellent original articles and have a small non-French readership.

Most of the scientific journals are of poor quality: papers are very poorly written, the peer review process does not function, and the acceptance rate is very high. Editors are not doing their job; they are opinion leaders, do not delegate responsibilities to young editors, and allocate no time to the society journal. Journals supported by industry and written by journalists are often more attractive.

Instructions to authors, good practices of authorship, and education in scientific writing are ignored by most of the leading scientific teams. (My comments concern mainly clinical journals; most of the basic science journals are run by researchers working for national research institutes that face international competition, and these editors know more about how to edit a journal.)

Financing health care journals is key

Advertising by the pharmaceutical industry is the main (only!) source of income for journals. For the last ten years, this advertising has decreased and daily journals and weekly magazines have disappeared or have merged with others. Few journals survive, and the number of pages is decreasing.

Scholarly journals from learned societies are less exposed, as their main income is provided by members. Some monthly journals targeted to small groups of specialists are wealthy: they are supported by industry, and they publish proceedings of meetings, interviews with opinion leaders, and short review papers. They are circulated on a free basis.

La Revue Prescrire is an exception, as well as being an excellent journal. With a circulation of over 28 000 to GPs and pharmacists, the journal is independent of any sponsor. With no advertising at all, the income comes from subscribers. This journal focuses mainly on drugs, assessing all new ones, and it publishes reviews of excellent quality. The articles are written by a small group of editors and are extensively peer reviewed. Articles are "anonymous", all being "signed" *La Revue Prescrire*. At the beginning (20 years ago) the journal was publicly funded, and it is now well established.

Health care journals are facing more threats than opportunities

The attractiveness of the English language is strong. Not all breakthrough articles are published in French. This is an increasing trend; there are advocates who explain that authors should publish everything in French, but most of these advocates have a poor understanding of the quality of publication. Good work is published in the English language and no effort is applied to writing and editing when a paper is submitted to a French-language journal.

Plagiarism, misconduct, conflict of interest, and authorship are concepts that are not understood by French scientists. Practices viewed as unethical in some communities don't appear abnormal to some health care professionals. Without the existence of codes of ethics, and without guidelines for good editorial practice, it is difficult to progress. But the

disclosure that a French editor has been sacked at the request of sponsors and the fact that plagiarism in medical books has been publicized show that a new kind of behaviour is beginning to appear. This points the way to improvement.

French electronic journals are not innovative

Probably 70% of French journals have an electronic version. They put online the exact content that is published in print. Apart from some daily newsletters (with a circulation of 20 000 to 30 000), there are no

e-journals publishing papers on the net alone. Online submission and online peer review are slowly being introduced by international publishers and will take time to be implemented.

A monthly survey of the web sites accessed by GPs is published in the journal *Pharmaceutiques* (governmental web sites head the list, with pharmaceutical web sites). For e-journals, the survey shows that 33% of GPs read *La Quotidien du Médecin* online and 12% *Le Généraliste*; 3 to 5% have internet access to the *New England Journal of Medicine*, *JAMA*, *BMJ* and *The Lancet*.

Correspondence

Two-language references — English-language journals

In the report on page 80 of *European Science Editing* August 2003 (vol. 29(3)) this important topic is discussed. I think that papers written in languages using the Roman script should be quoted in the original language and with an essential mention of any English abstract. If the reader cannot understand the reference title in the language concerned, referring to the quote in the text should be enlightening.

References to papers using languages in other scripts should be quoted using an English translation and should include a note of the original language; again a mention of any English abstract is essential.

J Andrews
Shepperton, Middlesex, UK

Intellectual property

This is to commend the new EASE president for her editorial, "Who owns intellectual property?" (*ESE* 2003;29(3):71). A deceptively simple title, with an equally simple reflex answer: "Of course, whoever had the idea in the first place!" Intellectual property is not necessarily one idea. If examples are needed, what about the development of a concept by 12 people brainstorming, or what about a question asked in complete innocence and seemingly irrelevant but that triggered what turned out to be a revolutionary notion?

Kessler, however, very soon focuses on one aspect of the question. This aspect is the cost to the research community of disseminating scientific knowledge, in this case only to the academic world. She further focuses her approach on the problem that small journals face. How can they increase their visibility? And then there is the inseparable problem of small non-profit publishers who see subscriptions dropping.

A welcome change in the means of communicating science is well on the way, as the author shows in her listing of key organizations involved in shaping internet and online publishing. She rightly makes the

point that "the success or failure of any initiative to return intellectual property rights to the academic community" is in the hands of those who make up this community, including editors. Kessler concludes that not only does EASE have an important role to play in changes in the publishing world but, that to play a role effectively, we must also "pool the combined knowledge inherent in EASE with that of others".

I understand this as implying that closer links and exchange of ideas with our many sister organizations throughout the world are something to be worked at. Still, I remain with the feeling that, like all catchy titles, this one lures the reader to read. But, like most catchy titles, it leaves the question unanswered. The gain here is that a burning question, probably an unanswerable one, has been put in simple terms; will hopefully haunt people who seldom thought about it; and will certainly continue to trouble the many who struggle with claiming possession of their ideas.

Marie-Louise Desbarats-Schönbaum
desbarats@planet.nl

Reports of meetings

Editing and scientific “truth”

Eighth General Assembly and Conference of the European Association of Science Editors
8–11 June 2003; Bath, UK

At the EASE meeting in Tours in 2000 the secondary agenda was “wine and history”. In Bath in 2003 it was “tradition, history, myth — and rhubarb”. EASE was honoured by the presence of the Chairman of Bath and North East Somerset Council, Councillor Leslie Kew, and Mrs Kew, and also a living tradition in the shape of the 776th Mayor of Bath, Councillor David Hawkins. It may be that 1227 was the start of the mayoralty at Bath, but 2003 was the first time that a President of EASE held hands with a Mayor of Bath.

It would be easy to imagine that the General Assembly might be tedious to an outsider. However, we were all treated to an important, and very entertaining, opening address by Iain Chalmers from the James Lind Library Project. We learned that Bath has a long

history of scientific discovery and innovation, in addition to its fame as a centre for natural thermal baths.

We must express our gratitude to the City of Bath for giving EASE a Civic Reception at the Roman Great Bath, and for making us feel welcome when we took over much of their centre of local government, The Guildhall. For various external reasons the attendance at Bath was lower than we had hoped for, but the conference itself may be judged a success, as about 30 countries were represented. Bath, like Tours, is a city to return to, and we hope many delegates will want to do that.

Jenny Gretton



A message from The Right Worshipful The Mayor of Bath

It was a pleasure, as 776th Mayor of Bath, to welcome the European Association of Science Editors' Conference to Bath. Indeed it was an honour for Bath to have been chosen as the venue.

I remember your General Assembly Opening on 8 June 2003 in the Guildhall and the lecture afterwards about the history of medicine. It is pleasing to note that English rhubarb helps the bodily functions to work more efficiently!

As a World Heritage Site and a City reliant on tourism we are proud to have welcomed your organization to our City. It was a privilege for us, and for me to hold the hand of your President.

I do hope you will visit us again.

DJ Hawkins

Councillor David Hawkins, Mayor of Bath, 2003/2004

(Photograph: Mr M Rich, Frampton Cotterell, BS36 2DR, UK.)

Accurate citations: whose job?

(M5, moderator Hervé Maisonneuve)

This session explored the role of authors, editors, reviewers and librarians in ensuring the accuracy of citations. Some editors routinely check both the accuracy and the relevance (e.g. primary or secondary source) of all references cited, while others are unable to do more than correct obvious errors, because of a lack of editorial resources. References to web sites seemed to pose a particular problem and it was generally agreed that it was important to check them, not only to confirm the URLs but also to add the date of access, where this was missing.

According to an article by Siebers & Holt that was discussed in this session, the rate of reference errors in the leading medical journals may vary as much as

tenfold, from 4.1% to 40.3%. Errors such as spelling mistakes are unlikely to hinder retrieval of the cited articles, but errors in a critical element of the reference, such as the journal title, year of publication, and volume and page numbers, cause problems for readers and librarians alike. Mercè Piqueras (Spain) noted that the number of errors in references had increased in recent years, largely because many authors now copy and paste their references directly from web sites. Andrew Payne (CEFAS) also suggested that one of the reasons for the recent trend was the “publish or perish” syndrome — many newly qualified scientists are not concerned with the accuracy of their references, especially those taken from the “grey” lit-

erature. Another reason was the reduction in most library budgets, which has meant that fewer journals are available to authors, either in hard copy or electronically.

Hervé Maisonneuve stressed the need for authors to concentrate on primary reference sources of good quality and to cite them accurately. Senior authors might be expected to check these points, but were often too busy. Andrew Payne pointed out that reviewers were responsible for checking that any references included were relevant to the paper in question, but Jane Moody (Royal College of Obstetricians and Gynaecologists) noted that managing editors might also assume this role. If secondary sources were used, the primary source should be given, followed by the comment "not seen". It was generally agreed that the accuracy of references was the responsibility of authors. Librarians could also help, though they were frequently not consulted.

Some journals specifically request that authors check all references (and quotations), while others ask for a photocopy of the first page of every reference cited. Although the accuracy of references was not considered to influence journal acceptance rates, acceptance letters to authors often stated that all references should be checked.

The discussion concluded with the suggestion that a chapter on this subject be added to the *EASE Science Editors' Handbook*.

Reference

Siebert, Holt S. 2000. Accuracy of references in five leading medical journals. *Lancet* 356:1445.

Caroline Allsopp
allsop@who.int

Standards in scientific data, nomenclature and terminology: for whom?

(M10, moderator Barbara Burlingame)

Barbara Burlingame (*Journal of Food Composition and Analysis*) introduced this session by briefly describing some of the main bodies responsible for setting international standards, including those concerned with general standards (e.g. Committee on Data for Science and Technology (CODATA), International Organization for Standardization (ISO), Système internationale (SI) and analytical standards (e.g. Association of Analytical Chemistry [AOAC International]), as well as international unions (e.g. International Union of Pure and Applied Chemistry [IUPAC]), international organizations (e.g. Codex Alimentarius, FAO/WHO expert consultations) and others (e.g. consultations, task forces).

International standards are followed by scientific authors and editors, educators, scholarly bodies, governments, non-governmental organizations and international agencies. Editors of scientific journals are responsible for keeping everyone informed, yet they in turn are reliant on authors, publishers and editors' associations for information. Keeping up to date with international standards is both costly and difficult, especially where there are competing rules. Even where authors are aware of such standards, they may decide not to apply them, either because their national or editorial policy is opposed to such standards or because they do not consider them important. For example, the SI unit of energy is the joule, yet calories are still used in as many as one third of all journals cited in *Current Contents*. Likewise, many journals fail to follow the accepted IUPAC standards for lipid nomenclature or the expression of *cis-trans* isomers, or the accepted conventions concerning the use of italic and roman fonts for symbols.

Most journals state in their "Instructions to authors" that authors should use SI units, but in practice they are inconsistent. Failure to adhere to SI units can lead to confusion, as exemplified by the case where NASA lost a Mars Orbiter worth US\$125 million because one of its teams used imperial units instead. A review board set up to investigate the case recommended that NASA should use SI units in all its communications; if imperial units

were considered necessary for public understanding, they should be included in parentheses. In spite of this recommendation, imperial units are still used on NASA's web site.

David Hawksworth (*Myconova*) discussed international standards for naming living and fossil organisms. Scientific names are the keystone to accessing information, yet biologists do not have a single international standard reference list of names, nor do they have a single standard list of criteria regulating the introduction of new names or changes in names resulting from new information on relationships. Linnaeus introduced a unified system in the mid-18th century that included not only living organisms but also minerals. However, by the mid-19th century botanists and zoologists were following other systems and by 1939 bacteriologists and botanists had produced separate series of rules. Further divisions appeared in 1953, when specialists concerned with cultivated plants developed rules independent of botanists. Subsequently, virologists and bacteriologists also went their separate ways.

Currently there are five separate systems of rules in place, for bacteria, botany (including mycology), cultivated plants, viruses and zoology. All have been developed through different international scientific bodies, recognized by either IUBS or IUMS, and all within the ICSU structure. Although these systems are similar in aspects such as the binomial taxonomic classification, most terms for hierarchical ranks, requirements for valid publication (e.g. descriptions or illustrations), links to type collections, italicization of at least lower ranks, and in disallowing names already used (at least in the broad field), they differ in their need for Latin and the use of additional rank terms such as variety in addition to subspecies, as well as in how rules of priority of publication apply and traditions as to how authors of names are cited (or not). The issues have been further complicated by the realization