

## ***Foreword***

After many years of editing, I have reached the sad conclusion that very few clinicians can write clearly and in grammatically correct language. It does not seem to matter which country they come from and whether or not English is their first language. I suspect that, in part, the problem arises because other than patient records and referral letters, clinicians rarely have to write much. I also suspect that the problem may be getting worse, perhaps because of the increasing use of sending text messages from mobile telephones, which promotes the use of “abbreviated” English and other languages. As a result, the Associate Editor and I spend many hours correcting manuscripts.

The problem is frequently compounded because authors do not follow the journal’s guidance for authors. I am unsure why and ask—is it because of ignorance, laziness or arrogance? The guidance is published on the journal’s website and at least once per year in hard copy within the journal. It is based on the *Uniform Requirements for Manuscripts Submitted to Biomedical Journals* [1]. I understand from editors of other scientific journals that failure to adhere to the guidance, guidelines or instructions to authors is the commonest cause of rejection of papers, followed by poor English.

In the last six months (August 2012–January 2013), just under 120 new papers have been submitted to this journal. As only seven or eight are published per quarterly edition, it is likely that only a minority will be accepted for publication. Those that do not follow the guidance for authors or are written in very poor English will therefore all be rejected.

Dental editors from around the world meet together on 20th March 2013, in a special session, during the annual conference of the International Association for Dental Research in Seattle, USA. The theme for the session is *Publishing Research in the Next 20 Years—Possibilities and Challenges*. The explosion in the number of papers being sub-

mitted to journals will be one of the topics that will be discussed, as will new ways of publishing. It seems likely that there will be increasing emphasis on publishing online. This will enable more papers to be published and, for those that meet the standards for structure and content, should shorten the time from submission to publication. It may be that, in the future, software will be developed which filters out papers that do not meet journals’ guidelines and rejects them automatically, returning them to the authors with the errors highlighted. Nevertheless, it will still be necessary to assess the scientific quality of the content of papers and their relevance to the readers of the journal concerned. Thus there will be a continuing need for peer review.

Two generally recognised current criteria for quality are a Medline listing and an impact factor. The selection process for a journal to be accepted for a Medline listing is transparent and objective. There are some problems with impact factor, one of which is that publications in scientific disciplines with relatively small numbers of active researchers, such as dentistry, are read and therefore cited by a smaller audience than those written by scientists in disciplines with large numbers of researchers, who publish in non-dental journals. The highest impact factor for a dental journal is currently around four, whereas a journal such as *Nature* has an impact factor over six times as great. No matter how high their scientific merit, because of their specialised nature, dental papers are very unlikely to be published in journals with a high-impact factor. The question therefore arises, should there be weighted impact factors?

Prof. Dr. Kenneth A. Eaton  
Editor-in-Chief

### **Reference**

1. International Committee of Medical Journal Editors (ICMJE). *Uniform Requirements for Manuscripts Submitted to Biomedical Journals*. Philadelphia, PA: ICMJE; 2009. Accessed (2013 Jan 30) at: <http://www.icmje.org>