

Scott G Fraser

Sunderland Eye Infirmary; University of Sunderland; University Newcastle-Upon-Tyne. Queen Alexandra Road, Sunderland, UK

Winston Churchill and peer review

Welcome to the second edition of *Clinical Ophthalmology*. Once again, this edition reflects the diversity of ophthalmology from basic science to state of the art clinical care. Colleagues in other specialties often ask me how I can maintain my interest in such a 'small' speciality but those of us who deal with the eye and its diseases, rather than knowing everything, are eternally humbled by how much we do not know. Just looking at the broad range of areas represented in this journal should convince anyone that ophthalmology is anything but a narrow speciality.

Articles in this current edition range from 'Severe visual loss associated with idiopathic intracranial hypertension (IIH) in pregnancy' (Zamecki et al 2007) to in-depth reviews of important areas such as the pharmacology and use of levobetaxolol hydrochloride in the treatment of chronic open-angle glaucoma and ocular hypertension (Quaranta et al 2007) and the clinical efficacy and microbial eradication of 1% azithromycin ophthalmic solution versus tobramycin in adult and pediatric subjects with bacterial conjunctivitis (Abelson et al 2007). We publish the results of original clinical research studies such as the 'Influence of uncorrected ametropia on computer-based perimetry in patients with visual field defects and normal subjects' (Jobke et al 2007) and 'Surgical removal of subfoveal choroidal neovascular membranes in older patients without age-related macular degeneration' (Wu et al 2007). As well as relevant laboratory research such as 'Ano/microphthalmia, ocular cysts, central nervous system malformations, and neuropsychological delay: Diagnostic considerations on 2 Brazilian patients' by Guion-Almeida and colleagues, and 'Neuropathological changes in striate and extrastriate visual cortex in variant Creutzfeldt-Jakob disease' (Armstrong 2007). Finally, perhaps as a new journal, we take a wider view than the more established journals, you will find articles in *Clinical Ophthalmology* that attempt to challenge current opinion. Hopefully readers will find the article by Harry Mark, 'The role of eye size in its pressure and motility', will give them some food for thought.

When faced with such a diverse range of papers how is a reader of the journal (or in fact any journal) to know whether the papers they are browsing really do represent clinical or scientific advances? Equally how are they to know if the studies reported are not fraudulent or plagiarised? The mechanism science and most biomedical journals have put in place to filter research is peer review. A paper is sent to a variable number of experts in the same field who are asked to give an unbiased report of the paper. The peer reviewer's report usually looks at general points such as grammar, readability, and suitability for publication as well as more specific points in relation to study design, statistical analysis, and conclusions. An Editor will decide whether to publish a paper or not by using these reports.

Of course, peer review has its well-discussed flaws and problems, but to date no better system has been devised to ensure quality. The argument for peer review is not that it is perfect, but is the best system we have yet to devise. It can, perhaps, be compared with Winston Churchill's opinion of democracy: "No one pretends that democracy is perfect or all-wise. Indeed, it has been said that democracy is the worst form of Government except all those others that have been tried from time to time." Ultimately, scientific 'truth' is a relative concept that changes over time, but what better way to measure this change than to use the opinions of contemporaries? Peer reviewing itself can (and perhaps should) be an onerous task for a peer reviewer, which

inevitably takes time away from their own research. But it remains, at its best, a vital safeguard against the publication of material that could falsely alter scientific knowledge or cause unnecessarily panic to the public. For this reason, journals such as '*Clinical Ophthalmology*' will continue to use the collective wisdom of the wider scientific community to ensure we maintain the standards for publication of high quality research.

References

- Abelson M, Protzko E, Shapiro A, et al; for the 1% azithromycin in DuraSite Clinical Study Group. 2007. A randomized trial assessing the clinical efficacy and microbial eradication of 1% azithromycin ophthalmic solution vs tobramycin in adult and pediatric subjects with bacterial conjunctivitis. *Clin Ophthalmol*, 1:177–82.
- Armstrong RA. 2007. Neuropathological changes in striate and extrastriate visual cortex in variant Creutzfeldt-Jakob disease. *Clin Ophthalmol*, 1:119–25.
- Guion-Almeida ML, Vendramini-Pittoli S, Richieri-Costa A. 2007. Anophthalmia, microphthalmia, ocular cysts, central nervous system malformations, and neuropsychological delay: Diagnostic considerations on 2 Brazilian patients. *Clin Ophthalmol*, 1:183–7.
- Jobke S, Kasten E, Sabel BA. 2007. Influence of uncorrected ametropia on computer-based perimetry in patients with visual field defects and normal subjects. *Clin Ophthalmol*, 1:111–17.
- Mark H. 2007. The role of eye size in its pressure and motility. *Clin Ophthalmol*, 1:105–9.
- Quaranta L, Turano R, Pizzolante T. 2007. Levobetaxolol hydrochloride: a review of its pharmacology and use in the treatment of chronic open-angle glaucoma and ocular hypertension. *Clin Ophthalmol*, 1:93–7.
- Wu RA, Best RM, Musch DC, et al. 2007. Surgical removal of subfoveal choroidal neovascular membranes in older patients without age-related macular degeneration. *Clin Ophthalmol*, 1:157–65.
- Zamecki KJ, Frohman LP, Turbin RE. 2007. Severe visual loss associated with idiopathic intracranial hypertension (IIH) in pregnancy. *Clin Ophthalmol*, 1:99–103.