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One year of *Clinical Ophthalmology*

Welcome to the final edition of *Clinical Ophthalmology* in 2007. This edition contains the usual range of topics that illustrate the breadth and depth of ophthalmology and visual sciences. This is what we were aiming for when starting this journal and we hope this is how you have found it. One of the other original aims of the journal – that of representing an international audience – can also be seen to be well illustrated in this present edition.

Current papers range from superb, erudite clinical reviews such as 'Telemedicine Diagnosis and Management' by Eugene Helveston (2007), 'Pharmacologic Therapies for Diabetic Retinopathy and Diabetic Macular Edema' by Alon Harris (2007), to 'Ganciclovir ophthalmic gel, 0.15%: a valuable tool for treating ocular herpes' by Joseph Colin (2007). State of the art basic science research is represented in articles such as 'Recent advances of corneal regeneration and possible application of embryonic stem (ES) cell derived corneal epithelial cells' by Suzuki (2007). We continue to publish case reports as these can give useful insights into clinical issues such as 'Candida Endophthalmitis: A critical diagnosis in the critically ill' by Kelly and colleagues (2007).

One area of publication not represented in the current edition of the journal is a correspondence section. This is not perhaps surprising as it is the first year of publication but it is something we would always wish to encourage. Letters are a sign of a living, vibrant journal that readers actively want to get involved with.

Correspondence can be of various types. Some letters add their own viewpoint to articles published – sometimes in agreement and sometimes putting an alternative point of view. In either case, we would always give the original author a right of reply. A correspondent may point out an error in a paper and we would publish this in the next edition of *Clinical Ophthalmology* (again seeking to solicit the views of the original author prior to publication). The corpus of medical knowledge is a precious thing and journals must seek to publish as high quality information as possible. As scientific 'truth' is not fixed but changes over time, this change needs to be quickly reflected in journals. It is the dynamism of a journal – its desire and ability to rapidly publish alternative views – that is the best way to protect and enhance medical knowledge.

Ultimately, it is of course the readers who, by their own expertise, are the true guardians of this knowledge. We hope therefore that you will contact me if you feel you have something to add to any paper we publish in forthcoming editions of the journal. Whether you have anything to add or not, we hope you will continue to enjoy *Clinical Ophthalmology*.

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