What do oral and maxillofacial surgeons require from their journal? Dan Laskin’s first editorial for the Journal.[1] outlined his views on what a modern journal should be for the speciality. What will the next generation of oral and maxillofacial surgeons be looking for and expecting from a journal of repute and what are the attributes of a good scientific journal and hence what should we be looking for from the contributor to the journal? Most importantly, can their contribution be trusted and is it scientifically sound and evidence based? For the editor and reviewers, the questions to be answered are as follows: is the substance of the work novel, has it been carried out competently, honestly and with consistency throughout? Has the research and writings of other workers in the field been appropriately acknowledged? Some of these issues related to professionalism have been raised in a Royal College of Physicians Working Party in 2005[2] and in a recent Annals of the Royal College of Surgeons (Eng).[3] The speed of presentation in an e-journal format tends to mean there has to be a rapid turn round of papers and very thorough checks by reviewers and editorial staff with some inevitable risks to quality if this does not occur.

Plagiarism and rehashing of papers are becoming all too commonplace in medical scientific literature, and it is often difficult for an editorial board and their reviewers to identify such actions. Can we do anything to mitigate these activities and prevent authors attempting these dishonest acts? In spite of those issues, we especially wish to encourage and stimulate young writers and research workers in our speciality; how best can this be done? Perhaps we should think of rewarding them in some way from time to time for their efforts and excellence or should it be sufficient just to receive the accolade of publication in a well-respected journal?

On the editorial side, the search is for the best contributors to the speciality, who will offer articles, with in-depth studies and new ideas, better ways of surgical practice, and careful critical analyses of current treatments, all of which need to be evidenced based on good science.

The onus on reviewers is to provide an opinion and constructive criticism and where appropriate advice as to how a paper may be improved or be a more effective scientific communication. Rejection should be a last resort where there is doubt about the integrity of the article, when there has been a superficial approach, inadequate numbers of cases, doubtful science or a deficient approach to the literature, and the findings of papers of other clinicians. It is essential for senior members of the speciality to encourage their younger colleagues to look critically at what they do and not to be afraid to publish, even when the clinical outcome has not been ideal as we all learn more from our mistakes than from the many successes and good things that happen to us in our lives. In particular, how may complications be avoided, often by the introduction of sound protocols which can be very valuable and then when mishaps do occur, their effective management is an important and often little discussed area in the maxillofacial literature. The reporting of these with discussions on prevention and treatment can be a very worthwhile exercise for the young surgeon which would be appreciated by all clinicians.

There are great opportunities today for research. It does not necessarily have to be heavily externally funded as many good projects and papers arise simply through a critical appraisal of our hospital and surgical practice in the speciality. In this way, it should be possible to improve the oral and maxillofacial health of our patients whether that be medical or surgical. The appropriate careful collection of medical/dental data is critical for improving the health needs of not only the individual but the community at large. Let us see how best these channels can be developed and satisfied. It is known that oral cancer is the eighth most common cancer in the world; major oral infections and maxillofacial trauma are great sources of distress and disability; and congenital deformities are still often untreated in young adults, by research and through new surgical developments much can be done to improve outcomes. The responsibility is ours both in the developed and developing world.[4]

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Announcement

iPhone App

A free application to browse and search the journal’s content is now available for iPhone/iPad. The application provides “Table of Contents” of the latest issues, which are stored on the device for future offline browsing. Internet connection is required to access the back issues and search facility. The application is Compatible with iPhone, iPod touch, and iPad and Requires iOS 3.1 or later. The application can be downloaded from http://itunes.apple.com/us/app/medknow-journals/id458064375?ls=1&mt=8. For suggestions and comments do write back to us.