Madam, we read the editorial by Shamim et al. with great interest. While we share the concerns of the authors regarding the slow pace of our growth in the field of research and medical literature, we also like to comment that a significant reason that our medical journals have lagged behind in achieving a good impact factor (IF) is the fact that the current system of medical literature writing has a large component of inertia. The citation rate of any scientific journal known as Impact Factor (IF) is calculated by the mean citation of all the articles published in that journal. Journal IF is published annually in SCI Journal Citation Reports. It is widely regarded as quality ranking for journals and is used extensively by leading journals in their advertisements.

Papers published in a high IF journal may be valued more just because of the name and prestige of the journal and a simple sum of IF of publications is probably the most used indicator besides a straightforward count of publications. In many prestigious institutes, it is used for academic appointments and fund allocation. Hence as long as there are people out there who judge our science by its wrapping rather than by its contents, many of my illustrious colleagues will be hell-bend in pursuit of a high IF. They cannot afford to take any chances and they feel compelled to submit their high quality papers in international journals. It is these high quality research papers which get cited the most and develop IF of any journal. Hence, once a journal has succeeded in achieving a high impact factor, most probably it will keep and increase it. And the corollary of this fact is that it becomes almost impossible for late comers to reach the impact factor which they deserve. Such prejudices in the medical community have shifted submission towards well established international journals and is widening the gap between the high and low IF journals.

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