

Submission, acceptance, citation and downloads of articles in the Netherlands Journal of Medicine

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Over the last ten months, the Netherlands Journal of Medicine has seen a further increase in the number of submissions from all parts of the world (*table 1*). Since the transfer of the editorial office to Amsterdam the number of submissions has almost doubled.¹ The journal impact factors for 2010 predict a further rise of the impact factor, which may be a significant factor in the increased submission rate. Unfortunately, an increasing number of submissions and a fixed space for publication will lead to lower acceptance rates. The evolution of the acceptance rate over the last three years is shown in *table 1*. In addition, *table 2* shows the acceptance rate of the various article types.

It is clear that the acceptance rate of case reports (11%) has become very low. In fact, we have adopted the policy that case reports could only be published if they substantially increase our insight into the pathogenesis or background of a disease or if they report a really original clinical finding. Some case reports merely (nicely) illustrate a classic disorder and for these reports the format of a photo quiz may be more appropriate. Indeed, our acceptance rate for photo quizzes is substantially higher (*table 2*).

The impact of articles published in scientific journals is often measured by the number of citations. In addition, we can track the number of downloads of full-text articles from our website and this may be another estimate of

Table 2. Yearly number of submissions and acceptance rate of various manuscript types in the Netherlands Journal of Medicine

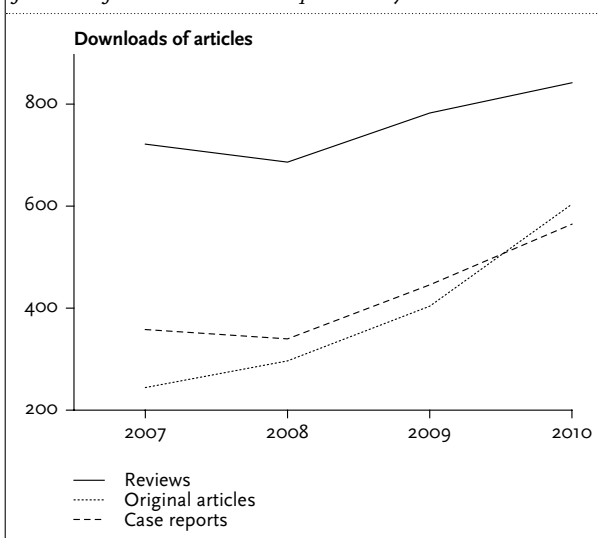
	Number of submissions	Acceptance rate
Review	50	71%
Original article	100	14%
Case report	272	11%
Photo quiz	71	56%
Other	62	16%

the 'impact' of a journal.² Interestingly, the number of downloads of review articles, original articles and case reports also shows a marked increase over the last few years (*figure 1*). Both downloads and citations may be considered to be an expression of acknowledgement and interest. Hence, not entirely surprisingly, there seems to be

Table 1. Number of submissions to the Netherlands Journal of Medicine over the last few years and acceptance rate (= published papers divided by submitted papers)

	2010	2009	2008
Submissions	555	328	245
Overall acceptance rate	23%	30%	42%
Origin of submissions			
• Netherlands	47%	61%	70%
• Other European countries	21%	16%	14%
• North America	10%	7%	4%
• Rest of the world	22%	16%	12%

Figure 1. Download of articles published in the Netherlands Journal of Medicine over the years 2007-2010



a clear relationship between the number of downloads and the number of citations of an individual article. In *table 3* we show the papers that have generated the largest number of downloads from the Netherlands Journal of Medicine in the last ten months, which are also the papers that are most often cited.

Acceptance or rejection of a manuscript is a result of labour-intensive peer review, and we thank the many reviewers of the Netherlands Journal of Medicine who again have helped us tremendously. Also, the assistance

of our highly active group of junior associate editors, composed of residents in training for Internal Medicine who have themselves been very active in research, has again shown to be invaluable for guiding the review process.

REFERENCES

Table 3. Most downloaded articles in the Netherlands Journal of Medicine in 2010

Reviews

- Smeding L, *et al.* Clinical implications of heart-lung interactions.³
- Mebis L, *et al.* The hypothalamus-pituitary-thyroid axis in critical illness.⁴
- Beishuizen SJ, *et al.* Immune reconstitution inflammatory syndrome: immunopathogenesis, risk factors, diagnosis, treatment and prevention.⁵

Original articles

- van Tuijn CF, *et al.* Reduction of the door-to-needle time for administration of antibiotics in patients with a severe infection: a tailored intervention project.⁶
- van Hateren KJ, *et al.* Five-year incidence of type 2 diabetes mellitus in patients with familial combined hyperlipidaemia.⁷
- Kleefstra N, *et al.* Self-monitoring of blood glucose in tablet-treated type 2 diabetic patients (ZODIAC).⁸

Case reports

- van den Brand M, *et al.* Glycogenic hepatopathy: a rare cause of elevated serum transaminases in diabetes mellitus.⁹
- Haringhuizen A, *et al.* Fatal cerebral oedema in adult diabetic ketoacidosis.¹⁰
- Sie MP, *et al.* Human recombinant insulin and amyloidosis: an unexpected association.¹¹

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