

Generalism in journals of internal medicine

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As medicine is getting more and more complex and (bio) technology-driven, it is seeing a considerable increase in subspecialisation. This is not only true for traditionally 'broad' disciplines, such as internal medicine, surgery, or paediatrics, but in virtually all medical specialisms there is increasing sub-specialisation. We now see interventional cardiologists or cardio-electrophysiologists, fertility specialists, immuno-dermatologists, ophthalmologists who entirely focus on the anterior chamber of the eye, and ear-nose-throat specialists who only want to hear about the ear ossicles. It seems that the subspecialisation of all medical disciplines is evolving every year and is not going to stop for a while. Even more than in clinical practice, research is usually carried out in a small area of medicine and is subspecialised in itself. Hence, an increasing number of subspecialist journals are coming to press, whereas the number of general journals has been stable for decades. Nevertheless, most physicians, including subspecialists, still see patients with 'general' problems or problems belonging to a neighbouring subspecialism, or patients who also have problems other than those that fit in their subspecialisation. In view of that, it may be expected that the interest in medical journals that encompass more than subspecialised information and are not held by the boundaries of subspecialisation will remain. Indeed, journals such as the *New England Journal of Medicine*, the *Lancet*, the *British Medical Journal* and *JAMA* are widely distributed and read by a diverse readership on a weekly basis. National journals of medicine have a fixed position in the ranking list of medical journals in the *Journal Citation Report* and show an increasing impact factor. This is also the case for the *Netherlands Journal of Medicine*, which shows an increasing position between the journal in the field of internal medicine and a rising impact factor.^{1,2} The journal serves as a platform for clinicians and scientists to publish research and interesting clinical observations, not only from the Netherlands, but also from other countries (*table 1*). The fact that the majority of papers come from the Netherlands obviously

reflects the nature of the paper but also the vitality of internal medicine in this country.³ The increasing impact of the journal results in a yearly increase in submissions and with a fixed number of pages for publication this automatically means that the acceptance rate is dropping. This may be particularly true for some article categories, such as case reports and original papers (*table 1*). Nevertheless, the journal is able to publish more review manuscripts and interesting clinical observations can often be presented as a photo quiz (*figure 1*). The visibility of the journal is not only reflected by an increasing number

Table 1. Number of submissions to the Netherlands *Journal of Medicine* in 2009 and in 2011 and acceptance rate (= published papers divided by submitted papers)

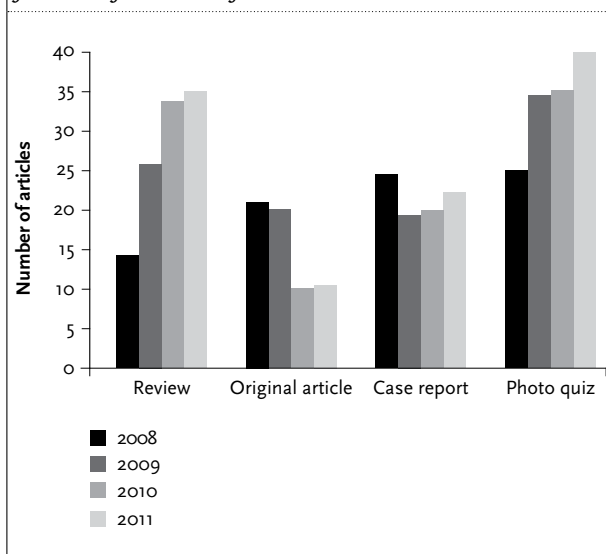
	Submitted		Acceptance rate	
	2009	2011	2009	2011
Total	328	444	30%	25%
Article type				
Review	35	45	74%	80%
Original article	107	71	19%	14%
Case report	136	244	14%	9%
Photo quiz	50	63	68%	63%
Special article	-	21	-	38%
Origin				
The Netherlands	61%	55%	39%	36%
Other European countries	16%	16%	23%	17%
North America	7%	6%	30%	29%
Rest of the world	16%	23%	4%	8%
Subdiscipline				
Cardiovascular	75	100	36%	33%
Respiratory	14	16	14%	25%
Gastroenterology	38	56	34%	28%
Intensive care	44	64	52%	43%
Haematology/Oncology	56	70	20%	29%
Rheumatology/ Immunology	21	24	29%	28%
Nephrology	23	35	22%	14%
Endocrinology	33	49	24%	17%
Infectious diseases	21	28	24%	27%
Other	3	2	0%	0%

Table 2. Number of hits of various types of manuscripts in 2009 and 2010

	Editorials		Reviews		Originals		Case reports		Photo quiz	
	n=11	n=11	n=17	n=34	n=20	n=10	n=27	n=20	n=22	n=35
	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010
Mean number of hits/year	529	765	789	1432	402	876	445	654	415	1327
Maximum	941	1543	1034	2231	604	1432	578	1121	785	1977
Minimum	179	221	134	165	175	281	144	314	235	324

Mean number of hits per year for each section of the Netherlands Journal of Medicine, with maximum and minimum per category.

Figure 1. Article types published in the Netherlands Journal of Medicine from 2008 until 2011



of citations, but also by increasing downloads from our website. Some papers attract thousands of downloads and we have been able to show previously that this is closely related to citation of the article in other research papers.⁴ Table 2 shows the number of downloads of various types of manuscripts in 2009 compared with 2010. The top-3 most-downloaded papers in 2009 and 2010 are given in the reference list of this editorial (2009: references 5-7 and

2010: references 8-10, respectively).⁵⁻¹⁰ Hence, in a rapidly subspecialising world of medicine and science, there is still ample room for a general clinical journal, both at the national and at the international level. The editorial team of the Netherlands Journal of Medicine hopes that 2012 will be another successful year for the journal and we are looking forward to publishing interesting and thought-provoking clinical research articles.

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