Table 1
PubMed subset as defined by citation status in comparison to corresponding Ovid segments and status tags

PubMed			Ovid				
Status tag	**Query**	**n**[a]	**Segment**	**Status**	**n**[a]	**MeSH**	**Definition**[b]
PubMed—as supplied by publisher *or* PubMed	publisher[sb]	394,227		not available in Ovid		No	Citations recently added to PubMed via electronic submission from a publisher
PubMed—in process	in process[sb]	472,465	MEDLINE In-Process and Other Non-Indexed Citations	in data review in process	295,280 177,668	No	Citations bibliographic data will be reviewed and indexed
PubMed	pubmednotmedline[sb]	716,635	MEDLINE In-Process and Other Non-Indexed Citations	pubmed not medline	716,753	No	Citations that have been reviewed… but will not receive MEDLINE indexing
PubMed—indexed for MEDLINE	medline[sb]	18,845,049	MEDLINE *and* MEDLINE Daily UPdate	medline	19,004,750	Yes	Citations that have been indexed with MeSH terms
PubMed—OLDMEDLINE	oldmedline[sb]	475,724	OLDMEDLINE	oldmedline	489,666	No	This tag identifies citations in the OLDMEDLINE subset

[a] Count as retrieved on May 25, 2011; in case of Ovid-MEDLINE and OLDMEDLINE without check for doublets.
[b] Definition of the subset as given in the PubMed documentation (abbreviated citation).

Table 2
Comparison of the PubMed ''PubMed—in process'' subset and the corresponding Ovid-MEDLINE-IPONIC segment

	Number of unique citations	
Logical subset	**Mean**[a]	**SD**
PubMed AND Ovid	430335.6	14553.3
Only Ovid	8558.8	4066.2
Only PubMed	3168.3	2099.2
Total Ovid	438894.4	14288.5
Total PubMed	433503.9	13434.6

[a] Measurements on 12 individual days in March and April 2011.

Regarding a case report: Rare diseases and bibliometric impact factor

To the Editor

Scientific journals' main strategic objective is to increasingly raise their bibliometric impact factor (BIF). This topic is recurrently dealt with in editorial committees' meetings. To increase a journal's BIF, several courses of action can be taken: publish literature reviews on extensively published topics and methodological reviews, publish original articles by prestigious groups, publish studies on very common illnesses (prevalent or incident), or simply not to publish studies expected to be sparsely cited.

Focusing, for instance, on the specific area of parasitic infestation, journals will not tend to publish a research paper on a parasite's epidemiology when the said parasite is present exclusively in a specific area of the world, even if this area is populated by millions of people. If it is in a developing country, the possibility of citation (and therefore of a raising BIF) is much lower. Thus, there will be a bibliometric benefit for the journal, but the given population and its health professionals will ignore that information.

Something similar happens with the so-called ''case reports.'' Many journals include this section among its types of articles, others are withdrawing them, and others are beginning to include them in the Letters to the Editor or Brief Originals sections [1–3]. Most journals acknowledge that they are very interesting for their readers and much read but little cited. Case reports describe very infrequent and normally complex cases. Although case reports may rarely provoke a change in working practice, they can provide important information for it [4]. They sometimes can be embryonic future clinical trials and might have a relevant impact on bibliography [5]. If this information is not available, the physician will have to start from scratch. Furthermore, it is in this type of situation when health professionals will refer to scientific literature to find solutions to a problem. Also, some authors have indicated that in the future, when more is known about a disease's etiology, the study of the anecdotic will become relevant and that it is currently already of great value [6]. However, journals

justify the exclusion of this type of article from their contents arguing that they are little cited or continue to publish them albeit acknowledging that their BIF is damaged [1,7,8].

Scientific journals exist to cater to patients and health professionals, but not to a number. Occasionally, they should sacrifice their BIF to solve the real problems that afflict the population and health workers who read the journal, although they do not cite it. Let us hope that this comment will not remain as only that, a ''case report.''

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Medical journal editor and scientific publication issue

To the Editor:

Sir, I read the recent report by Wong and Callaham [1] with great interest. It is very interesting that a considerable portion of the medical editors have poor knowledge on publication ethics topics [1]. The results in this study repeatedly confirm the finding in the previous study by Wager et al. [2]. This finding is very important, and there is a need for improving the standards of medical editors.

To be a medical editor, there should be a good selective system and training. However, the availability of the practitioner to be medical editor is not easy. In many developing countries, the selection of the medical editors is based on the seniority in working or administrative position in the institute. Sometimes, the problem can also be because of the policy of the journals. Some journals focus more on the income rather than the academic quality of the published studies. Hence, it is not surprising that the ethical problems in scientific publication can still be seen at high rate in the present day.

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