

Scott G Fraser

Sunderland Eye Infirmary; University of Sunderland; University Newcastle-Upon-Tyne. Queen Alexandra Road, Sunderland, UK

Welcome to *Clinical Ophthalmology*

Welcome to *Clinical Ophthalmology*, a new general ophthalmology journal from Dove Medical Press.

The aim of the journal is to produce high quality research for and from eyecare practitioners all over the world. To do this we are determined to use all the good things about traditional medical publishing combined with the most up-to-date electronic means of presenting them. Academic publishing has undergone a revolution over the last 10 years but the same basic principles hold—well-written, informative articles that have been reviewed by at least one peer—are the core of any journal. You can see if we live up to these principles by following *Clinical Ophthalmology* over the forthcoming months and years.

The title, *Clinical Ophthalmology*, is deliberate and indicates that we publish papers that have a relevance to the practitioner in the eye clinic. This does not mean that we avoid papers related to basic science research—on the contrary, we hope to publish widely in translational research. Similarly, any type of practitioner who is involved in the care of ophthalmic patients is welcome as both reader and author. The days when medical journals were solely for medically qualified readers are disappearing as rapidly as journals that do not have a web presence.

This spectrum of research from bedside to the benchside is well illustrated in this first edition. On the clinical side, Schoser and colleagues discuss the clinical features and management of ocular myositis—a condition easily missed in its early stages. We report a clinical trial from Mahfouz looking at that most pragmatic of topics—the best anesthetic to use during cataract extraction. On the laboratory side, Langford and colleagues discuss the role of glutamine in the ciliary body whilst Yalcindag and team report on the penetration of tacrolimus into the anterior chamber. Research bridging the gap between the laboratory and the clinic is described by Friedlaender in the description of the development of an ocular anti-infective.

Finally, any medical journal is a work in progress. Readers and authors' tastes and opinions change, and a good journal should follow these changes. If you have any idea for articles (especially if you want to write them yourself), changes in the journal or even just to say which bits you like (or dislike) please email me directly at the address below. Like the web, without reader input a journal will wither and die. So please do get involved and remember there are rarely any 'right' or 'wrong' answers in medicine, but simply different experiences and opinions.

References

- Friedlaender MH, Protzko E. 2007. Clinical development of 1% azithromycin in DuraSite®, a topical azalide anti-infective for ocular surface therapy. *Clin Ophthalmol*, 1:3–10.
- Langford MP, Gosslee JM, Liang C, et al. 2007. Apical localization of glutamate in GLAST-1, glutamine synthetase positive ciliary body nonpigmented epithelial cells. *Clin Ophthalmol*, 1:43–53.
- Abdul Kader M Mahfouz AKM, Al Katheri HM. 2007. Randomized trial of superficial peribulbar compared with conventional peribulbar anesthesia for cataract extraction. *Clin Ophthalmol*, 1:55–60.
- Schoser BGH. 2007. Ocular myositis: diagnostic assessment, differential diagnoses, and therapy of a rare muscle disease – five new cases and review. *Clin Ophthalmol*, 1:37–42.
- Yalçındağ FN, Batioğlu F, Ari N, et al. 2007. Aqueous humor and serum penetration of tacrolimus after topical and oral administration in rats: an absorption study. *Clin Ophthalmol*, 1:61–64.

