from a mobile surgery for those sleeping rough suggests that after contact and rapport have been established patients will consult with those doctors.5 What is clear is that one major barrier to sustained housing, alcoholism, is present in over half of the group. In this sense, housing and health care are interdependent. Close liaison between the shelter staff, care agencies, and medical staff is the most likely means of providing effective social and medical care to these needy people.

- 1 Lodge-Patch IC. Homeless men in London: demographic findings in a common
- lodging house sample. Br J Psychiatry 1971;118:313-7.

  Priest RG. The Edinburgh homeless: a psychiatric survey. Am J Psychotherapy 1971;25:194-213.
- 3 Weller BGA, Weller MPI, Coker E, Mahamed S. Crisis at Christmas. Lancet
- 4 Koegel P, Burnham MA. Alcoholism among homeless adults in the inner city of
- Los Angeles. Arch Gen Psychiatry 1998;45:1011-8.

  5 Ramsden SS, Nyiri P, Bridgewater J, El-Kabir DJ. A mobile surgery for single homeless people in London.  $BM\mathcal{J}$  1989;298:372-4.

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## Is duplicate publishing on the increase?

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Duplicate publication occurs when the results of a single study appear in more than one journal. In its most extreme form, two or more journals may publish identical papers. At the other extreme is salami or meat extender publication, in which the results of a single study are parcelled out to different journals rather than being published in a single comprehensive form. Although duplicate publication has been described as redundant12 and as a waste that must stop,3 most editors know that it continues. I set out to determine its extent in the British Journal of Industrial Medicine.

## Method and results

For all authors publishing in the British Journal of Industrial Medicine during the years 1988-90, bibliographic details and abstracts of all papers cited by Medline were obtained by a search on a compact disk system. If the abstract showed that a paper was similar to one published in the British Journal of Industrial Medicine the entire article was inspected to make a full comparison.

In 1986, six of the 110 main articles in the British Journal of Industrial Medicine had been published elsewhere; in 1989 the proportion was 10 of 128 and in 1990, 15 of 126 (6%, 8%, and 12%, respectively), suggesting a substantial increase over time. A total of 121 authors from 10 countries had their names attached to the suspect papers (table). Few of the papers were published in their entirety in another journal, the great majority (about 80%) reporting the findings in a slightly modified form, usually with the authors listed according to the specialty of the journal. Thus if an epidemiologist and a radiologist were the authors, the epidemiologist would appear first for the epidemiological journal and the radiologist for the radiological journal.

## Comment

Duplicate publication is time wasting, involving editors and reviewers in unnecessary work; it is also dishonest and colludes with the notion that publication is in itself meritorious and desirable. It may also have untoward scientific consequences as it will tend to give Number of duplicate publications and authors by country, British Journal of Industrial Medicine, 1988-90

Country	No of publications	No of authors
Sweden	7	31
United States	6	27
United Kingdom	5	15
Canada	3	11
Finland	3	13
Japan	2	6
Norway	2	5
China	ı	6
France	1	4
Italy	1	3
Total	31	121

undue weight to those observations that are being reported over and over again. Editors know that the practice is common, but there are few quantitative data showing how common, although Bailey is reported to have found over an eight year period that 228 authors submitting to the Archives of Otolaryngology-Head and Neck Surgery had published duplicate articles.4

Although duplicate publication may be permitted under some circumstances, most notably when a paper has appeared in a minority language, journals usually insist that papers should not be submitted for consideration elsewhere. Some require authors to sign a statement to that effect, but this does not work as an effective deterrent. Reviewers have a part to play in prevention since they may be asked to look at manuscripts by several journals, but this is altogether too haphazard a means of detection. A few journals run literature searches on authors whose papers they propose to publish, but this can never be a routine procedure for all journals. Editors may remonstrate with authors found to publish the same data more than once, or they may publish retraction notices.

The most effective deterrent to duplicate publication may be to require applicants for posts or grants to submit copies of their half dozen most important papers, which the committee can then read. This requirement would lay emphasis on quality rather than quantity and remove one of the driving forces behind duplicate publication. There are some indications that this is now beginning to happen and it will be interesting to see how this affects authors' behaviour.

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<sup>1</sup> Lock S. Publication: duplicate, salami, meat extender—all redundant. BMJ

<sup>2</sup> Angell M, Relman AS. Redundant publication. N Engl J Med 1989;320:1212-4. Lock S. Repetitive publication: a waste that must stop. BMJ 1984;288:661-2.

<sup>4</sup> Peers reviewed: first international congress on peer review in biomedical publication. European Science Editing 1989;No38:9-11.