Publish and be damned

The A to Z of authorship: analysis of influence of initial letter of surname on order of authorship

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The initial letter of a surname is commonly used to distinguish an individual from a cohort of people, from school to academic level. Having a surname with an initial letter towards the end of the alphabet is regarded by some as a disadvantage; Larry Adler's grandfather, born Zelakovitch, changed his surname "after growing tired of being at the end of every queue."[1]

An ongoing debate concerns the value of authorship that does not "make clear who has contributed what to the published study, nor … clarify who is responsible for the overall content."[2] Some journals, for example the *Lancet*, require and publish authors' specified contributions.[3 4] The *BMJ* is not prescriptive, accepts both approaches, and points out that readers should infer nothing from the order of authors as indicated by the definition of authorship within the Vancouver guidelines, as conventions differ.[2 3]

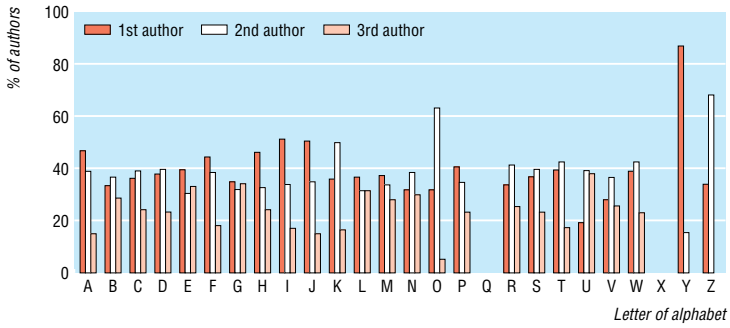
The order of authorship, rather than contributorship, is commonly used to assess the prestige that an author incurs from a published research study; for instance in shortlisting candidates for interview. We aimed to determine whether the order of authors' names in published papers gives an unfair advantage to those whose surnames have an initial letter towards the beginning of the alphabet.

Methods and results

We included all *BMJ* editorials and articles (papers, general practice, information in practice, clinical review, and education and debate) with two or more authors published from 1 August 2000 to 31 July 2001. We excluded authors placed fourth or later. For each article we recorded the order of the authors according to the initial letter of their surname. Overall, we reviewed 550 articles and editorials, with 1456 authors (figure).

> *Publish or perish!*
> *If your name begins with Z*
> *You'll perish for sure*

The figure shows the ranking of the authors by initial letter of surname. First authors were more common than second or third authors for nine of the 13 letters in the first half of the alphabet (A, E, F, G, H, I, J, L, M), but this applied to only two letters in the second half of the alphabet (P, Y). Although there is a high percentage of first authorships for those with surnames beginning with a Y, there were only seven authors in this category.



Position of surname relative to coauthors according to initial, in papers and editorials from *BMJ* August 2000 to July 2001

Comment

Having a surname with an initial letter at the beginning rather than the end of the alphabet seems to be an advantage for order of authorship in papers in the *BMJ*. Academics could follow the precedent set by Larry Adler's grandfather and consider changing their surname to enhance their likelihood of first authorship.

Our results reinforce the current debate on the meaning of the alphabetical order of authorship, rather than contributorship. The *BMJ* advises authors that "authorship credit should be based only on substantial contribution to conception and design, or analysis and interpretation of data; drafting of the

article and revising it critically [and] final approval" of the paper.[2] Would it not be fairer for medical journals to publish a formula that links the order of authorship explicitly to the extent of contributorship, rather than rely on authors' informal decisions?

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1 Larry Adler [obituary]. *Week* 2001 Aug 18:32.
2 BMJ. Advice to authors and contributors. bmj.com/advice/ (accessed Aug 2001)
3 Smith R. Authorship is dying: long live contributorship. *BMJ* 1997; 315:696.
4 Lancet. Writing for the Lancet. www.Lancet.com/authorinfo (accessed Aug 2001).

Amount of research interest in rare and common neurological conditions: bibliometric study

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Neurologists are often accused of being interested in only rare incurable diseases. Although this may have been true in the past, today's neurologists claim to be more concerned with common disorders—but are they really?

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Methods and results

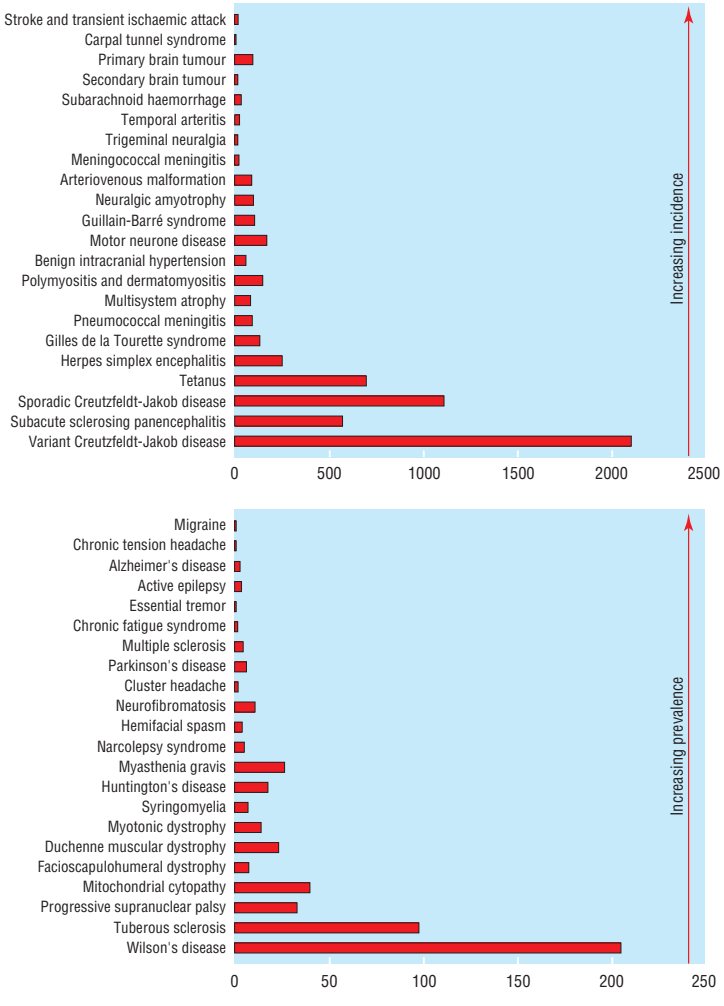
We derived a "publication ratio" to measure the amount of research interest in 44 conditions representative of the spectrum of neurological disorders, for which there are population based estimates of frequency.[1] We divided the number of Medline papers published in 1998 about each condition (in which their MeSH term was the focus of the paper) by a measure of their frequency (incidence or prevalence) × 100 000. When counting the number of publications, the investigator (RAS) was blinded to the frequency of each disease.

Far more papers investigated rare as opposed to common neurological disorders when the relative frequencies of the diseases were taken into consideration (figure). For example, the publication ratio for variant Creutzfeldt-Jakob disease (incidence 0.02 per 100 000 per year) was more than 100-fold greater than for stroke and transient ischaemic attack (combined incidence 250 per 100 000 per year), and the publication ratio for Wilson's disease (prevalence 0.4 per 100 000) was approximately 6000-fold greater than for migraine (prevalence 10 000 per 100 000).

Although there was a shortfall in research into more common neurological disorders, doctors interested in them might not welcome publication ratios equivalent to those for rarer disorders. Overall, there were 42 papers about variant Creutzfeldt-Jakob disease and 4562 about stroke and transient ischaemic attack. If the publication ratio for stroke and transient ischaemic attack had been equal to that of variant Creutzfeldt-Jakob disease, clinicians and researchers interested in stroke would have had to read 525 000 papers in 1998 (about 10 000 per week)—an insufferable burden!

Comment

The research interest in rare neurological conditions is disproportionately larger than that in common conditions. Our results support a change in the focus of medical research towards the most common conditions that are responsible for the greatest disability, death, economic hardship, and loss of quality of life. It is recognised that funding for research into a disease should be proportional to that disease's burden on society[2]; however, conditions that account for 90% of the global burden of disease receive less than one tenth of the world's health budget.[3]



Publication ratios for 44 neurological conditions ordered by their incidence (top) and prevalence (bottom)