

Journal Citation Studies. VIII. Some Highly Cited Articles from Highly Cited General Medical and Clinical Journals.

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A characteristic of a significant journal is its ability to attract significant articles. In this issue of *Current Contents* ● there is a bibliography of 107 such articles. These articles were published in clinical or general medical journals. Each was cited 100 times or more during the period 1961-72. The list is chronologically arranged. Articles published in the same year are alphabetized by author.

Since earlier publication of similar lists of highly cited articles from other fields, many readers, both physicians and medical librarians, have asked for a list of highly cited *medical or clinical* articles. Such a list of 'classics', in contrast to the more heavily cited basic medical research papers, would emanate from the research hospital or clinic rather than from the medical research laboratory. It is, no doubt, difficult to draw a distinguishing line. Biomedical research is a continuum that runs from basic biochemistry and physiology without abrupt markers on through to diagnosis, therapy and patient care.

It seemed to us that clinical articles of this type would appear in general medical and clinical journals. So, from the list of 1000 most-cited journals in *ISI's Journal Citation Reports*<sup>1</sup> we picked 36 journals that are, from our experience or by their own description, journals of general medicine and clinical practice.

There are, of course, many more 'medical' journals among the 1000 most-cited than those we chose for this study. We did not include specialty journals, journals of experimental medicine, or any of the numerous pre-clinical journals. In a future study it will be important to identify the articles published in specialty journals and possibly the pre-clinical studies that are heavily cited by medical journals. This shows the research or clinical slant of a journal.<sup>2</sup>

The journals selected for this study are listed below in alphabetic order. The data are: total number of times cited in 1969; rank in terms of total citations; impact factor (average number of citations per article published by these journals in 1967 and 1968); and rank by impact factor.<sup>3</sup> Finally, the list shows the number of articles from each journal that were cited 100 times or more during the period 1961-72. Only 17 of the 36 journals published such articles. In all, there are 321 of them, about 31% (99) from *Lancet* and 21% (68) from the *New England Journal of Medicine*.

We limited the bibliography to 107 of these 321 articles primarily because of limited space. However, we wanted to include articles from other journals besides *Lancet* and *NEJM*. So we selected the first ten from *Lancet*, *NEJM*, and the few others that have published more than 10 such articles, and all we could find from the others.

The chronological distribution of these articles is interesting. None were published in the 70s. It takes longer than three years to achieve such distinction, even for basic research articles. About 65% were published during the 60s; 28% in the 50s; and the remaining 7% in the 30s and 40s, with one exception. It is an apparently classic study by Lee and White on coagulation time, which appeared in 1913. It is remarkable that this paper was again cited 11 times in 1973.

The subject matter suggests that our selection method worked. About 32% of the articles deal with specific diseases and disorders. Some are reviews of known disease entities, while others apparently are the first descriptions of unusual metabolic or genetic deficiencies and defects. About 24% deal with the biochemical physiopathology

General Medical and Clinical Journals  
among the 1000 Most Cited Journals

	Title	Times Cited in 1969 and Rank	Impact Factor and Rank	Articles cited $\geq$ 100 Times, 1961-72
1.	Acta Med. Scand.	4448 (139)	1.534 (319)	6
2.	Amer. J. Med.	8764 (61)	4.694 (58)	28
3.	Amer. J. Med. Sci.	3292 (187)	0.582 (695)	4
4.	Ann. Rev. Med.	500 (823)	4.235 (70)	2
5.	Austr. New Zeal. J. Med.	428 (896)	0.215 (933)	0
6.	Brit. Med. Bull.	1704 (345)	3.540 (93)	4
7.	Brit. Med. J.	17216 (27)	0.778 (602)	25
8.	California Med.	412 (914)	0.189 (946)	0
9.	Can. Med. Assoc. J.	3004 (198)	0.350 (867)	6
10.	Clin. Sci.	2972 (202)	2.732 (143)	6
11.	Deut. Med. Wschr.	3928 (157)	0.675 (643)	0
12.	E. Afr. Med. J.	372 (966)	0.368 (854)	0
13.	Israeli J. Med. Sci.	652 (704)	0.481 (771)	0
14.	Johns Hopkins Med. J.	1964 (304)	0.993 (488)	0
15.	J. Amer. Med. Assoc.	17968 (26)	1.027 (474)	38
16.	Klin. Wschr.	4228 (144)	0.723 (620)	8
17.	Lancet	30468 (11)	1.509 (326)	99
18.	Mayo Clin. Proc.	1416 (410)	1.475 (335)	1
19.	Med. J. Australia	2416 (248)	0.501 (759)	0
20.	Medicine	1640 (363)	5.217 (45)	16
21.	Med. Klin. München	916 (558)	0.233 (926)	0
22.	Med. Welt	1028 (525)	0.415 (821)	0
23.	Minnesota Med.	360 (983)	0.143 (970)	0
24.	Münch. Med. Wschr.	1448 (404)	0.391 (836)	0
25.	New Engl. J. Med.	18188 (24)	2.453 (160)	68
26.	New York St. Med. J.	1056 (521)	0.247 (919)	1
27.	Nord. Med.	660 (696)	0.260 (910)	0
28.	Postgrad. Med.	520 (804)	0.154 (964)	0
29.	Postgrad. Med. J.	808 (608)	0.512 (747)	0
30.	Practitioner	496 (828)	0.139 (976)	0
31.	Presse Med.	2336 (266)	0.494 (765)	0
32.	Proc. Roy. Soc. Med.	2704 (226)	0.410 (825)	0
33.	Quart. J. Med.	1748 (335)	4.238 (69)	6
34.	Schweiz. Med. Wschr.	2360 (261)	0.264 (907)	0
35.	Southern Med. J.	876 (577)	0.224 (931)	0
36.	Trans. Assoc. Amer. Phys.	624 (723)	1.586 (298)	3

of specific or related disorders. About 21% deal with physiological mechanisms and their pathological variations. About 10% deal with biochemical and physiologic test methodologies. And the last 10% concern the effect or use of drugs. The lack of a predominance of 'methodology' papers distinguishes this list from previous lists. However, two of the most cited are 'methods' papers: Huggett and Nixon's method of blood and urine glucose determination, published in 1957, was cited 601 times and ranks second (see item 25); the third most cited (585 times) is Kay's 1953 paper on gastric secretory reaction to histamine, "an augmented histamine test" (see item 12).

The most cited paper on the list (by Fredrickson, Levy and Lees) concerns fat transport in lipoproteins. It presents a special bibliographical problem since it was published in five successive weekly parts in *NEJM*. It indicates that medical authors are more thorough in their citation practices than I had thought. We have made one entry for this 50-page article. The five parts were cited 609, 448, 489, 462, and 458 times respectively. The total of 2,466 citations is misleading. Actually more than 609 citing authors are involved. While some only cited the first part of the series, the great majority carefully cited all five parts (see item 94).

The articles published in *Klinische Wochenschrift* are especially noteworthy since they indicate that an important foreign-language article will be cited in the clinical literature. One wonders why the other German journals on the list did not produce a single candidate, as is also true for the French journals we cover. No other language is represented either. We do know that a lower threshold (50 times) would have produced such candidates.

As indicated at the outset, these studies have a dual purpose. The first is to identify some super-cited 'classics' that may interest medical students and others. The second is to characterize journals. As one concrete outcome of this study, we are dropping from *CC®/Life Sciences* about six clinical journals. They will continue to be covered in *CC/Clinical Practice*. These decisions were not taken lightly. The 1969 data have been confirmed by 1972 data now becoming available to us.

It is also quite evident that review journals play a vital role in medicine as in all other branches of knowledge. It is remarkable that there are so few of them published. One wonders if the publishing organizations have not missed an important opportunity here.

A special point must be made concerning the impact of journals like *Lancet*, *NEJM*, *JAMA*, and others, which publish a large number of letters. Since these are treated as a unit of publication, they tend to deflate the impact. In our forthcoming study of 1972 data, we have made a correction for this artifact of publication. This may drastically change the rank of certain journals. However, it should be kept in mind that the larger of these journals are heavily cited due to their long history. Consequently, they will always rank high on our lists even though the impact calculation needs to be perfected.

1. Garfield, E. The new *ISI Journal Citation Reports™* should significantly affect the future course of scientific publication. *Current Contents (CC)* No. 33, 15 August 1973, p. 5-6.
2. -----, Journal Citation Studies. VI. *Journal of Clinical Investigation*. How much 'clinical' and how much 'investigation.'

- CC* No. 4, 23 January 1974, p. 5-10.
3. -----, Citation analysis as a tool in journal evaluation. *Science* 178:471-79, 1972. (Reprinted in: *CC* No. 6, 7 February 1973.) - This paper describes how the data given on page 6 were compiled for the *ISI Journal Citation Reports*. Reprints available.

### Highly Cited Articles from Highly Cited General Medical and Clinical Journals, 1961-1972

(In this list acronyms of some journal titles are used as title abbreviations, as follows: *AJM* American Journal of Medicine; *AJMS* American Journal of the Medical Sciences; *ARM* Annual Review of Medicine; *BMB* British Medical Bulletin; *BMJ* British Medical Journal; *CMAJ* Canadian Medical Association Journal; *JAMA* Journal of the American Medical Association; *KW* *Klinische Wochenschrift*; *NEJM* New England Journal of Medicine; *QJM* Quarterly Journal of Medicine; *TAAP* Transactions of the Association of American Physicians.)

Times Cited	Bibliographical Data
Item 1961-72	
1. 275	Lee R I & White P D. A clinical study of the coagulation time of blood. <i>AJMS</i> , 145:495-503, 1913.
2. 223	King E J & Armstrong A R. A convenient method for determining serum and bile phosphatase activity. <i>CMAJ</i> 31:376-81, 1934.
3. 142	Quick, A J, Stanley-Brown M & Bancroft F W. A study of the coagulation defect in hemophilia and in jaundice. <i>AJMS</i> 190:501-11, 1935.
4. 189	Keith N M, Wagner H P & Barker N W. Some different types of essential hypertension; their course and prognosis. <i>AJMS</i> 197:332-43, 1939.

5. 162 **Waldenstrom J.** Incipient myelomatosis or "essential" hyperglobulinemia with fibrinogenopenia; a new syndrome. *Acta Med. Scand.* 117:216-47, 1944.
6. 379 **Baldwin E D, Courmand A C & Richards D W.** Pulmonary insufficiency. *Medicine* 27:243-78, 1948.
7. 327 **Singer R B & Hastings A B.** An improved clinical method for the estimation of disturbances of the acid-base balance of human blood. *Medicine* 27:223-42, 1948.
8. 127 **Berkson J & Gage R P.** Calculation of survival rates for cancer. *Mayo Clin. Proc.* 25:270-86, 1950.
9. 153 **McArdle B.** Myopathy due to a defect in muscle glycogen breakdown. *Clin. Sci.* 10:13-35, 1951.
10. 102 **Kinmonth J B.** Lymphangiography in man: a method of outlining lymphatic trunks at operation. *Clin. Sci.* 11:13-20, 1952.
11. 104 **Dartnall H J A.** The interpretation of spectral sensitivity curves. *BMB* 9:24-30, 1953.
12. 585 **Kay A W.** Effect of large doses of histamine on gastric secretion of hydrochloride; an augmented histamine test. *BMJ* 2:77-80, 1953.
13. 138 **Davidson W M & Smith D R.** A morphological sex difference in the polymorphonuclear neutrophil leucocytes. *BMJ* 2:6-7, 1954.
14. 230 **Harvey A M, Shulman L E, Tumulty P A, Conley C L & Shoenrich E H.** Systemic lupus erythematosus; review of the literature and clinical analysis of 138 cases. *Medicine* 33:291-437, 1954.
15. 163 **Donald K W, Bishop J M, Cumming G & Wade T L.** The effect of exercise on the cardiac output and circulatory dynamics of normal subjects. *Clin. Sci.* 14:37-73, 1955.
16. 147 **Finch S C & Finsch C A.** Idiopathic hemochromatosis, an iron-storage disease. *Medicine* 34:381-430, 1955.
17. 115 **Eggstein M & Kreutz F H.** Vergleichende Untersuchungen zur quantitativen Eiweissbestimmung in Liquor und eiweissarmen Lösungen [Comparative studies on quantitative analysis of CSF protein and protein-poor solutions.] *KW* 33:879-84, 1955.
18. 124 **Führ J, Kaczmarczyk J & Krüttgen C-D.** Eine einfache colorimetrische Methode zur Insulinbestimmung für Nieren-clearance-untersuchungen bei Stoffwechselfgesunden und Diabetikern [Simple colorimetric method for insulin determination in patients with metabolic disorders and diabetes]. *KW* 33:729-30, 1955.
19. 105 **Joske R A, Finckh E S & Wood I J.** Gastric biopsy; a study of 1000 consecutive gastric biopsies. *QJM* 24:269-94, 1955.
20. 180 **Kass E H.** Chemotherapeutic and antibiotic drugs in the management of infections of the urinary tract. *AJM* 18:764-81, 1955.
21. 290 **Kass E H.** A symptomatic infection of the urinary tract. *TAAP* 69:56-64, 1956.
22. 190 **Rukavina J G, Block W D, Jackson C E, Falls H F, Carey J H & Curtis A C.** Primary systemic amyloidosis; a review and an experimental, genetic, and clinical study of 29 cases with particular emphasis on the familial form. *Medicine* 35:239-334, 1956.
23. 444 **Singer J M & Plotz C M.** The latex fixation. I. Application to the serologic diagnosis of rheumatoid arthritis. *AJM* 21:888-92, 1956.
24. 178 **Fearnley G R, Balmforth J & Fearnley E.** Evidence of a diurnal fibrinolytic rhythm; with a simple method of measuring natural fibrinolysis. *Clin. Sci.* 16:645-50, 1957.

25. 601 Huggett A S G, & Nixon D A. Use of glucose oxidase, peroxidase and o-dianisidine in determination of blood and urinary glucose. *Lancet* 2:368-70, 1957.
26. 247 Kleihauer E, Braun H & Betke K. Demonstration von fetalem Hämoglobin in den Erythrocyten eines Blutaussstrichs [Detection of fetal hemoglobin in blood-smear erythrocytes]. *KW* 35:637-8, 1957.
27. 143 Nilsson I M, Margareta B & von Francken I. On an inherited autosomal hemorrhagic diathesis with antihemophilic globulin (AHG) deficiency and prolonged bleeding time. *Acta Med. Scand.* 159:35-57, 1957.
28. 103 Rose G A & Spencer H. Polyarteritis nodosa. *QJM* 26:43-81, 1957.
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30. 200 Berliner R W, Levinsky N G, Davidson D G & Eden M E. Dilution and concentration of the urine and the action of antidiuretic hormone. *AJM* 24:730-44, 1958.
31. 157 Hirst A E, Johns V J & Kline S W. Dissecting aneurysm of the aorta; a review of 505 cases. *Medicine* 37:217-79, 1958.
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36. 101 Scrimshaw N S, Taylor C E & Gordon J E. Interactions of nutrition and infection. *AJMS* 237:367-403, 1959.
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38. 312 Wrong O & Davies H E F. The excretion of acid in renal disease. *QJM* 28:259-313, 1959.
39. 461 Astrup P, Jorgensen K, Anderson O S, & Engel K. The acid-base metabolism; a new approach. *Lancet* 1:1035-39, 1960.
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41. 177 Card W I & Marks I N. The relationship between the acid output of the stomach following "maximal" histamine stimulation and the parietal cell mass. *Clin. Sci.* 19:147-63, 1960.
42. 101 Carlson L A. Serum lipids in men with myocardial infarction. *Acta Med. Scand.* 167:399-413, 1960.
43. 306 Ehringer H & Hornykiewicz O. Verteilung von Noradalin und Dopamin (3-Hydroxytryptamin) im Gehirn des Menschen und ihr Verhalten bei Erkrankungen des extrapyramidalen Systems [Distribution of noradrenaline and dopamine (3-hydroxytryptamine) in the human brain and its variation in disease of the extrapyramidal system]. *KW* 38:1236-9, 1960.
44. 193 Kleeman C R, Hewitt W L & Guze L B. Pyelonephritis. *Medicine* 39:3-116, 1960.
45. 355 Kouwenhoven W B, Jude J R, & Knickerbocker G G. Closed-chest cardiac massage. *JAMA* 173:1064-7, 1960.

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