The Journal of Laryngology & Otology (2015), ***129***, *111*.

doi:10.1017/S0022215115000298

EDITORIAL

Predators and moustaches

As predicted, the advent of electronic communication has profoundly affected scientific publication. The milieu in which scholarly publication now occurs is very murky indeed. One of the ways in which transparency has been lost from scientific publication is in the rise of 'predatory journals'. These journals have arisen on the back of 'open-access' publication wherein articles become freely available to the scientific community a short time after publication and without a paid subscription. In this model of publication, the cost of production and dissemination of material is borne by the author. Predatory journals have jumped on this bandwagon solely as a means of generating financial gain. The extent of this problem has been highlighted by a recent article in the *British Medical Journal*.[1] There are hundreds of predatory journals aggressively seeking material for publication in exchange for cash. These journals, which include otolaryngology titles, are not backed up by the rigorous process of peer review that underpins respected journals, and production standards are poor. Unfortunately, with the pressure to publish for career advancement, articles do find their way to predatory journals, with the work published often being lost forever in an electronic swamp. We would encourage authors of otolaryngology articles to spurn these predatory journals and submit their work to mainstream titles that are well known within the specialty. Most respected otolaryngology journals continue to operate a production model based on subscriptions, and will not charge authors for publication.[2]

An important measure in minimising post-operative complications in surgery as a whole is adequate prophylaxis against venous thromboembolism. Venous thromboembolism complicating ENT surgery is very uncommon, at around 0.2 per cent. In the current issue of *The Journal of Laryngology & Otology*, Nash and colleagues report a survey of current UK practice.[3] They found that current venous thromboembolism guidelines are not specific for ENT surgery and as a result adherence to these guidelines is not complete.

Finally, ENT surgeons will be aware of the importance of minimising the risk of hospital-acquired infections. Resistant organisms, particularly *Staphylococcus aureus*, have been implicated in life-threatening ENT infections.[4] An article in the current issue examines the possibility of moustaches being a breeding ground for micro-organisms.[5] Fortunately for those with moustaches, the state of the owners' facial hair had no relationship to the possibility of nasal colonisation with *S aureus.*

ROBIN YOUNGS
EDWARD FISHER
Senior Editors

References

1 Clark J, Smith R. Firm action needed on predatory journals. *BMJ* 2015;**350**:h210
2 Youngs R, Fisher E. Achieving a balance. *J Laryngol Otol* 2013; **127**:841
3 Nash R, Randhawa N, Saeed SR. Venous thromboembolism prophylaxis in ENT surgery: a survey of current practice. *J Laryngol Otol* 2015;**129**:164–7
4 Kizhner V, Samara G, Panesar R, Krespi YP. Methicillin-resistant *Staphylococcus aureus* bacteraemia associated with Lemierre's syndrome: case report and literature review. *J Laryngol Otol* 2013;**127**:721–3
5 Soylu E, Orhan I, Cakir A, Istanbullu A, Altin G, Yilmazer R *et al*. Effect of a moustache on nasal *Staphylococcus aureus* colonisation and nasal cytology results in men. *J Laryngol Otol* 2015;**129**:155–8