redundancies and non-replacement of retiring staff (with a reduction of 4000 staff between 2009 and 2011), and tough measures to manage demand and to squeeze efficiencies from the system.

Nevertheless, and perhaps surprisingly, the effects of this extensive liposuction of resources from the Irish health system are not all negative. Several measures of acute sector activity have improved, including day case ratios (up by 7% between 2009 and 2010), day case surgery rates, and average length of stay (down, albeit marginally). This evidence suggests that the health system generally did well in adapting to the substantial reductions in expenditure and staffing, through maintaining and even improving access and some activity indicators. It is not all rosy, however, with ambulance response times both below target and worsening from 2009 to 2010.

Part of the good performance might be explained by the availability of “fat” in the system, which could be removed without too much harm. Public-sector wage levels were high by European standards and the Celtic tiger boom years saw public resources pumped into health without corresponding increases in activity. As noted by Musgrove in his reflections on South American health systems in crisis, “it is easier to fast if one is too fat to start with, and easier to become more efficient...if the system was initially wasteful”. The substantial increases in funding of the Irish health system in the boom years might well have allowed fat to accrue, which is now being removed.

Still, mistakes have been made. The removal of universal entitlement to free care for those older than 70 years in 2008 generated little revenue and much uncertainty and political discord. The imposition of a €0.50 charge per prescription item on the poor seems mean and could well affect appropriate compliance with prescribed medicines. In all likelihood, the costs of collection will outstrip the revenue gained. The removal of some dentistry benefits for those on medical cards seems similarly inappropriate.

Yet perhaps more importantly, front-line services can no longer be guaranteed and there is concern in the system that the easy efficiencies and cuts have been made. With a further €750 million to be removed in the next two budgets, it is difficult to see further easy efficiencies. Consequently, more and more demoralised doctors and nurses are choosing to vote with their feet, or their air ticket, and migrate.

A further key concern is that the continued austerity might imperil the government’s plans to deliver universal health care. Free primary care and universal access to health insurance are key pillars of government policy for the first time in the history of the Irish state. Continued liposuction might remove more than just fat.

The Irish Health Research Board funds the research project “Resilience of the Irish Health System: surviving and utilising the economic contraction”. ST is the principal investigator on this project and RL is a collaborator. The project provides salary funding for CK and SB.

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Latin American medical journals indexed by Thomson ISI

One of the most important challenges for Latin America today is to achieve a higher volume and quality of scientific publications. Scientific journals are the medium of communication and measurement of science.

The impact of a journal can be measured in several ways, the most common being the impact factor, which is low in Latin American journals. This can be partly explained by the fact that most Latin American journals are published in their native language rather than in English, the latter being the factor governing most international journals with a higher impact factor. Indices of scientific publications are another way to assess the quality and visibility of a journal, with the Thomson Institute for Scientific Information (ISI) being the most respected.

We did a search of the Latin American journals indexed by ISI, and identified medical and public health journals. We did not include in the analysis countries that did not have medical journals in ISI. We also analysed the language of publication of the medical journals by looking at information provided on the official websites of these journals.

The countries with the highest number of ISI journals in Latin America are Brazil, Chile, Mexico, and Colombia.

Table: Distribution by country of Latin American journals indexed by the Thomson Institute for Scientific Information (ISI)

<table>
<thead>
<tr>
<th>Country</th>
<th>Total journals</th>
<th>Medical journals</th>
<th>Native language only</th>
<th>English only</th>
<th>Bilingual</th>
<th>Trilingual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil</td>
<td>139</td>
<td>33</td>
<td>1</td>
<td>12</td>
<td>10</td>
<td>10*</td>
</tr>
<tr>
<td>Chile</td>
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<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
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<td>6</td>
<td>3</td>
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<td>2</td>
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<tr>
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<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
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<tr>
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<td>0</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
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<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
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<td>Total</td>
<td>290</td>
<td>54</td>
<td>11</td>
<td>13</td>
<td>18</td>
<td>12</td>
</tr>
</tbody>
</table>

Bilingual=native language plus English. Trilingual=Spanish, Portuguese, and English.

*Three journals also publish in French. One journal publishes in Spanish plus Portuguese.

Correspondence

(figure). In medical matters, Brazil continues to lead, followed by Mexico, Argentina, and Venezuela. Until 2004, Brazil had only 16 ISI journals, of which three were medical; Chile and Mexico had eight each, with one and two medical journals, respectively. Brazil and Chile are the countries with the largest increase in ISI-indexed journals.

When analysing only the ISI medical journals, the fastest growing countries are Brazil, Argentina, and Venezuela. We found Latin American medical journals to be published predominantly bilingually (ie, native language and English), followed by English only. Brazil is the country with the most journals that publish in English, either bilingually or English only. It would be interesting to see whether this point affects their impact factor.

Medical journals in Latin America have been progressively increasing in number, and the continuing global trend to publish in English, for which Brazil is the leader, reflects a consistent academic effort. However, some countries still have a very low number of ISI journals, meaning that Latin America has some way to go before matching the level of scientific development seen in North America or western Europe.

We declare that we have no conflicts of interest.

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2 Mueller PS, Murali NS, Cha SS, Erwin PF, Ghose AK. The association between impact factor and language of general internal medicine journals. Swiss Med Wkly 2006; 136: 441–43.

Plus ça change, plus c’est la même chose

We were delighted to read a description of an inflatable operating theatre in an issue of The Lancet from 1965. D B Longmore describes a self-supporting tent made from polyvinyl chloride, 7.3 m × 5.5 m, which was built after the temporary closure of operating theatres at the National Heart Hospital, London, UK. Almost 50 years on, and without any previous knowledge of Longmore’s work, our team at Imperial College London has developed an updated version out of a different necessity—simulation training.

Distributed Simulation is a portable, inflatable, low-cost, and high-fidelity simulation environment. It comprises an inflatable backdrop (4.0 m × 5.0 m × 2.5 m) that can be populated with the minimum necessary cues to contextualise a task authentically (figure). These cues can be audiovisual, haptic, or olfactory. Off-the-shelf technology has been incorporated to create a portable control hub that facilitates real-time manipulation, streaming, or recording of events.

The concept was initially devised in response to the changing face of surgical education in the UK and elsewhere—eg, reduced working hours and greater responsibilities for increasingly junior staff—and specifically addresses the need for more accessible, contextualised simulation training as an adjunct to clinical experience.

Surgical scenarios originally focused on the surgeon doing a contextualised task with hybrid silicone and porcine, or virtual reality, models. They have since progressed to sequential simulations of the perioperative care process by use of simulated patients (actors), multidisciplinary (real) clinical teams, and human cadavers that can actively “bleed”.

Over the past year, Distributed Simulation’s use has expanded to include scenarios for clinician assessment, accident and emergency (eg, trauma team training), medicine (eg, cardiac angioplasty), re-enactments of procedures of historical importance, and public engagement events.

We were fascinated to discover Longmore’s early description of an inflatable operating theatre and to recognise our role in repurposing such technology for modern-day purposes.

Funding was provided by the London Deanery Simulation and Technology enhanced Learning Initiative (STeLI) project. We declare that we have no conflicts of interest.

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1 Longmore DB. An inflatable operating theatre or portable sterile room. Lancet 1965; 285: 848.