

## *I Can't Take My Eyes Off This Web Site (with Apologies to Frankie Valli)*

ANESTHESIOLOGY's Web beginnings were not that different from the beginnings of our specialty. Crawford Long, M.D. (1815-1878), practiced both surgery and anesthesia. When the Journal's first Web site was launched in the fall of 1996, the editor, Mike Todd, M.D., in addition to his editorial duties, practiced anesthesia and performed research. Initially, he also wrote some of the HTML code for the site, which was developed and hosted through his office as a source of information for authors and readers.

Between 1993 and 1994, with the introduction of Mosaic and then the Netscape Web browser, the Internet boom started. Initially, journal Web sites, including ANESTHESIOLOGY's, allowed users to retrieve information about the Journal, but not content. In the late 1990s, ANESTHESIOLOGY first went on-line with each month's table of contents and article synopses. Since October 1999, ANESTHESIOLOGY has had a full-text Web site that is maintained by the publisher, Lippincott Williams & Wilkins (LWW). A new platform introduced early in 2004 drew on Ovid Technologies' content repository to deliver Journal content. This opened up searching and linking capabilities across all LWW journals housed at Ovid, and also made it possible in 2007 to add ANESTHESIOLOGY's back archive from volume 1, 1940. Around 2 yr ago, the Journal and the publisher began to consider what should come next. And so, now, the Journal's Web site has been redone.

At the beginning of the World Wide Web, Web pages were static, and users simply retrieved information. Some refer to this first generation as Web 1.0. With Web 2.0, sites are more dynamic and allow users greater control of the data that is offered. Our old Web site did have some Web 2.0 features, most notably RSS feeds (fig. 1) that allow users to keep up with our Web site in an automated manner using, for example, Google Reader. But the new site will provide much more. Readers can see what their colleagues consider to be the most popular content, based on most viewed on-line, most e-mailed, and most cited (fig. 2). This feature can function as a guide for the reader to decide what should be read. Another service is groupings of articles and article subsets according to subject. RSS feeds will furnish updates of these Most Popular lists and subject groupings. The Journal will have polls for input from and feedback to readers. Again, RSS feeds will allow users to be notified of a new poll. A future upgrade will enable readers to discuss certain articles on-line. This discussion might also serve as an on-line version of the Correspondence section. Readers will also be able to organize personal

collections of articles on the ANESTHESIOLOGY Web site and can retrieve and add to their collections on any other LWW journal site to which they subscribe.

This newer on-line experience requires resources for Web development that goes beyond what is available to most medical journals. The more user-centric methodology in fact will apply to all of the 250-plus journals managed by LWW and should make it easier for users to navigate across the publisher's journal sites. We hope you will find that ANESTHESIOLOGY's Web experience is much richer than in the past.

In planning its new journal platform, the publisher conducted extensive research with physicians from a range of specialties, including anesthesiology. To better define on-line tools, they conducted focus groups first on how clinicians, researchers, and educators gather information on-line to treat patients, to prepare a talk, or for continuing medical education. Next, they conducted on-site visits to study how physicians actually use the Internet and what features would help them in their daily activities. Then, they went to a number of journal editors, including ours, to find out what on-line tools should be provided to the editorial office. Finally, they reviewed mockups of possible Web site designs and features with those editors to determine what would be ideal for each journal's unique needs. This is not meant to be a one-time exercise. The rollout of future features and services will continue, based on critical feedback.

In 1999, at the American Society of Anesthesiologists annual meeting in Dallas, Texas, the Journal announced that on-line full-text articles were available. Some of you might still have mouse pads imprinted with the ANESTHESIOLOGY logo that were distributed at the coming-out party in Dallas. In the editorial that preceded the rollout, Mike Todd, M.D., our previous editor, and Jim Eisenach, M.D., our current editor, stated that for the Journal's on-line presence, "we define what we are seeking and where indeed we want to go."<sup>1</sup> This methodology is still the principle that drives development of our site.

Our intent is that the experience offered on ANESTHESIOLOGY's new Web site will be a rich one for clinicians, researchers, and educators alike. We want you to tell us what you like and don't like. We intend that both readers and authors will find the tools here that they need to move our specialty forward.

Our hope is that you keep your eyes on this Web site.

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### Reference

1. Eisenach JC, Todd MM: The Internet: Where do we want to go tomorrow? ANESTHESIOLOGY 1998; 89:817-9

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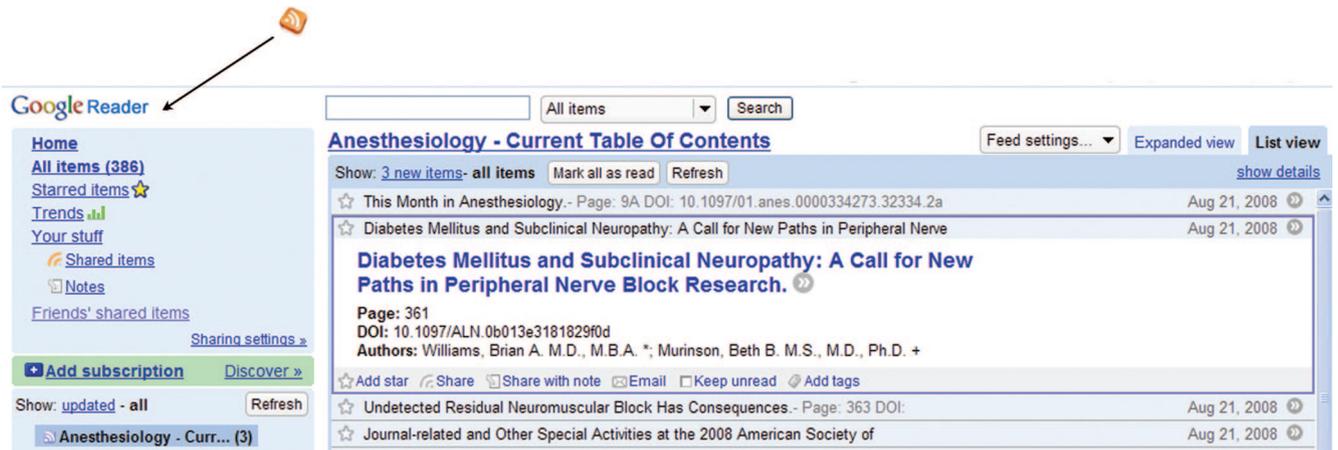


Fig. 1. The RSS icon on the Journal’s browser can be used to initiate a subscription with a desktop or Web-based RSS reader, such as Google Reader (shown).



Fig. 2. Readers can view articles based on what others have read, cited, or e-mailed.

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