Analogies for accommodation

- 47 Schachar RA, Bax AJ. Mechanism of human accommodation as analyzed by nonlinear finite analysis. *Compr Ther* 2001;**27**:122–32. 48 **Abolmaali A**, Schachar RA, Le T. Sensitivity study of human
- crystalline lens accommodation. Comput Methods Programs Biomed 2007;85:77-90.
- 49 Mann I. The development of the human eye, third edition. New York: Grune & Stratton, 1969:46-67
- 50 Schachar RA. Growth patterns of fresh human crystalline lenses measured by in vitro photographic biometry. J Anat 2005;**206**:575–80.
- 51 Kuszak JR, Peterson KL, Sivak JG, et al. The interrelationship of lens anatomy and optical quality. II. Primate lenses. Exp Eye Res 1994;59:521-35.
- 52 Prince JH, Diesem CD, Eglitis I, et al. Anatomy and histology of the eye and orbit of domestic animals. Springfield: Charles C Thomas, 1960.
 53 Pierscionek B, Augusteyn RC. Growth related changes to functional parameters in the bovine lens. Biochim Biophys Acta 1992;1116:283–90.
- 54 Sivak JG, Herbert KL, Peterson KL, et al. The interrelationship of lens anatomy
- and optical quality. I. Non-primate lenses. *Exp Eye Res* 1994,**59**:505–20. 55 **Kuszak JR**, Zoltoski RK, Sivertson C. Fibre cell organization in crystalline lenses. Exp Eye Res 2004;**78**:673-87
- 56 Schachar RA, Pierscionek BK, Abolmaali A, et al. The relationship between accommodative amplitude and the ratio of central lens thickness to its equational diameter in vertebrate eyes. Br J Ophthmol 2007;91:812-17.

BMJ Clinical Evidence-Call for contributors

BMJ Clinical Evidence is a continuously updated evidence-based journal available worldwide on the internet which publishes commissioned systematic reviews. BMJ Clinical Evidence needs to recruit new contributors. Contributors are healthcare professionals or epidemiologists with experience in evidence-based medicine, with the ability to write in a concise and structured way and relevant clinical expertise.

Areas for which we are currently seeking contributors:

- Secondary prevention of ischaemic cardiac events
- Acute myocardial infarction
- MRSA (treatment)
- Bacterial conjunctivitis

However, we are always looking for contributors, so do not let this list discourage you.

Being a contributor involves:

- Selecting from a validated, screened search (performed by in-house Information Specialists) valid studies for inclusion.
- Documenting your decisions about which studies to include on an inclusion and exclusion form, which we will publish.
- Writing the text to a highly structured template (about 1500–3000 words), using evidence from the final studies chosen, within 8–10 weeks of receiving the literature search.
- Working with BMJ Clinical Evidence editors to ensure that the final text meets quality and style standards.
- Updating the text every 12 months using any new, sound evidence that becomes available. The BMJ Clinical Evidence in-house team will conduct the searches for contributors; your task is to filter out high quality studies and incorporate them into the existing text.
- To expand the review to include a new question about once every 12 months.

In return, contributors will see their work published in a highly-rewarded peer-reviewed international medical journal. They also receive a small honorarium for their efforts.

If you would like to become a contributor for BMJ Clinical Evidence or require more information about what this involves please send your contact details and a copy of your CV, clearly stating the clinical area you are interested in, to CECommissioning@bmjgroup.com.

Call for peer reviewers

BMJ Clinical Evidence also needs to recruit new peer reviewers specifically with an interest in the clinical areas stated above, and also others related to general practice. Peer reviewers are healthcare professionals or epidemiologists with experience in evidence-based medicine. As a peer reviewer you would be asked for your views on the clinical relevance, validity and accessibility of specific reviews within the journal, and their usefulness to the intended audience (international generalists and healthcare professionals, possibly with limited statistical knowledge). Reviews are usually 1500–3000 words in length and we would ask you to review between 2–5 systematic reviews per year. The peer review process takes place throughout the year, and our turnaround time for each review is 10-14 days. In return peer reviewers receive free access to BMJ Clinical Evidence for 3 months for each review.

If you are interested in becoming a peer reviewer for BMJ Clinical Evidence, please complete the peer review questionnaire at www.clinicalevidence.com/ceweb/contribute/peerreviewer.jsp