The *Journal of Refractive Surgery* is 25 years old this year—not a bad run for a periodical whose initial lead editorial asked “Do We Really Need Another Journal?” Jim Salz, MD, the founding editor, assertively answered the question, “Yes,” and now—approximately 3000 articles by some 5000 authors later—his “yes” has resonated powerfully through the world’s ophthalmic community.

**EARLY CONTRIBUTIONS**

In these 25 years, the Journal has documented the remarkable growth and maturation of our specialty, from articles in the History Section reproducing the seminal contributions of Leendert Lans, William Bates, and Jose Barraquer up through 21st century articles featuring refined wavefront analysis of multifocal and accommodating intraocular lenses (IOLs) and individualized custom combined topographic/wavefront-guided excimer laser corneal surgery.

In the first four volumes under Salz’s editorship, authors concerned themselves primarily with refractive keratotomy (radial, trapezoidal, transverse, and hexagonal), epikeratophakia with both human and synthetic lenticules, and hot needle thermal keratoplasty—all techniques now regarded only as developmental steps in refractive surgery.

These early volumes also captured contributions by prescient authors on technology and techniques that are still in active use 25 years later: Rowsey on the surgical application of corneal topography; Salz on ultrasonic corneal pachymetry; Lindstrom on phakic IOLs and refractive lens exchange; Lane on intracorneal inlays; Fleming and Reynolds on intracorneal rings; McDonald, Durrie, and Schanzlin on combined corneal and IOL procedures; Hanna on finite element modeling of the cornea; and early excimer laser contributions—radial keratotomy (T. Neuhan), photorefractive keratotomy (L’Esperance), and keratomileusis (Seiler).

**INTRAOCULAR LENSES**

In this quarter century, the Journal has published increasing numbers of contributions on IOLs. In the 1950s, during the early development of IOLs, no distinction was made between phakic and aphakic implants. For example, in a case series of 411 eyes published by Joaquin Barraquer in 1959,1 239 eyes received an anterior chamber phakic IOL and the remainder an aphakic IOL; the results were all reported together. Some 30 years later, Jan Worst introduced the “iris-claw phakic intraocular lens for myopia” and since then, phakic IOL technology has spawned many new models.

Most ophthalmic surgeons in the latter half of the 20th century considered cataract/IOL surgery as a surgical subspecialty separate and distinct from refractive surgery, which was viewed as confined to the cornea (radial keratotomy, corneal inlays, thermokeratoplasty, and excimer laser vision correction surgery). However, in 1985, two important developments began the integration of these two fields. The first was the decision by the Board of the American Intraocular Implant Society to change their name to the American Society of Cataract and Refractive Surgery. (I was fortunate to participate in creating that revised appellation as a member of the Scientific Advisory Board.) The same year saw the founding of the *Journal of Refractive Surgery*, with an early editorial by Casimir Swinger alluding to clear lensexchange with IOL implantation as a refractive surgical procedure. And now, surgeons in the first decade of the 21st century place great emphasis on the “final” refractive surgical challenge—the correction of presbyopia, most commonly with the use of multifocal and accommodating IOLs under conditions of cataract removal or refractive lens exchange (euphemistically, presbyopia lens exchange – PreLex). Indeed, the Journal devoted its entire March 2008 issue to multifocal IOLs under the guest editorship of Michael Knorz, Senior Associate Editor, JRS.
In 2004, I wrote an editorial entitled “The Future of Refractive Surgery: Confluence of Techniques and Staged Delivery” in which I emphasized not only that IOL implantation is indeed refractive surgery, but also that a refractive surgical procedure is not a one-time event in the life of a patient, but rather involves a series of surgical procedures—both corneal and intracocular to maintain acceptable, functional uncorrected vision for that patient’s lifetime.

EXCIMER LASER

Another seminal event in refractive surgery occurred 25 years ago—the commencement of excimer laser corneal surgery. At the 2008 meeting of the American Academy of Ophthalmology in Atlanta, Georgia, the International Society of Refractive Surgery presented a broad ranging symposium celebrating this 25th anniversary, featuring Roger Steinert as the Barraquer Lecturer. He integrated corneal transplantation into the refractive surgery pantheon. The written summary of that symposium will be published in the Journal in 2009, accompanied by a video depicting the development of excimer laser vision correction surgery.

ONGOING CHANGES IN JRS

In addition to these changes in content, the Journal has undergone changes in editorial policy. For 25 years, the proactive editors encouraged and assisted refractive surgeons in rewriting and publishing their materials, with an acceptance rate of approximately 75% of submitted articles (including brief reports and letters to the editor). Refractive surgery has matured. So have those who write about it. The Journal now rejects some 50% of submissions, and although the editorial board actively supports authors with critical reviews and interpretive suggestions, the age of “handholding” is past.

In this 25th year, substantial structural changes are occurring in the Journal as well. The Journal will appear monthly, 12 times a year, instead of the previous nine times, speeding communication to readers.

To accelerate the dissemination of authors’ contributions, the Journal has been posting articles online ahead of print at journalofrefractivesurgery.com where the abstracts can be reviewed by all and the full text reviewed by ISRS members and JRS subscribers, using the 16-digit code that is printed above their name on the Journal mailing label. Indeed, some readers access the Journal only online.

New in this 25th year will be increased interactivity on the website. Authors will have the opportunity to post videos pertinent to their publication, demonstrating surgical techniques, and more detailed pictorial presentations of their patient findings and in-depth presentations of study data. These will be attached to the online posting of the article and will be cited in the print article.

A quarter of a century for the Journal, for excimer laser corneal surgery, and for the realization that refractive surgery includes both corneal reshaping (now with corneal transplantation as well) and IOL implantation, either individually or in combination. The next quarter century will challenge refractive surgeons even more.

REFERENCES
