



Bibliometric analysis of the meibomian gland literature

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The Ocular Surface

Bibliometric analysis of the meibomian gland literature

--Manuscript Draft--

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Opposed Reviewers:	
Response to Reviewers:	THEOCULARSURFACE-D-21-00011-R3 March 10, 2021 The authors of the Research Correspondence submission entitled "Bibliometric analysis of the meibomian gland literature" are thankful to the editor/reviewer for their helpful suggestions to improve manuscript. Below are detailed comments that are included in the revision of the submission that we hope address the critiques raised. We have also condensed two paragraphs on authors, countries, affiliations, and journals and revised Figure 1 to summarize leaders in these areas (per the off-line suggestion of the Editor in Chief). Thank you again for these helpful comments. Editor and Reviewer comments: Thank you for resubmitting the manuscript. However, we need more insightful contents than just a list of facts. For example, we'd like ask you to provide the details of highly cited papers instead of highly cited institutions. We've requested it so far, but we need a perspective for the future research of MGD. RESPONSE: Thank you for this excellent idea. We have collapsed text in the manuscript regarding authors, institutions, countries, and journals and summarized top leaders along these lines in Figure 1. This allows for additional space to discuss in depth further details of highly cited and uncited papers (or trends along these lines as they relate to current and future MGD research). This has been revised in the manuscript as follows: "While citation analyses can be helpful in identifying trends in research, they do have limitations. For instance, older research is more likely to have higher citation counts than more recent research simply due to time, which itself allows for the accumulation of citations. Along these lines, it is clear from the very most current research in MGD that particularly over the very most recent years that therapeutic and diagnostic approaches are key areas of research in MGD. For instance, there is no doubt that innovations in imaging approaches (e.g., optical coherence tomography, meibography, confocal microscopy) are of vital importance to the field of MGD research, particularly

through their utility in diagnosis and follow-up, once treatment is initiated. Likewise, new diagnostic imaging approaches that are able to detect MGD absent of symptoms are of significant interest, as recent studies and reviews have suggested that asymptomatic MGD is much more frequent than is traditionally thought.[8] Further to this, newer understandings of the biochemical composition of the meibum and tear film lipids as key biomarkers or therapeutic targets are of substantial importance to the field going forward. In particular, the O-acyl- ω -hydroxy fatty acids (OAHFAs) have shown themselves recently to play major functional roles in allowing the tear film to structure itself properly as highly effective surfactants.[9, 10] While lipid emulsions are available for tear supplementation, most contain large, hydrophobic lipids such as mineral or castor oils, not present in human meibum otherwise. The OAHFAs could serve as potential therapeutic supplements along these lines, as they naturally occur in the meibum and tear film.”

January 11, 2021

Dear Dr. Djalilian,

My coauthors and I wish to submit a new manuscript entitled “Bibliometric analysis of the meibomian gland literature” for consideration as a short Research Correspondence by *The Ocular Surface*. We confirm that this work is original and has not been published nor is it currently under consideration for publication elsewhere.

This paper reports on the important observations of the growing body of literature on meibomian glands in the context of ocular surface disease and reports on the most impactful articles, authors, journals, countries and affiliations.

We believe this work will be of interest and highly valuable to the ocular surface community who study dry eye and the meibomian glands. The appendix is intended to be supplementary material, available online to the readership.

Thank you for your consideration of this manuscript.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. J. Nichols', with a stylized flourish at the end.

Corresponding Author

Jason J. Nichols, OD MPH PhD | Associate Vice President for Industry Research & Professor

Office of the Vice President for Research

Office of Industry Engagement

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THEOCULARSURFACE-D-21-00011-R3

March 10, 2021

The authors of the Research Correspondence submission entitled “Bibliometric analysis of the meibomian gland literature” are thankful to the editor/reviewer for their helpful suggestions to improve manuscript. Below are detailed comments that are included in the revision of the submission that we hope address the critiques raised. We have also condensed two paragraphs on authors, countries, affiliations, and journals and revised Figure 1 to summarize leaders in these areas (per the off-line suggestion of the Editor in Chief). Thank you again for these helpful comments.

Editor and Reviewer comments:

Thank you for resubmitting the manuscript. However, we need more insightful contents than just a list of facts. For example, we'd like ask you to provide the details of highly cited papers instead of highly cited institutions. We've requested it so far, but we need a perspective for the future research of MGD.

RESPONSE: Thank you for this excellent idea. We have collapsed text in the manuscript regarding authors, institutions, countries, and journals and summarized top leaders along these lines in Figure 1. This allows for additional space to discuss in depth further details of highly cited and uncited papers (or trends along these lines as they relate to current and future MGD research). This has been revised in the manuscript as follows:

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1 **RESEARCH CORRESPONDENCE**

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3 Jason J. Nichols, OD, MPH, PhD^a

4 Lyndon W. Jones, DSc, FCOptom^b

5 Philip B. Morgan, PhD^c

6 Nathan Efron, AC, DSc, PhD^d

7

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9 United States.

10 b. Centre for Ocular Research & Education (CORE), School of Optometry and Vision
11 Science, University of Waterloo, Waterloo, Ontario, Canada and Centre for Eye and Vision
12 Research (CEVR), 17W Hong Kong Science Park, Hong Kong

13 c. Eurolens Research, Division of Pharmacy and Optometry, The University of
14 Manchester, Manchester, United Kingdom

15 d. School of Optometry and Vision Science, Queensland University of Technology, Kelvin
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22 **Figures:** 1

23 **Supplementary Tables:** 6

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25 **Corresponding Author:** Jason J. Nichols OD MPH PhD, School of Optometry, University
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28

29 **Financial support**

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32 **Short title**

33 Bibliometric analysis of the meibomian gland literature

34 There is a rich history of interest in the sebaceous glands located posterior to the tarsal
35 plates in the eyelids, to which we refer today as the meibomian glands (MGs). Although
36 there is acknowledgement of the MGs preceding the work of Johann Heinrich Meibom in
37 the 1600's, he is credited with advancing our knowledge and study of these glands.[1]

38
39 The MGs produce a distinct lipid secretion ('meibum') made up of a variety of lipid classes,
40 mostly composed of nonpolar wax and cholesterol esters, although other nonpolar and
41 polar lipids are certainly known to exist in the meibum.[2] The normal function of meibum
42 is to make its way to the tear film lipid layer, ultimately forming a resistive barrier to
43 evaporation of the aqueous component of the tear film. In disease, the MGs lose their
44 ability to secrete a normal meibum composition and/or are impeded due to factors such
45 as atrophy of the MGs, keratinization of the orifice of the gland from which the meibum is
46 secreted onto the eyelid margin, or bacterial colonization of the eyelid, altering the
47 secretion itself once expressed.[3, 4] These conditions today are known as blepharitis,
48 including anterior and posterior blepharitis (which includes meibomian gland
49 dysfunction).[5]

50
51 Given the extensive study of MGs, a bibliometric analysis is warranted to acknowledge
52 and celebrate those contributing to this important part of ophthalmic research.

53
54 A bibliometric search was undertaken on January 5, 2021 of the titles of papers on the
55 Scopus database. The goals of the search were to identify the most relevant meibomian
56 gland-related documents published in peer-reviewed journals that are primarily
57 meibomian gland driven, rather than to include secondary MG themes in this search; thus,

58 only 'title' identifiers were used to capture this field of research with the highest sensitivity
59 and specificity. To identify MG-related articles, the following search terms was used:

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63 AND (LIMIT-TO(SRCTYPE, "j")) AND (LIMIT-TO(LANGUAGE, "English"))

64
65 The 25 most highly cited papers were determined from the total list of 1,462 papers found.
66 The search term above was also limited to the last 10 years to determine the top
67 contemporary articles in the field of meibomian gland research. A subject-specific
68 meibomian gland-related h-index (h_{MG} -index) was derived for authors, institutions,
69 countries and journals to serve as a measure of impact in the field.[6] The top constituents
70 of each category were ranked by h_{MG} -index and tabulated for consideration.

71
72 The h_{MG} -index of the field was determined to be 85. The 1,462 papers have been cited a
73 total of 32,657 times, and 18.2% of these papers have never been cited. The number of
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77 The 25 most highly cited papers are listed in Table 1 of the Supplementary Data. Seven
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79 Dysfunction conducted under the auspices of the Tear Film and Ocular Surface Society
80 (TFOS), including the paper ranked #1 by first author Erik Knop ("anatomy, physiology,
81 and pathophysiology of the meibomian glands").[7] Outside of this, six cover MG

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83 evaporation, clinical outcomes), and five cover grading and classification schemes.

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86 number of Top 25 articles devoted to this topic and diagnostic criteria associated with the
87 condition. Further to this, another key theme of the Top 25 articles is that of the study of
88 MG physiology and pathophysiology, particularly as these relate to MG function and
89 meibum secretion. Several papers report on various basic science concepts, while others
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91 health and/or the lipid layer of the tear film. Others describe less common but important
92 related assessments such as evaporimetry. Further to this, several of these papers
93 address the apparent overlap between dry eye (aqueous deficiency) and evaporative
94 diseases, such as MGD and blepharitis. It is clear that the TFOS International Workshop
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96 articles are among the Top 25.

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98 Table 2 shows the top 10 contemporary articles related to the study of the meibomian
99 glands. It is clear that the top cited contemporary literature relates to the treatment of
100 meibomian gland dysfunction (5 of 10 articles) and assessment of the meibomian glands
101 and/or lipid layer (4 of 10 articles); the remaining (and top cited) article is focused on the
102 pathophysiology of meibomian gland dysfunction.

103
104 While citation analyses can be helpful in identifying trends in research, they do have
105 limitations. For instance, older research is more likely to have higher citation counts than
106 more recent research simply due to time, which itself allows for the accumulation of

107 citations. Along these lines, it is clear from the most current research in MGD that,
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109 key areas of research in MGD. For instance, there is no doubt that innovations in imaging
110 approaches (e.g., optical coherence tomography, meibography, confocal microscopy) are
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112 diagnosis and follow-up, once treatment is initiated. Likewise, new diagnostic imaging
113 approaches that are able to detect MGD absent of symptoms are of significant interest,
114 as recent studies and reviews have suggested that asymptomatic MGD is much more
115 frequent than is traditionally thought.[8-10] Further to this, newer understandings of the
116 biochemical composition of the meibum and tear film lipids as key biomarkers or
117 therapeutic targets are of substantial importance to the field going forward. In particular,
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119 functional roles in allowing the tear film to structure itself properly as highly effective
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121 contain large, hydrophobic lipids such as mineral or castor oils, not present in human
122 meibum otherwise. The OAHFAs could serve as potential therapeutic supplements along
123 these lines, as they naturally occur in the meibum and tear film. There is much to be
124 considered along these lines for the future of research associated with MGD.

125
126 Tables 3, 4, 5, and 6 of the Supplementary Data lists the 10 most impactful authors,
127 institutions, countries, and journals publishing meibomian gland-related articles,
128 respectively. This is also summarized in Figure 1.

129
130 This bibliometric analysis has summarized the most important papers and themes in the
131 field of the study of the meibomian glands. It is clear that the TFOS International Workshop

132 on Meibomian Gland Dysfunction has had a substantial impact on the field of meibomian
133 gland research. Based on a prior bibliometric analysis of the entire dry eye field, it is clear
134 from the current bibliometric analysis of the MG-related literature that while there is some
135 overlap in content and top-ranked authors, the MG field is distinct in contributions and
136 growing perhaps at an equivalent rate to that of the entire dry eye literature.[12]
137 Notwithstanding the rich history of the study of MGs, current research activities appear to
138 be growing exponentially, so a re-analysis of this area of research in the years to come is
139 certainly warranted.

140

141 FINANCIAL DISCLOSURES

142 Jason Nichols: In 2019 and 2020, Dr. Jason J. Nichols has received honoraria from
143 Paragon Vision Sciences and CooperVision. He has also received research funding from
144 Alcon, Bruder, Johnson and Johnson Vision, and Mallinckrodt over the last 3 years. Also,
145 Dr. Kelly Nichols is the spouse of Dr. Jason Nichols, extending her declarations to him. In
146 the past 12 months, Dr. Kelly Nichols has consulted for and received honorarium from:
147 Bruder, Dompe, Kala, Novartis/Shire (Medical Exchange International), Osmotica, Oyster
148 Point, Sight Sciences, Tear Film Innovations/Alcon/Acquiom, Thea, Tarsus, and TopiVert.
149 She has received research funding from: Allergan, Kala, and Tear Science.

150

151 Phillip Morgan: Nothing to declare.

152

153 Lyndon Jones: Over the past 3 years Dr Jones' research group (CORE) or he personally
154 has received research support or lectureship honoraria from: Alcon, Allergan,
155 CooperVision, GL Chemtec, iMed Pharma, J&J Vision, Lubris, Menicon, Nature's Way,
156 Novartis, Ote, PS Therapy, Safilens, Santen, Shire, SightGlass and Visioneering. Dr
157 Jones is also a consultant and/or serves on an advisory board for Alcon, CooperVision,
158 J&J Vision, Novartis and Ophtecs.

159

160 Nathan Efron: Nothing to declare.

161

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189 acids in meibomian lipid films using (O-oleyl) ω -hydroxy palmitic acid as a model.
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- 192

193 **Figure Caption**

194 Figure 1. Number of publications and summary information in the field of meibomian
195 gland research published each year between 1849 and 2020. For brevity,
196 the Figure is truncated to works occurring on or after 1900.

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136 growing perhaps at an equivalent rate to that of the entire dry eye literature.[12]
137 Notwithstanding the rich history of the study of MGs, current research activities appear to
138 be growing exponentially, so a re-analysis of this area of research in the years to come is
139 certainly warranted.

140

141 FINANCIAL DISCLOSURES

142 Jason Nichols: In 2019 and 2020, Dr. Jason J. Nichols has received honoraria from
143 Paragon Vision Sciences and CooperVision. He has also received research funding from
144 Alcon, Bruder, Johnson and Johnson Vision, and Mallinckrodt over the last 3 years. Also,
145 Dr. Kelly Nichols is the spouse of Dr. Jason Nichols, extending her declarations to him. In
146 the past 12 months, Dr. Kelly Nichols has consulted for and received honorarium from:
147 Bruder, Dompe, Kala, Novartis/Shire (Medical Exchange International), Osmotica, Oyster
148 Point, Sight Sciences, Tear Film Innovations/Alcon/Acquiom, Thea, Tarsus, and TopiVert.
149 She has received research funding from: Allergan, Kala, and Tear Science.

150

151 Phillip Morgan: Nothing to declare.

152

153 Lyndon Jones: Over the past 3 years Dr Jones' research group (CORE) or he personally
154 has received research support or lectureship honoraria from: Alcon, Allergan,
155 CooperVision, GL Chemtec, iMed Pharma, J&J Vision, Lubris, Menicon, Nature's Way,
156 Novartis, Ote, PS Therapy, Safilens, Santen, Shire, SightGlass and Visioneering. Dr
157 Jones is also a consultant and/or serves on an advisory board for Alcon, CooperVision,
158 J&J Vision, Novartis and Ophtecs.

159

160 Nathan Efron: Nothing to declare.

161

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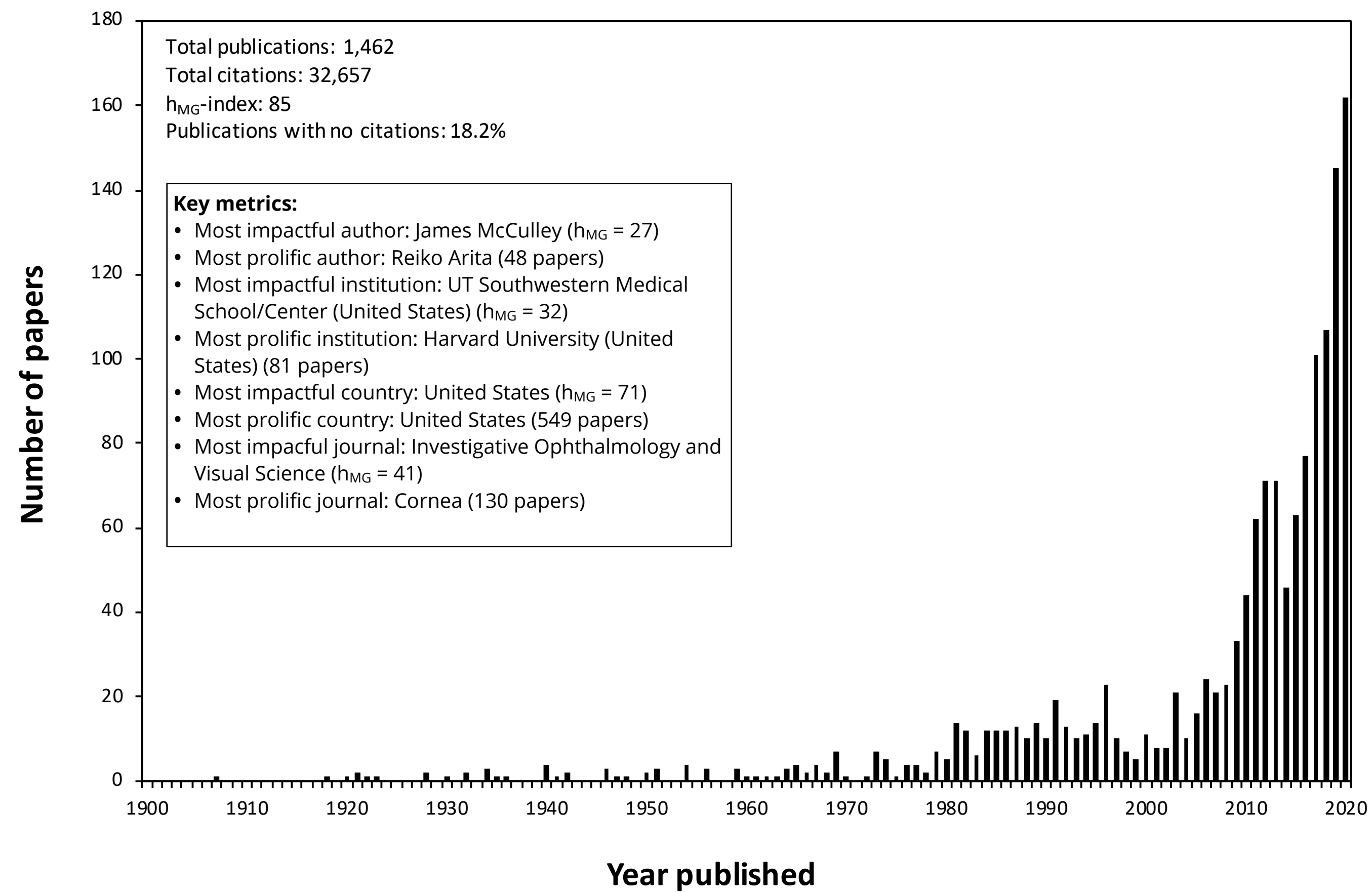
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184 Tear Film Lipids Connected to Dry Eye Syndrome: A Study on O-Acyl- ω -hydroxy Fatty
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- 192

193 **Figure Caption**

194 Figure 1. Number of publications and summary information in the field of meibomian
195 gland research published each year between 1849 and 2020. For brevity,
196 the Figure is truncated to works occurring on or after 1900.



Supplementary Material

Table 1. Top 25 most highly cited meibomian gland-related articles ranked by number of citations.

Rank	Title	First Author	Journal	Year, Volume & Pages	Citations
1	The international workshop on meibomian gland dysfunction: Report of the subcommittee on anatomy, physiology, and pathophysiology of the meibomian gland	Erik Knop	Investigative Ophthalmology and Visual Science	2011 52; 1938-78	449
2	The international workshop on meibomian gland dysfunction: Executive summary	Kelly Nichols	Investigative Ophthalmology and Visual Science	2011 52; 1922-9	435
3	The international workshop on meibomian gland dysfunction: Report of the definition and classification subcommittee	Daniel Nelson	Investigative Ophthalmology and Visual Science	2011 52; 1930-7	368
4	Noncontact infrared meibography to document age-related changes of the meibomian glands in a normal population	Reiko Arita	Ophthalmology	2008 115; 911-5	352
5	The international workshop on meibomian gland dysfunction: Report of the diagnosis subcommittee	Alan Tomlinson	Investigative Ophthalmology and Visual Science	2011 52; 2006-49	333
6	Ocular surface changes and discomfort in patients with meibomian gland dysfunction	Jun Shimazaki	Archives of Ophthalmology	1995 113; 1266-70	321
7	Meibomian gland dysfunction: A clinical scheme for description, diagnosis, classification, and grading	Gary Foulks	The Ocular Surface	2003 1; 107-26	299
8	The international workshop on meibomian gland dysfunction: Report of the subcommittee on management and treatment of meibomian gland dysfunction	Gerd Geerling	Investigative Ophthalmology and Visual Science	2011 52; 2050-64	296
9	The international workshop on meibomian gland dysfunction: Report of the subcommittee on the epidemiology of, and associated risk factors for, MGD	Debra Schaumberg	Investigative Ophthalmology and Visual Science	2011 52; 1994-2005	265
10	Ocular evaporation in meibomian gland dysfunction and dry eye	William Mathers	Ophthalmology	1993 100; 347-51	231
11	Meibomian gland disease. Classification and grading of lid changes	Anthony Bron	Eye	1991 5; 395-411	224
12	The contribution of meibomian disease to dry eye	Anthony Bron	The Ocular Surface	2004 2; 149-64	223
13	Meibomian gland dysfunction	Paul Driver	Survey of Ophthalmology	1996 40; 343-67	219
14	Classification of chronic blepharitis	James McCulley	Ophthalmology	1982 89; 1173-80	215
15	Meibomian gland studies: comparison of steer and human lipids	Nicholas Nicolaidis	Investigative Ophthalmology and Visual Science	1981 20; 522-36	204

16	Targeted disruption of stearoyl-CoA desaturase1 gene in mice causes atrophy of sebaceous and meibomian glands and depletion of wax esters in the eyelid	Makoto Miyazaki	Journal of Nutrition	2001 131; 2260-8	198
17	Meibomian gland dysfunction in patients with Sjogren syndrome	Jun Shimazaki	Ophthalmology	1998 105; 1485-8	192
18	Effect of androgen deficiency on the human meibomian gland and ocular surface	Kathleen Krenzer	Journal of Clinical Endocrinology and Metabolism	2000 85; 4874-82	188
19	The international workshop on meibomian gland dysfunction: Report of the subcommittee on tear film lipids and lipid-protein interactions in health and disease	Kari Green-Church	Investigative Ophthalmology and Visual Science	2011 52; 1979-93	181
20	Contact lens wear is associated with decrease of meibomian glands	Reiko Arita	Ophthalmology	2009 116; 379-84	172
21	Meibomian gland dysfunction in chronic blepharitis	William Mathers	Cornea	1991 10; 277-285	172
22	Proposed diagnostic criteria for obstructive meibomian gland dysfunction	Reiko Arita	Ophthalmology	2009 116; 2058-64	161
23	Revisiting the vicious cycle of dry eye disease: A focus on the pathophysiology of meibomian gland dysfunction	Christophe Baudouin	British Journal of Ophthalmology	2016 100; 300-6	146
24	Pathogenic role of Demodex mites in blepharitis	Jingbo Liu	Current Opinion in Allergy and Clinical Immunology	2010 10; 505-10	144
25	Androgen influence on the meibomian gland	David Sullivan	Investigative Ophthalmology and Visual Science	2000 41;3732-42	143

Table 2. Top 10 most highly cited meibomian gland-related articles of the last 10 years ranked by number of citations.

Rank	Title	First Author	Journal	Year, Volume & Pages	Citations
1	Revisiting the vicious circle of dry eye disease: A focus on the pathophysiology of meibomian gland dysfunction	Christophe Baudouin	British Journal of Ophthalmology	2016 100; 300-6	147
2	A new system, the LipiFlow, for the treatment of meibomian gland dysfunction	Stephen Lane	Cornea	2012 31; 396-404	121
3	Evaluation of lipid layer thickness measurement of the tear film as a diagnostic tool for meibomian gland dysfunction	David Finis	Cornea	2013 32; 1549-53	108
4	Comparison of subjective grading and objective assessment in meibography	Heiko Pult	Contact Lens and Anterior Eye	2013 36; 22-7	102
5	Infrared imaging of the meibomian gland structure using a novel keratography	Sruthi Srinivasan	Optometry and Vision Science	2012 89; 788-94	102
6	Prospective trial of intense pulsed light for the treatment of meibomian gland dysfunction	Jennifer Craig	Investigative Ophthalmology and Visual Science	2015 56; 1965-70	101
7	Intense pulsed light treatment for dry eye disease due to meibomian gland dysfunction; a 3-year retrospective study	Rolando Toyos	Photomedicine and Laser Surgery	2015 33; 41-6	97
8	Correlation between quantitative measurements of the tear film lipid layer thickness and meibomian gland loss in patients with obstructive meibomian gland dysfunction and normal controls	Youngsub Eom	American Journal of Ophthalmology	2013 155; 1104-10	95
9	Interventions for chronic blepharitis	Kristina Lindsley	Cochrane database of systematic reviews	2012	88
10	Topical azithromycin and oral doxycycline therapy of meibomian gland dysfunction: A comparative clinical trial and spectroscopic pilot study	Gary Foulks	Cornea	2013 32; 44-53	85

Table 3. Top authors of meibomian gland-related articles, ranked by author h_{MG} -index.

Rank	Author	h_{MG} -index	Paper count
1	James McCulley	27	34
2	David Sullivan	25	47
3	Reiko Arita	21	48
4	Kazuo Tsubota	21	31
5	Igor Butovich	20	29
6	Douglas Borchman	18	31
7	James Jester	18	30
8	Gary Foulks	18	21
9	Shiro Amano	17	23
10	Donald Korb	16	19
11	John Tiffany	16	17
12	Thomas Millar	15	17
13	Ward Shine	14	16
14	Marta Yappert	14	16
15	Kelly Nichols	13	28
16	Caroline Blackie	13	16
17	Anthony Bron	13	15
18	Jun Shimazaki	12	14
19	Nicholas Nicolaides	12	12
20	Tomo Suzuki	11	19

*Authors with ≤ 11 papers and $h_{MG} \leq 11$: Louis Tong (11), Norihiko Yokoi (11), Donald Brown (10), Michael Dougherty (10), Murat Dogru (10), Wendy Kam (10), Poonam Mudgil (10), Ronald Smith (10), Yang Liu (9), Naoyuki Morishige (9), Jason Nichols (9), Frank Schirra (9), Rika Shirakawa (9), Jennifer Craig (8), Shima Fukuoka (8), Sruthi Srinivasan (8), Lyndon Jones (7), Ho-sik Hwang (5).

Table 4. Top institutions of meibomian gland-related articles, ranked by institution h_{MG} -index.

Rank	Institution	Country	H_{MG} -index	Paper count
1	UT Southwestern Medical School/Center ^a	United States	32	55
2	Harvard University ^b	United States	31	81
3	Keio University/School of Medicine	Japan	24	37
4	University of Oxford ^c	United Kingdom	20	26
5	University of Louisville	United States	19	36
6	Ohio State University	United States	16	27
7	Western Sydney University	Australia	15	22
8	Keio University School of Medicine	Japan	14	22
9	Tokyo Dental College	Japan	14	19
10	Kyoto Prefectural University of Medicine	Japan	13	26

* Institutions with ≤ 13 papers and $h_{MG} \leq 13$: Itoh Clinic (13), Korb Associated (13), University of California, Irvine (12), University of New South Wales (11), University of Southern California (11), National University of Singapore^d (10), Fudan University/Eye ENT Hospital (9), Friedrich-Alexander-Universitat Erlangen-Nurnberg (9), University of Auckland (8), University of Waterloo (8), TearScience Inc (8), University of Alabama at Birmingham (7), University of Houston (7), Catholic University of Korea (5).

^aIncludes University of Texas at Dallas.

^bIncludes Harvard Medical School, Schepens Eye Research Institute, Mass Eye and Ear Infirmary, Brigham and Women's Hospital.

^cIncludes University of Oxford Medical Sciences Division.

^dIncludes National University of Singapore; Faculty of Medicine, Singapore Eye Research Institute; Singapore National Eye Centre; Duke-NUS Medical School Singapore; and Yong Loo Lin School of Medicine.

Table 5. Top countries of meibomian gland-related articles, ranked by country h_{MG} -index.

Rank	Country	h_{MG} -index	Paper count
1	United States	71	549
2	Japan	39	149
3	United Kingdom	31	96
4	Germany	27	70
5	Australia	25	69
6	China	18	120
7	South Korea	18	68
8	Italy	18	46
9	Turkey	14	76
10	Spain	13	33

*Countries with ≤ 13 papers but $h_{MG} < 13$: France (11), India (10), Canada (9), Singapore (11), Poland (10), Israel (8), New Zealand (8).

Table 6. Top journals for meibomian gland-related articles, ranked by journal h_{MG} -index.

Rank	Journal	h_{MG} -index	Paper count
1	Investigative Ophthalmology and Visual Science	41	117
2	Cornea	39	130
3	American Journal of Ophthalmology	20	55
4	Current Eye Research	20	43
5	British Journal of Ophthalmology	20	38
6	Experimental Eye Research	19	39
7	JAMA Ophthalmology ^a	19	35
8	Ophthalmology	19	30
9	The Ocular Surface	18	70
10	Eye and Contact Lens ^b	18	39

*Journals with ≤ 18 papers and $h_{MG} < 18$: Optometry and Vision Science (12), Contact Lens and Anterior Eye (8).

- a. Includes Archives of Ophthalmology
- b. Includes CLAO Journal



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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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Morgan

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12-January-2021

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Yes No

Corresponding Author's Name
Jason Nichols

5. Manuscript Title
Bibliometric analysis of the meibomian gland literature

6. Manuscript Identifying Number (if you know it)

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Dr. Morgan has nothing to disclose.

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2. Surname (Last Name)
Efron

3. Date
13-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jason J Nichols

5. Manuscript Title
Bibliometric analysis of the meibomian gland literature

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 Corresponding Author's Name
 Jason Nichols

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Alcon	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Allergan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contamac	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CooperVision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GL Chemtech	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IMedPharma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J&J Vision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lubris	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Nature's Way	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novartis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ophtechs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ote	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PS Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shire	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sightglass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Santen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Jones reports grants and personal fees from Alcon, grants from Allergan, grants from Contamac, grants and personal fees from CooperVision, grants from GL Chemtech, grants from IMedPharma, grants and personal fees from J&J Vision, grants from Lubris, grants and personal fees from Menicon, grants from Nature's Way, grants from Novartis, grants and personal fees from Ophtecs, grants from Ote, grants from PS Therapy, grants from Shire, grants from Sightglass, personal fees from Santen, outside the submitted work; .

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent



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Section 1. Identifying Information

1. Given Name (First Name) Jason
 2. Surname (Last Name) Nichols
 3. Date 12-January-2021

4. Are you the corresponding author? Yes No

5. Manuscript Title
 Bibliometric analysis of the meibomian gland literature

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Coopervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Johnson & Johnson Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Alcon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Mallinckrodt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Bruder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse
Dompe	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse
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Osmotica	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse
Oyster Point	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse
Sight Sciences	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse
Tear Film Innovations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse
Thea	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse
Tarsus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse
Topivert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse
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Section 4. Intellectual Property -- Patents & Copyrights

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1 **RESEARCH CORRESPONDENCE**

2 **Bibliometric analysis of the meibomian gland literature**

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17
18 **Key Words:** bibliometric analysis, citations, impact, meibomian gland, meibum,
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20 **Word Count (text only):** 1,209

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22 **Figures:** 1

23 **Supplementary Tables:** 6

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28
29 **Financial support**

30 This work did not receive any public or private extramural financial support.

31
32 **Short title**

33 Bibliometric analysis of the meibomian gland literature

34 There is a rich history of interest in the sebaceous glands located posterior to the tarsal
35 plates in the eyelids, to which we refer today as the meibomian glands (MGs). Although
36 there is acknowledgement of the MGs preceding the work of Johann Heinrich Meibom in
37 the 1600's, he is credited with advancing our knowledge and study of these glands.[1]

38
39 The MGs produce a distinct lipid secretion ('meibum') made up of a variety of lipid classes,
40 mostly composed of nonpolar wax and cholesterol esters, although other nonpolar and
41 polar lipids are certainly known to exist in the meibum.[2] The normal function of meibum
42 is to make its way to the tear film lipid layer, ultimately forming a resistive barrier to
43 evaporation of the aqueous component of the tear film. In disease, the MGs lose their
44 ability to secrete a normal meibum composition and/or are impeded due to factors such
45 as atrophy of the MGs, keratinization of the orifice of the gland from which the meibum is
46 secreted onto the eyelid margin, or bacterial colonization of the eyelid, altering the
47 secretion itself once expressed.[3, 4] These conditions today are known as blepharitis,
48 including anterior and posterior blepharitis (which includes meibomian gland
49 dysfunction).[5]

50
51 Given the extensive study of MGs, a bibliometric analysis is warranted to acknowledge
52 and celebrate those contributing to this important part of ophthalmic research.

53
54 A bibliometric search was undertaken on January 5, 2021 of the titles of papers on the
55 Scopus database. The goals of the search were to identify the most relevant meibomian
56 gland-related documents published in peer-reviewed journals that are primarily
57 meibomian gland driven, rather than to include secondary MG themes in this search; thus,

58 only 'title' identifiers were used to capture this field of research with the highest sensitivity
59 and specificity. To identify MG-related articles, the following search terms was used:

60
61 TITLE(meibum) OR TITLE(meibomian) OR TITLE(blepharitis) OR
62 TITLE(meibomitis) OR TITLE(blepharon-conjunctivitis) OR TITLE(meibography*)
63 AND (LIMIT-TO(SRCTYPE, "j")) AND (LIMIT-TO(LANGUAGE, "English"))

64
65 The 25 most highly cited papers were determined from the total list of 1,462 papers found.
66 The search term above was also limited to the last 10 years to determine the top
67 contemporary articles in the field of meibomian gland research. A subject-specific
68 meibomian gland-related h-index (h_{MG} -index) was derived for authors, institutions,
69 countries and journals to serve as a measure of impact in the field.[6] The top constituents
70 of each category were ranked by h_{MG} -index and tabulated for consideration.

71
72 The h_{MG} -index of the field was determined to be 85. The 1,462 papers have been cited a
73 total of 32,657 times, and 18.2% of these papers have never been cited. The number of
74 papers in the field published each year between 1849 and 2020 is shown in Figure 1, with
75 a rapid increase evident from 2008.

76
77 The 25 most highly cited papers are listed in Table 1 of the Supplementary Data. Seven
78 of the top 25 papers are affiliated with the International Workshop on Meibomian Gland
79 Dysfunction conducted under the auspices of the Tear Film and Ocular Surface Society
80 (TFOS), including the paper ranked #1 by first author Erik Knop ("anatomy, physiology,
81 and pathophysiology of the meibomian glands").[7] Outside of this, six cover MG

82 physiology or pathophysiology, six relate to clinically oriented research (meibography,
83 evaporation, clinical outcomes), and five cover grading and classification schemes.

84
85 There is undoubtedly keen interest in defining and classifying MGD, as noted by the
86 number of Top 25 articles devoted to this topic and diagnostic criteria associated with the
87 condition. Further to this, another key theme of the Top 25 articles is that of the study of
88 MG physiology and pathophysiology, particularly as these relate to MG function and
89 meibum secretion. Several papers report on various basic science concepts, while others
90 describe clinical techniques (such as meibography) that are used to assess either MG
91 health and/or the lipid layer of the tear film. Others describe less common but important
92 related assessments such as evaporimetry. Further to this, several of these papers
93 address the apparent overlap between dry eye (aqueous deficiency) and evaporative
94 diseases, such as MGD and blepharitis. It is clear that the TFOS International Workshop
95 on Meibomian Gland Dysfunction has had a substantial impact, in that 7 of the Top 25
96 articles are among the Top 25.

97
98 Table 2 shows the top 10 contemporary articles related to the study of the meibomian
99 glands. It is clear that the top cited contemporary literature relates to the treatment of
100 meibomian gland dysfunction (5 of 10 articles) and assessment of the meibomian glands
101 and/or lipid layer (4 of 10 articles); the remaining (and top cited) article is focused on the
102 pathophysiology of meibomian gland dysfunction.

103
104 While citation analyses can be helpful in identifying trends in research, they do have
105 limitations. For instance, older research is more likely to have higher citation counts than
106 more recent research simply due to time, which itself allows for the accumulation of

107 citations. Along these lines, it is clear from the most current research in MGD that,
108 particularly over the very most recent years, therapeutic and diagnostic approaches are
109 key areas of research in MGD. For instance, there is no doubt that innovations in imaging
110 approaches (e.g., optical coherence tomography, meibography, confocal microscopy) are
111 of vital importance to the field of MGD research, particularly through their utility in
112 diagnosis and follow-up, once treatment is initiated. Likewise, new diagnostic imaging
113 approaches that are able to detect MGD absent of symptoms are of significant interest,
114 as recent studies and reviews have suggested that asymptomatic MGD is much more
115 frequent than is traditionally thought.[8-10] Further to this, newer understandings of the
116 biochemical composition of the meibum and tear film lipids as key biomarkers or
117 therapeutic targets are of substantial importance to the field going forward. In particular,
118 the *O*-acyl- ω -hydroxy fatty acids (OAHFAs) have shown themselves recently to play major
119 functional roles in allowing the tear film to structure itself properly as highly effective
120 surfactants.[9, 11] While lipid emulsions are available for tear supplementation, most
121 contain large, hydrophobic lipids such as mineral or castor oils, not present in human
122 meibum otherwise. The OAHFAs could serve as potential therapeutic supplements along
123 these lines, as they naturally occur in the meibum and tear film. There is much to be
124 considered along these lines for the future of research associated with MGD.

125
126 Tables 3, 4, 5, and 6 of the Supplementary Data lists the 10 most impactful authors,
127 institutions, countries, and journals publishing meibomian gland-related articles,
128 respectively. This is also summarized in Figure 1.

129
130 This bibliometric analysis has summarized the most important papers and themes in the
131 field of the study of the meibomian glands. It is clear that the TFOS International Workshop

132 on Meibomian Gland Dysfunction has had a substantial impact on the field of meibomian
133 gland research. Based on a prior bibliometric analysis of the entire dry eye field, it is clear
134 from the current bibliometric analysis of the MG-related literature that while there is some
135 overlap in content and top-ranked authors, the MG field is distinct in contributions and
136 growing perhaps at an equivalent rate to that of the entire dry eye literature.[12]
137 Notwithstanding the rich history of the study of MGs, current research activities appear to
138 be growing exponentially, so a re-analysis of this area of research in the years to come is
139 certainly warranted.

140

141 FINANCIAL DISCLOSURES

142 Jason Nichols: In 2019 and 2020, Dr. Jason J. Nichols has received honoraria from
143 Paragon Vision Sciences and CooperVision. He has also received research funding from
144 Alcon, Bruder, Johnson and Johnson Vision, and Mallinckrodt over the last 3 years. Also,
145 Dr. Kelly Nichols is the spouse of Dr. Jason Nichols, extending her declarations to him. In
146 the past 12 months, Dr. Kelly Nichols has consulted for and received honorarium from:
147 Bruder, Dompe, Kala, Novartis/Shire (Medical Exchange International), Osmotica, Oyster
148 Point, Sight Sciences, Tear Film Innovations/Alcon/Acquiom, Thea, Tarsus, and TopiVert.
149 She has received research funding from: Allergan, Kala, and Tear Science.

150

151 Phillip Morgan: Nothing to declare.

152

153 Lyndon Jones: Over the past 3 years Dr Jones' research group (CORE) or he personally
154 has received research support or lectureship honoraria from: Alcon, Allergan,
155 CooperVision, GL Chemtec, iMed Pharma, J&J Vision, Lubris, Menicon, Nature's Way,
156 Novartis, Ote, PS Therapy, Safilens, Santen, Shire, SightGlass and Visioneering. Dr
157 Jones is also a consultant and/or serves on an advisory board for Alcon, CooperVision,
158 J&J Vision, Novartis and Ophtecs.

159

160 Nathan Efron: Nothing to declare.

161

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- 192

193 **Figure Caption**

194 Figure 1. Number of publications and summary information in the field of meibomian
195 gland research published each year between 1849 and 2020. For brevity,
196 the Figure is truncated to works occurring on or after 1900.