

All manuscripts will be subject to review by members of the editorial Board and other specialists in the field discussed in the paper. Acceptance is based on significance originality and validity of the paper. All articles are edited, to ensure clarity and brevity, taking care not to alter the meaning. It is clearly understood that the articles submitted are not simultaneously submitted to other journals and that the submitted material has not been published elsewhere.

Subscription:

The subscription per copy is Rs. 50/-. Annual subscription (for issues in a year) is Rs. 200/-, excluding postage.

For student concessions please contact the Editor, enclosing proof that the candidate is attending undergraduate courses at a Medical College or recognised postgraduate institution.

GUIDELINES FOR REVIEWERS:

The Editorial board members are deeply indebted to our reviewers who are instrumental in maintaining the standards of our Journal. Chosen for their expertise, they are all extremely busy and have many other more important demands on their time. Reviewing a paper is a time consuming task needing intense concentration. Unfortunately, the good reviewer is continuously burdened with more papers, and we would like to know if we demand too much from you at any time. As we receive papers of widely varying content and specialisation, we have a large panel of specialists to help in the task of reviewing papers. The comments of the reviewers are then taken into consideration before final acceptance or rejection by the Editorial Board.

Some suggestions for the guidance of the reviewers are listed below:

It is the policy of the journal to encourage medical writing, a much neglected aspect. Therefore, as few as possible papers should be rejected outright. If they fail to meet our requirements, of standard, format, etc. they should be returned with a point by point discussion of all the changes needed, or if the paper needs gross rewriting, general suggestions on how this should be done.

A paper should not be rejected because it is of specialist interest. There is a paucity of medical journals of international standard in our country and we will publish articles in the various surgical and allied fields. A highly specialised paper in basic sciences, may be of interest to the surgeon, perhaps only to broaden his outlook, and perhaps at times may alter his line of thinking and management of clinical problems. Statistical and Numerical accuracy needs to be checked. The figures need to be checked against the text, the sums need to be added up and checked, and the reviewer should look at the method of statistical analysis. Illustrations, Tables and Figures are

frequently too numerous, occupy space and therefore cost money. They should be pruned in number and size (spread) without loss of the message. If a coloured photograph has been submitted, then a comment on whether it will lose clarity by being printed in black and white will be appreciated. Financial constraints make it necessary to charge the author for the extra cost of colour printing.

The layout of the manuscript should as far as possible follow the pattern mentioned in the guidelines to the authors; with clean divisions into aims (introduction), materials and methods, results and discussion. The description of results should avoid resaying what is already clearly tabulated or demonstrated in figures. Similarly the discussion section should not repeat data given in the results which is totally unnecessary. As these are scientific articles, the conclusions should be based on data presented and should not reflect the unsupported opinion or 'feeling' of the authors. Brevity and clarity are of paramount importance. Published papers must be easy to read, and to the point: in this modern age, readers have difficulty in keeping abreast of advances in knowledge, and the statements in the articles should be extractable in the minimum reading time. Long involved sentences need to be shortened and verbosity pruned to result in a brief interesting and useful paper.

The reviewer will probably find that the articles will fall into the following categories:

1. Those that would normally have been rejected outright. If this paper contains important statistics about Pakistan, this point should be praised, and suggestions on how to rewrite the paper before resubmission should be gently and clearly made.
2. Papers that definitely should be rejected. Reasons doing so should be appended.
3. Those which can be accepted with minor modifications. The Editorial board will appreciate if the reviewer can spend some more time to put in those corrections and rewrite the sections needing alteration.
4. Papers which could be accepted after clearing up some doubtful issues should be so clearly marked, with the questions to be asked of the authors e.g. Page 3 para 2 line 3. It is not clear which patient population the author is referring to. or Please clarify which analgesics were in common use and were being referred to.

If a reviewer is aware of the same paper being published in another Journal we will appreciate being so informed, as it is our policy not to publish any previously published material. If the reviewer has definite information suggesting that the data are suspect, we would like to be informed.

OBITUARY

PROF. O.V. JOOMA

Professor Omar Vali Jooma was born in Jadie near Rajkot in Kathiawar in 1917. However, all his primary and secondary education was in South Africa. He did his pre-clinical medical years there, and then came to Bombay and joined Gordhandas Sunderdas Medical College in his third year. His career as an under-graduate student was outstanding. He took the M.S. degree in surgery from the University of Bombay. He was awarded the Rhodes Scholarship for training in Neurosurgery for which he went to Radcliffe Infirmary in Oxford. He was trained for three years by Mr. Hugh Cairns in the Department of Neurosurgery of the Royal Infirmary. Before leaving Oxford at the end of his training he took the fellowship from the Royal College of Surgeons of England.

In 1947, the newly independent State of Pakistan had a dearth of medical talent, and a department of Neurosurgery did not exist. Prof. Jooma opted for Pakistan in 1951 and joined, as the first Neurosurgeon in the Jinnah Central Hospital. This hospital became affiliated with Dow Medical College in 1953. Dr. Jooma was designated Assistant Professor of Neurosurgery. When Jinnah Central Hospital became Jinnah Post-graduate Centre in 1955 for training Post-graduates in different specialities, Dr. Jooma became Associate Professor of Neurosurgery. With further expansion, a full-fledged department of Neurosurgery was established in 1962 and Dr. Jooma was promoted to the post of Professor and Head of the department of Neurosurgery.

Professor Jooma built up the department keeping pace with development of sophisticated procedures. He introduced the surgery of Parkinsonism and surgery of hypertension, but his chief interest was the surgery of brain tumours and their problems. He read several papers on the subject in conferences at home and abroad.

In his later career Prof. Jooma set up a research unit for the investigation and management of head injuries, mostly due to Road traffic Accidents, under grant from PL-480 fund of SRS United States of America. He headed this research unit until his retirement at the age of sixty.

Prof. Jooma was a much sought after neurosurgeon. In his earlier career he was called to Sri Lanka when the Prime Minister had sustained a head injury. Professor Jooma was called frequently to see cases all over the country. He used to pay several visits to the Emirates in the Middle East for consultations and operations.



Four days after his death, there was a telephone call from Morocco to request him to visit a case there. He was also an honorary consultant to Pakistan Navy.

Professor Jooma was a keen sportsman and played soccer, tennis and cricket. In cricket he was like a professional wicket keeper, and opened the innings. In fine arts, his interest was in music, and he especially enjoyed Pakistani music. He was fond of singing, when in a lighter mood.

Professor Jooma was active and doing a full day's work up to a month before his death. His health deteriorated rapidly and he lapsed into unconsciousness a week before he breathed his last at home, where he was being looked after by his colleagues, the nursing staff from Holy Family Hospital and his family.

Professor Jooma passed away peacefully on 27th of February 1985 at the age of 68 years and was buried next day in the Services Grave-yard.

In the passing away of Professor Jooma, Pakistan has lost a pioneer. The country can boast of several neurosurgeons now, but cannot deny that the roots of neurosurgery were laid down by Professor Jooma. He leaves behind a wife, two daughters and two sons; the elder of whom is fortunately a trained neurosurgeon and will keep the torch that his father lighted, burning.

The respect that his colleagues had for Prof. Jooma will live in their hearts and mind. And they will fondly recall the humour that Prof. Jooma came out with frequently. He had excellent control of the English language and it was a pleasure to hear his papers and speeches punctuated by humorous anecdotes.

Z.K. KAZI