



EDITORIAL NOTES

Write and/or Review for WAJM

Submitting Manuscripts: In addition to the information for authors, we wish to inform our potential contributors that all submissions should be electronic. All manuscripts submitted should be sent to the Editor-in-Chief (EIC) as an email attachment processed in Microsoft Word and saved as RTF. For initial processing, figures may be scanned or taken by digital cameras and attached separately from the text. On acceptance we will arrange, if the need arises, to receive quality graphics from authors. On receipt of the electronic version of your manuscripts, it will be mailed unedited to reviewers. Therefore ensure that the submission follows the guidelines provided for authors. Authors should send two versions of the manuscripts: one with all the details prescribed and a second one without the names and affiliations of the authors.

Review by Electronic Means. The *Journal* actively encourages reviewers to complete the peer review process electronically. To this end, the *Journal* is seeking for reviewers with knowledge of and access to internet procedures to join the team of our regular

reviewers. If you would like to review for the journal using electronic means, please send me a mail to that effect and I would send you a formal invitation and the details of the review process.

Keywords for Indexing: Author and subject indexes are published for each issue and volume of the Journal. To facilitate this, it is important that standard accepted keywords be supplied as indicated in the section for information for authors. As stated therein, all keywords should follow those in the MeSH of Index Medicus and/or as in Medline.

Contribution's Highlights

In addition to the abstracts, we are requesting authors whose papers have been accepted to provide a paragraph of no more than 150 plain words to summarise the highlights of the contribution. Please note that this is not another abstract but rather it is to avail non technical people and the busy reader what the research with its findings has been about. Minimise use of technical language in writing this. All papers to be published from January 2008 must provide this non-technical resume of the paper.

Review Articles in Specialties

The Journal is increasingly taking on its role in postgraduate medical education. To this end we solicit review articles in specialized areas of medicine, surgery, dentistry, basic medical sciences and medical education including continuing medical education. If you need further information, please contact the EIC. Those wishing to write for us, should contact the EIC to intimate him about the chosen subject before submitting.

Editorial Structure

Starting January 2009, assistant Editors as well as Associate Editors will feature in the Journal structure, including French speaking assistant Editors and associate Editors. We hope this move will encourage those who write in French to submit articles for the Journal.

The new website for the Journal www.wajm.org in addition to www.wajmed.org will also be functional. The website will be richer and full-length articles should be available from the second issue of volume 28.

IN WAJM VOLUME 28 NO. 1

We feature three articles on the HIV/AIDS. **Unachukwu and associates (page 293)** review the endocrine and metabolic derangements associated with the syndrome and come to the conclusion that virtually no endocrine organ is spared. In a related paper **Salami and associates (page 300)** comprehensively studied serum lipids and glucose metabolism in HIV/AIDS patients on two main regimes of highly active antiretroviral therapy (HAART). They found that dyslipidaemia was common and that regimens containing protease inhibitors worsened the dyslipidaemia. From The Gambia, **Jewell and associates (page 306)** report on their research evaluating the prevalence and risk factors for the transmission of co-infection by hepatitis C and human-immunodeficiency viruses. Co-infection was rather uncommon but more frequent in males than females.

Omokhodion and associates, reports on **page 310**, on the health of

hairdressers and the mechanical and chemical hazards these young women are exposed to. What are the pattern and outcome of lower limb amputations in private practice setting? **Obalum and Okeke (page 314)** provide some insight into this problem. Unfortunately, like experiences from previous reports, most were consequent upon trauma, especially road traffic accidents involving motorcycles. And should emergency units be split into subunits to improve emergency treatment outcomes? **Asumanu and Richardson (page 318)** from a Ghanaian experience conclude that splitting or separation increases emergency admissions and reduces mortality.

Ekure and associates (page 323) review syndromes associates with congenital heart disease and extracardiac congenital malformations in children. They found congenital heart disease especially ventricular septal defect to be common. In a related paper, **Ekure and**

associates (page 338) report on the occurrence of Marfan's syndrome in several members of a Nigerian family. Moving away from cardiovascular problems, **Lagunju and Okafor (page 328)** describe the spectrum of neurological disorders in children in Ibadan, South-Western Nigeria. Epilepsy and cerebral palsy, most of which are preventable, contributed over 80% of the paediatric neurological cases. Bone setting is a common African traditional treatment of fractures. Sometimes the risks outweigh its benefits. **Dada and associates (page 333)** report on their experience managing complications associated with treatment by bone setters.

The West African College of Physicians (WACP) held their 2008 Annual General and Scientific Meeting in the Nigerian capital city of Abuja. We publish selected abstracts from the Conference.