



## 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 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 to the Journal.

The new website for the Journal [www.wajm.org](http://www.wajm.org) will also be functional. The website will be richer. Full-length articles should be available from the second issue of volume 28.

## IN WAJM VOLUME 28 NO. 4

**Frank-Biggs and Nte** who studied trends in diarrhoeal disease in childhood report from Port Harcourt in Southern Nigeria, on the continuing significant contribution of diarrhoea to mortality and morbidity among children in the oil-rich city (**page 211**) and proffer ways to lessen the avoidable burden. **Adegoke and associates** determined the nutritional status of school children in South-western Nigeria (**page 216**). Over weight was uncommon in this semi-urban environment but under nutrition though less emphasized appears still prevalent in the region. Malignant tumours are uncommon generally among children but are a major cause of deaths in childhood. **Akhiwu and associates** (**page 222**) report on the pattern and histological types in a teaching hospital. Relatedly **Otoh and associates** (**page 227**) report on the relatively young age at presentation

and the increasing prevalence of virus-associated cancers in North-Western Nigeria; the trend is possibly suggestive of the impact of HIV/AIDS on tumour patterns in the area.

**Adetayo** (**page 234**) presents the results of a relatively large series on the management of priapism in patients with sickle cell anaemia. He concludes that surgical treatment appears to have some edge over conservative management.

**Okunola and associates** (**page 240**) report on the high proportion of patients with acute renal failure in an intensive care unit. The mortality rate at 80% is no doubt a serious concern but their experience may be representative of what happens in the whole of the West African sub-region.

In three separate contributions **Ayanniyi** (**page 245**); **Olatunji and Ayanniyi** (**page 249**); and **Azonobi**

**and associates** (**page 253**) report on diverse ophthalmological issues. In medical education training matters, **Eze and associates** (**page 257**) report on the dangers of unsupervised ultra-sonographic determination of findings by residents-in-training (**page 257**). Errors from both the trainees and poor documentation on the part of those requesting tests were culpable.

A variety of intriguing case reports on avascular necrosis of the femoral head by **Adelowo and Oguntona** (**page 262**); stroke-like syndrome in a middle aged woman by **Komolafe and associates** (**page 266**); isolated dextrogastria by **Eze and associates** (**page 270**) and multiple embolisations from rheumatic heart disease by **Isezuo and associates** (**page 274**) are also featured in this issue.