cost ₹52 lakh, and with the rest of the equipment including air handling and reverse osmosis units, medical equipment and furniture, the total cost of the mobile operating unit came to around ₹96 lakh. When you add the cost of fuel for transport and for the generator, it would obviously cost more to run this mobile unit than to take all the patients to the main hospital and have them operated there. Detailed costing has not been done as yet as the mobile unit has only recently been deployed, but a rough estimate that was given to me was that one cataract procedure would cost around ₹3500 if the patient were brought to the main hospital, and ₹5500 if the operation theatre were driven to the patient.

Since surgery outside a hospital operation theatre was banned, Sankara Nethralaya had to obtain special permission from the Ministry of Health and Family Welfare, Government of India to deploy this unit. This was granted for a pilot trial, and accordingly 451 cataract operations were performed in backward areas of Pernambut and Jolarpettai in Vellore district between December 2011 and March 2012 with no complications, and another 52 in February 2013 in Tiruvannamalai, also with no complications. The unit has now been cleared for regular use, and as I write this another camp is under way in Sri City on the Tamil Nadu–Andhra border. Sankara Nethralaya has plans to add more such mobile units and expand their area of operations.

Of all the disabilities that plague mankind, none is more distressing and crippling than the loss of sight, and no boon can be greater to a blind person than its restoration. I salute these two great institutions, and all the other hospitals and ophthalmologists who do not lag behind in their endeavours to eliminate blindness. However, since I am obsessed with prevention, I would also appeal to them to tackle the problem from the roots, and see in what way they could prevent the formation of cataract in the first place.

WATER, WATER, EVERYWHERE, AND NOW WE CAN DRINK IT ALL

I do not know whether it is just advancing age, but every year seems to me to be hotter than the last. Summer has hit us earlier and with greater severity this year. To make matters worse, our water supply is in perilous straits, with the last monsoon having failed. We have abundant water in the Bay of Bengal that laps our shores, and the government has decided to tap this source to quench our thirst. The first desalination unit was commissioned in 2010, but that is in the private sector and Metrowater (our city corporation's water supply and sewerage board) buys it at a cost of ₹48.66 a kilolitre that includes the capital cost, as the plant will ultimately be bought by Metrowater. The second unit, inaugurated by the Chief Minister in February 2013, is owned by Metrowater, and water will cost ₹35 per kilolitre, including capital and operating costs. This plant can treat 100 million litres of sea water each day. The sea seems to be the only reliable source for the thirsty city.

GOVERNMENT NEPHROLOGISTS ARE A HAPPY LOT

For once I can keep an entire letter from Chennai cheerful. The monthly clinical meeting of the city nephrologists was held at the Government General Hospital in April, and I found all the government nephrologists in a buoyant mood. The General Hospital has a spanking new dialysis unit which puts all private sector units in the shade. It was donated by a charitable trust, but the Chief Minister's insurance scheme provides funds to keep it running. Each insured patient brings ₹8000 a month to the dialysis unit, and with some supplementation from a few paying patients and charity, the unit runs smoothly.

I too am happy for the patients, but all of us realize that this cannot sustain the state's demands. The General Hospital unit has 14 beds and will run two shifts a day, maintaining patients who are registered for the deceased donor programme till they obtain their grafts. While Tamil Nadu leads the country in organ donations, the supply is still far from adequate to meet the demand, and it will not take long for this new unit to be filled up. And what will happen after that to the patients who land up in end-stage renal disease? It will be death as usual.

The government still does not realize the value of running an efficient and cheap prevention programme that will keep people healthy, instead of spending thousands of times the amount to save a few of them.

M.K. MANI

Letter from Iran

PROFESSIONALISM IN BIOMEDICAL JOURNALISM: *NOBLESSE OBLIGE*

Many medical professors during their late years of service decide to be a writer or even an editor; after all, they who can artfully perform complicated tasks, numerous delicate surgical operations, make difficult decisions that influence lives of many patients, manage many emergency situations, etc. are surely able to do the simple task of writing or editing. With an increasing number of journals, many junior faculty have also joined this interested group of people and wish to show their capabilities as a writer or an editor. The craft of an editor is very simple; the submitted manuscripts are sent for review; the authors are informed of referees' comments; and if they consider the comments, the manuscript is accepted and sent to the production unit for editing and layout; if not, it is rejected. As simple as that! At least, it was the way many faculty members thought, and so did I almost 20 years ago, when I was a (very) young doctor.[1]

We know many things such as the earth circumvents the sun. We are also aware that we do not know many things. For example, I do not know if there is life on Europa, one of the largest moons of Jupiter (I bet many of you were even not aware that Europa is the name of one of Jupiter's moon or how many moons orbit that planet). But the extent of our ignorance is not limited to this; really, the area is much larger. We are not aware of many things

that we do are ignorant about them; we have 'compound ignorance'—*dulcis ignorantia*. Most of those who think the craft of being an editor is simple have compound ignorance. They do not know what they are talking about.

Two decades ago, when I stepped in to the path of being an editor, I thought that everything in an article published in a prestigious journal is correct and applicable to our patients with no worry. Now when I have learnt about the peer-review process, research methodology, the inherent uncertainty in the statistical methods used, and thus uncertainty in the structure of experimental science paradigm at large, I realize how ignorant I was then; I was in compound ignorance. After many years of work in the field, when I learnt about the influence of pharmaceutical companies on the conduct and reporting of biomedical studies, after I learnt about political issues that seriously affect publication of scientific articles,[2–6] etc., I found myself more ignorant.[7]

Journals are one of the main means for dissemination of scientific information. Editors need to learn many things about various skills to meet their readers' needs. An editor acts just like a judge.[8] And, like a judge, an editor should have a vast knowledge of many scientific disciplines, publication process, peer-review process, scientometrics, plagiarism, ethics and moral issues, among other things.[9–15] Many editors working in developing countries such as Iran and India, however, have not had any formal training in the craft of being an 'editor'. Most of them do their job out of interest or simply because they have been assigned the position—which is often useful for their career promotion. Almost all of them find their way through trial and error.[16]

Thanks to easy desktop publishing technology, nowadays, a journal can be launched much more easily than 20 years ago. With an increasing number of biomedical journals being published from developing countries and the growing competition for limited manuscripts, editors cannot make any mistakes. Therefore, editors should learn how to mange a journal appropriately.

Fortunately, unlike the previous decades when there were only a few meetings or workshops for editors, there are many meetings, workshops and congresses on different aspects of 'editorship'. There are many good books on the subject. Furthermore, there are many national, regional and international associations for editors.[17] I was fortunate enough to work closely with many of these associations. I have been involved with the World Association of Medical Editors (WAME); am a founding member of the Eastern Mediterranean Association of Medical Editors (EMAME); helped establish the Indonesian Association of Medical Editors (InAMEd) in 2012 in Jakarta, Indonesia; and also had the opportunity to participate in the meeting of Asia Pacific Association of Medical Journal Editors (APAME) in 2012 held in Kuala Lumpur, Malaysia. Iran has a national association of medical journal editors, but it is not very active. India has also the Indian Association of Medical Journal Editors (IAMJE) which is not that active. These national associations can provide invaluable information to editors (particularly newly assigned editors) to become ready for the position they are taking over. Editors of developing countries should try to revive these associations through more active participation. Through these associations they can share their ideas and experiences, and learn about internationally accepted rules and guidelines. If we are going to seek international acceptance, we should abide by international rules and guidelines as much as possible—*noblesse oblige*. However, not all international guidelines are applicable to our settings and thus, we may need to customize them. This may underline the importance of a new paradigm in journalology—evidence-based journalism.[18]

The craft of editorship is not simple at all. It took me almost two decades to realize that it is one of the most complicated jobs. Therefore, like many jobs, professionalism and professional training are of paramount importance.

Conflicts ofiInterest: I am a journal editor.

REFERENCES

1 Habibzadeh F. My life as an editor—Farrokh Habibzadeh. *Eur Sci Editing* 2012;**38:**80.
2 Habibzadeh F. Is there an apartheid in science publishing? *Lancet* 2013;**382:**310.
3 Zahediasl S. Iran and science publishing: An open letter. *Lancet* 2013. Available from *http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2813%2961693-1/fulltext* (accessed 13 Aug 2013). Early online on 9 August 2013. doi:10.1016/S0140-6736(13)61693-1
4 Habibzadeh F. Extension of US trade embargoes to science editing. *Lancet* 2004;**363:**1160.
5 Habibzadeh F. Geopolitical changes and trends in Middle Eastern countries' contributions to world science over the past three decades. *Arch Iran Med* 2011; **14:**310–11.
6 Habibzadeh F, Vessal K. Scientific research in Iran: Forgotten factors. *Lancet* 2006;**368:**1494.
7 Habibzadeh F. After all, that is 'science'—the Fifth International Congress on Peer Review and Biomedical Publication, Chicago 2005. *Croat Med J* 2005;**46:**1003–4.
8 Habibzadeh F. Judge the article, not the author. *Croat Med J* 2010;**51:**357–8.
9 Habibzadeh F, Shashok K. Plagiarism in scientific writing: Words or ideas? *Croat Med J* 2011;**52:**576-7.
10 Habibzadeh F, Marcovitch H. Plagiarism: The emperor's new clothes. *Eur Sci Editing* 2011;**37:**67–9.
11 Habibzadeh F. Journal impact factor: Uses and misuses. *Arch Iran Med* 2008;**11:** 453–4.
12 Vessal K, Habibzadeh F. Rules of the game of scientific writing: Fair play and plagiarism. *Lancet* 2007;**369:**641.
13 Habibzadeh F, Yadollahie M. The problem of 'Who'. *Int Info Lib Rev* 2009;**41:** 61–2.
14 Habibzadeh F, Yadollahie M. The problem of 'Where': The passport sign! *Pak J Med Sci* 2012;**28:**767–8.
15 Habibzadeh F, Yadollahie M. Journal weighted impact factor: A proposal. *J Informetrics* 2008;**2:**164–72.
16 Habibzadeh F. How can developing countries succeed in biomedical journalism? *Saudi Med J* 2004;**25:**S6–S7.
17 Habibzadeh F. Regional associations of medical journal editors: Moving from rhetoric to reality. *Bull World Health Organ* 2005;**83:**404.
18 Habibzadeh F, Yadollahie M. Evidence-based journalism. *Croat Med J* 2011;**52:** 212–13.

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