

Editorial

## Why Do We Need A New Journal?

Vivek Gharpure

*Chief Editor, Pediatric Surgery in Tropics*

Pediatric surgery and pediatrics as practiced in tropical countries is different from that practiced in developed countries. High population pressure, poverty and constraints of financial support for research limit basic science research in these areas. Most of the clinicians, rather because of large patient load, can only perform clinical research. Countries like India have a large number of independently practicing pediatric surgeons, who have no research support or grants. Pediatric surgery practiced in institutions, teaching or otherwise, is different from pediatric surgical practice in standalone, independent hospitals or nursing homes. Clinical research is poorly represented in traditional medical journals, where emphasis is on basic science research, experimental research or laboratory based research. Technical innovations developed by independent surgeons are inadequately published, though they can significantly alter and improve patient care. Not everything has to be store-bought; many things - instruments, techniques and tools - can be improvised, with the famous principle of '*Jugaad*' (innovation). Therefore, a special journal devoted to high quality clinical research in pediatric surgery from tropical countries will be useful to provide a platform for clinicians in these areas, and expose other clinicians to the kind of work being done there.

This journal aims to provide space to independent surgeons, who work alone, without institutional support, research support and still are able to

provide medical and surgical help to a large number of children in need.

The current publishing cycle is overly laborious, prolonged, almost like a highly bureaucratic organization. It has been observed that the manuscript is reviewed several times, sent back to author, and after revision, sent for more revisions. This is very time consuming and surgeons are not able to find time to go over the manuscripts time and again. A reviewer may not agree with the technique described by the author, but should that mean, the manuscript is worthless? There is enormous bias, dogma and prejudice in the medical publishing field. This gets carried over into reviewing and manuscripts are rejected because, sometimes, a reviewer did not think of the idea himself. We wish to eliminate this bias. Anything which is not against ethical practice, not patently harmful will find a place in this journal. In this regard, we are going to follow the principle laid down by Voltaire, "I may not agree with you, but I will defend your right to speak about it". Let the community decide if an idea is worth emulating or not. We will not stop it. We will not censor it. A reviewer or editor is not a censor.

With the academic journal publishing becoming slow and tedious, rejecting case reports and publishing them for a fee, there arise a bunch of predatory journals which will publish anything for a substantial fee. Many surgeons fall prey to such journals and spend huge amounts, hundreds of dollars for publication. This journal will not charge

any publication fee. This is intended to be a diamond open access journal.

We have representations from many countries on the editorial board, namely Afghanistan, Pakistan, India, Nepal, Bangladesh, Vietnam, Cambodia, Malaysia, Indonesia, Singapore, Egypt and England. Many of them are academics with several years experience in teaching and patient care. We hope to provide a judicious mix of academics and practical pediatric surgery in the subsequent issues of the journal.

We aim to support the independent, community based surgeon with lots of enthusiasm and energy, willing to think and innovate, find a working solution for the patient with limited resources. Your contributions, comments, criticisms will only help to improve the journal. Let them come. It

takes a year of publishing before the journal can be considered for indexing. The ball is now in your court.

**Address for communication:** Dr Vivek Gharpure, Email: [vivekvgharpure@gmail.com](mailto:vivekvgharpure@gmail.com)

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