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Access to scientific research papers

Dear Sir,
Congratulations on the successful publication of the 40th volume of our journal. As mentioned in your editorial it is indeed a landmark. The quality of the academic content of the journal has gone up by leaps and bounds over the last few years. We have also come to expect the journal regularly and on time. As members of APSI we are proud to be associated with IJPS which is now on par with most international journals. Hats off to you and your team for the same!

Your point about IPR (intellectual property rights) and opposing views vis-à-vis the publisher and the author are very valid. The concept of “open access journals” could probably attempt to remedy this gap. Open access journals are journals that use a funding model that does not charge readers or institutions for access. For a journal to be included in the directory of “open access journals” it is mandatory for users to have the right to “read, download, copy, distribute, print, search or link to the full texts of these articles”. Quality Control is in the form of peer-review or editorial quality control. Free flow of information using “open access journals” is now gaining momentum,1,2 The following are good links to information about open access and open access journals –

Directory of open access journals (Lund University) http://www.doaj.org/
FreeMedicalJournals.com http://www.freemedicaljournals.com/
Budapest Open Access Initiative http://www.soros.org/openaccess/index.shtml
Open Access News http://www.earlham.edu/~peters/fos/

In this day and age of emails and with most journals accepting online articles one avenue is yet open to us i.e. obtaining the article from the author directly via an email request (akin to reprints). So for someone who is genuinely interested in obtaining the article and willing to go the extra mile for it, the absence of “free full access” journals need not pose an insurmountable barrier. Personal communication with the author usually does produce the article more often than not.
Suction diathermy

Dear Sir,

Electrocautery smoke is both mutagenic[1] and can carry malignant cells and viable virus particles.[2] Suction clearance of the diathermy plume has been recommended using commercially available systems.[3] We describe a simple modification of standard theatre equipment that clears diathermy-generated smoke from the surgical field.

A needle point is attached to the standard handheld diathermy. A longitudinal slit is made 10 mm from the end of a piece of standard suction tubing. The diathermy needle is introduced through the tubing to project 6-7 mm from the end of the tube [Figure 1]. The suction tubing is then taped to the handheld diathermy with three steristrips, so the controls are free and allowing good visualization for surgeon and assistant [Figure 2].

Our standard technique for making incisions is to perform a subdermal infiltration with 0.5 or 1% lignocaine containing 1:200,000 adrenaline solution. After waiting for seven minutes to optimize the effect of the adrenaline, a No. 15 blade is used to incise the skin to deep dermal level. The diathermy is set on coagulation mode and the tip lightly 'brushed' over the stretched tissues. With minimal charring the remaining dermis is divided and the subcutaneous fat is breached. The combination of a continual distraction tension and light brushing with

REFERENCES


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