EDITORIAL

In this issue

Happy birthday *African Health Sciences*! Today we celebrate the first birthday of our journal with humility but also with a sense of satisfaction. In our continent where the infant mortality rate for both humans and journals is very high, survival ushers in a sense of satisfaction and increased responsibility for the future.

We are particularly grateful to Nelson Sewankambo the dean of Makerere University Faculty of Medicine, Drs Walker and Samba of the WHO for seeing us through this first year. Many thanks also to all our editorial colleagues and referees both in Uganda and abroad for giving us the confidence to publish only vigorously reviewed work. And of course to you our reader who gives us the reason for existing: we thank you very much!

Talking of the future: we have in plan to make *African Health Science* available to our readers on the Internet. That will be a subject of future discussion.

Back to this birth-day issue of our journal. We have a selection of very interesting articles both general and specific. Dr. Dan Kaye's article on gestational trophoblastic disease following complete hydatidiform mole[1], gives a glimpse of the clinical epidemiology, prevention and treatment of that condition. Although it occurs in just over 3 per 1000 deliveries, hydatidiform mole occurs in women with high fertility and is associated with mortality and protean complications of treatment. This is interesting information since there seems to be strong evidence from the 2001 Uganda Demographic Health Survey results linking high fertility rates and poverty.

Underlying our commitment to promoting evidence based practice, we publish Dr. Wabinga's article in which he compares the reliability of Giemsa stain with immunohistochemistry in the demonstration of *H.pylori*: the germ linked to duodenal ulcer and gastric carcinoma[2]. Despite the relatively small numbers of patients studied, indications from this study are that Giemsa stain had high positive and negative predictive values with good agreement between the two tests. Given that Giemsa stain is cheap and easily available in most laboratories in the developed countries, recommending its use, as Webbing does, is not altogether out of place.

To our old friend: cotrimoxazole! Now ubiquitously used in primary care settings for treatment of acute respiratory infections and for the prevention of *Pneumocystis carinii* pneumonia in HIV infected children and adults, cotrimoxazole seems destined to stay. Of major concern however is quality control of our products in an environment where sophisticated and time-consuming procedures may not always be possible. Balyejjussa, Adome and Musoke[3] have used a rapid method (derivative spectrophotometry) for getting assays of the two components of cotrimoxazole with success.

In their article on monitoring the severity of iodine deficiency disorders in Uganda, Bimenya, Olio-Okui and colleagues[4] found that the prevalence of goitre has declined with the introduction of iodised salt in the country in in the early 1990s. Despite this significant fall, the rates are much higher than those recommended by the WHO and therefore iodine deficiency disorders are still of public health significance. The over consumption of iodine and its possible association with hyperthyroidism in some districts of Uganda needs urgent investigation.

It is probably appropriate to end this review with two papers: one on eye disorders amongst school children and the other on the role of community health workers in DOTs in South Africa. Drs. Kawuma and Mayeku[5] have found a high prevalence of astigmatism and, surprisingly, not short sight! The implications of these refractive disorders are discussed. Kironde and Bajunirwe[6] leave us with an interesting debate of a re-emerging health problem with an old solution: using community health workers in DOTs. When you follow the history of primary health care and Alma Ata, you cannot but help beat off the sense of dejavu. Nobody will blame you!

Editor

REFERENCES

1. Dan Kaye. Gestational trophoblastic disease following complete hydatiform mole in Mulago Hospital, Kampala, Uganda. ***African Health Sciences*** **2002; 2(2): 47-51**
2. H. R. Wabinga. Comparison of immunhistochemical and modified Giesma stains of demonstration of helicobacter *Pylori* infection in an African population. ***African Health Sciences*** **2002; 2(2): 52-55**
3. S.Balyejjusa, R. O. Adome and D. Musoke. Spectrophotometric determination of Sulphamethoxazole and Trimethoprim (Co-trimoxazole) in binary mixtures and in tablets. ***African Health Sciences*** **2002; 2(2): 56-62**
4. Gabriel S. Bimenya, Olico-Okui, Dentos Kaviri, Nazarius Mbona and Wilson Byarugaba. Monitoring the severity of Iodine deficiency disorders in Uganda. ***African Health Sciences*** **2002; 2(2): 63-68**
5. Medi Kawuma and Robert Mayeku. A Survey of the prevalence of refractive errors among children in lower primary schools in Kampala district. ***African Health Sciences*** **2002; 2(2): 69-72**
6. Samson Kironde and Francis Bajunirwe. Lay workers in directly observed treatment (DOT) programmes for tuberculosis in high burden settings: Should they be paid? A review of behavioural perspectives. ***African Health Sciences*** **2002; 2(2): 73-78**