With this edition the South African Journal of Child Health is entering a new stage of its development. To speak in paediatric terms, the founding editor, Professor Nonhlanhla Khumalo, mothered the new publication in its infancy in a most impressive way. Now that the baby is weaned Professor Khumalo has decided to move on, and has handed over stewardship of its further growth and development.

There are a number of achievements to be proud of. The Journal is not only drawing an ever-increasing number of readers, both on-line and in the printed version, it is also attracting original contributions from far beyond our borders. An application for accreditation has been submitted and will be decided on this year; we hope that indexing will follow.

This journal aims to promote child health. We will therefore continue to place articles that address broad issues, but at the same time also make space for research aiming to improve the management and care of sick children. We are of Africa and are therefore delighted by the increasing number of submissions received from all over the continent.

We will continue to choose a specific child health topic for each issue and invite commentaries and reviews under the rubric ‘Hot Topics’, as ably initiated by my predecessor. In this issue, the topic of interest concerns the initiative on ‘Integrated Management of Childhood Illness’ (IMCI). This WHO/UNICEF initiative combines protocol management of common childhood illnesses with an emphasis on a holistic approach to promotive and preventive health care and nutrition in a way that should underlie good health care at all levels. It has been implemented in primary care programmes of many countries and is being taught to medical students and nurses at all levels. In her study of caregivers’ knowledge and application of disease prevention practices, Ebuehi shows that where the community component of the IMCI had been introduced, caregivers generally showed improved knowledge and application of such knowledge. Involving the community in the care of their children is not only cost-effective; mothers after all have the most direct interest in the wellbeing of their children. On the other hand, the implementation of IMCI at local level has not always served to improve case management and the quality of services. The challenge has been to maintain and to continue to support health worker training. In his ‘Hot Topics’ contribution Professor Woods reviews possible ways of achieving improved health worker training in this important field.

In a future issue we will emphasise the value and importance of audit, both in individual disease management and in systematic quality of care review. Please submit your studies where you believe they carry a message for colleagues in the field. Barratt and Ogle’s study in this issue of the Journal, for example, reminds us that the multifaceted problems faced by developmentally impaired children are best managed in a multidisciplinary way.

This issue carries an intriguing article on blood pressures in Nigerian children. In addition to an influence of gender, age and body size, the authors found that children from private schools had higher blood pressures than those from public schools. The finding deserves to be studied further as yet another environmental determinant of health.

Neonatal seizures are an important problem in this age group because of their frequent poor outcome. In his study Adebami shows the relationship between asphyxia, birth outside the teaching hospital, neonatal seizures and outcome. His plea for efforts to achieve safe delivery, prevent asphyxia and improve neonatal transport can only be supported.

Preterm infants with respiratory distress also suffer from immune stress. Tooke et al. show that the size of the thymus early on is related to outcome.

The Journal is firmly established. I look forward to participating in its further development.

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Editor