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 Sciences 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 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 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 Giesma stain with immunohistochemistry in the demonstration of H pylori: the germ linked to duodenal ulcer and gastric carcinoma. 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 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-Oku, Dentos Kaviri, Nazarius Mbona and Wilson Byarugaba. Monitoring the severity of Iodine deficiency disorders in Uganda. African Health Sciences 2002; 2(2): 63-68

REFERENCES