

Editorial

One of the first things a new scientific journal should do is to outline clearly its aims and objectives. This is particularly important in an age when there is a proliferation of medical literature, journals and abstracts of texts. The aims of this new journal are as follows: (1) to provide a medium for international dissemination of information among medical scientists in Africa and elsewhere; (2) to furnish a means whereby appropriate international medical and health organizations may transmit information to medical scientists throughout Africa; (3) to serve as a forum for publications relating to international conferences in medical sciences in Africa; (4) to serve as a forum for the exchange of information and opinion among medical scientists in medical institutions of Africa and elsewhere; and (5) to promote inter-regional co-operation amongst medical scientists in Africa. Since there is an obvious deficiency of adequate coverage for medical scientific literature on the continent of Africa, there is ample justification for the introduction of a new journal such as the *African Journal of Medical Sciences*. In recent years, considerable attention has been paid to medical problems in Africa mainly because of the awareness of relatively new disease entities which are of singular interest and also have universal implications. These include Burkitt's lymphoma, Buruli ulcer, myospherulosis, rhinophycomycosis and subcutaneous phycomycosis and endomyocardial fibrosis. Added to these are a variety of conditions which exist on the continent about which very little is known.

It is perhaps salutary to recall that only 100 years ago the continent was largely unknown to the outside world. In January 1870, Dr Livingstone was feared lost during his exploration of Africa. The practice of medicine as it is known today was entirely different from what it was a century ago. It is noteworthy that in 1870 some of the then current and interesting events included the opposition to the Listerian doctrine of antiseptic surgery. First attempts at skin transplantation from Negroes to Caucasians were being carried out and attention was being focused on the control of venereal diseases. The Editor of the *Lancet* suggested that the medical profession should consider the advisability of trying to control venereal disease not so much for the benefit of the patient, who was regarded as probably justly punished, but because innocent wives might be infected by their husbands. Therapy of infectious diseases in 1870 was also very different. It might be of interest to recall a case report from one of the British teaching hospitals of a 30-year-old woman admitted with typhoid fever. Her treatment consisted of a milk diet fortified with, to start with, 3 oz of port and 3 oz of brandy per day, later increasing to 8 oz of each per day. After 2 months she recovered and was discharged with the instruction to continue on a bottle of stout and 4 oz of port each day. Current therapy of the same disease sounds very dull in comparison!

Although Africa has developed out of all recognition in the intervening period, it is evident that medical sciences in particular have advanced since then. It is hoped that this journal will make available the study, scholarship and resources of medical scientists in Africa who have investigated some of the limitless medical problems on the continent. In this new journal, there will be reports on the most recent advances in medical sciences and

in particular reports of research relating to problems of health and disease in Africa.

In this issue there are studies from the fields of immunopathology, chemotherapy, respiratory physiology, clinical endocrinology, radiology, cancer epidemiology and medical microbiology. This is evidence of activity in some of the various disciplines of medical sciences on the continent.

Osunkoya and his colleagues have shown the presence of receptors for phytohaemagglutinin on the surface of lymphoid cells derived from Burkitt's lymphoma and infectious mononucleosis patients. The relationship between these two diseases has not been fully clarified. The biological significance of these receptors on surface membranes of lymphoid cells from the two diseases is not fully understood but interesting. Sankale and his colleagues have shown that diabetes mellitus is a very common condition among Senegalese Africans and they have outlined the difficulty of management of the disease. Of possible relevance is the fact that 20 years ago this condition was said to be very rare in the African. Adeloye and Odeku describe the neurological features and complications of sickle cell disease in homozygotes. Faced with the late stages of the disease, the complications include hydrocephalus, cerebrovascular incidents and meningitis. The universal problem of microbial resistance and sensitivity among hospital patients as they occur in an African teaching hospital has been analysed by Montefiore and Okubadejo. The problem of uterine cancer and its geographical differences form the basis of a 6-year study by Edington. It is noteworthy that endometrial cancer has a low frequency in Tropical Africa while cancer of the cervix is not uncommon. The study of vital capacity and forced expiratory volume in normal Nigerians have been studied by Oduntan. This is the first time that such a study has been carried out and it provides basic data which are of importance in order to appreciate clinicopathological states. It cannot be overemphasized that similar basic data are urgently required in other areas of medical sciences in Africa.

This journal can achieve its objective only with the full support of medical scientists on the African continent and also of other scientists working on pertinent topics. It is therefore hoped that support will be forthcoming, and that publications which will reflect progress in medical sciences in Africa will continue to be submitted in the very near future.

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