

Thank you, and happy new year!

With the end of yet another year and the beginning of the next, I would first like to thank everyone who reviews manuscripts for *SAJCH*. We deeply appreciate the time and effort you freely give to improve the quality of the articles we publish, despite all your other many commitments (academic and otherwise). I would like to also thank all the authors who have submitted their work for review, and to invite new ones; no journal could survive without you! I am especially grateful for the submissions we receive from outside South Africa, of which there are two in this issue (Ashir and co-workers and Okeniyi, from Nigeria).

We are extremely grateful to Professor Denny for her comprehensive and topical review of the HPV vaccine for our 'Hot Topics' section. It is to be hoped that before very long this vaccine will be included in South Africa's routine vaccination programme. All child health professionals need to know about these vaccines, which studies suggest could significantly reduce cervical cancer in adults who were vaccinated as children. This issue also includes illustrative case reports (Meyer *et al.* and van Niekerk) and – particularly appropriate for this technological age – an update on telepaediatrics and related fields by Wynchank and Fortuin.

This issue of *SAJCH* is a milestone for two specific reasons.

First of these is that in it appears the very first randomised controlled trial (RCT) to be published in the journal since its inception (Ballot and co-workers). This is not just an RCT, but one that investigates a method that could potentially improve the management of severe respiratory disease, particularly in centres with limited (or no) intensive care facilities. The study is very small, and interpretation of the results is crucial in order to guide research questions that will be asked in subsequent studies. An editorial (Smith) was therefore commissioned to accompany this study and give non-expert readers the context of this complex field of health care.

The second 'first' is a confession from the editor ... the temptation to entitle this editorial 'Viagra for babies' has been enormous. I managed to resist, for fear that misinterpretation of such a title could land me in hot water with religious organisations, ethicists (accusing me of conflict of interest), and not least my bosses (for giving a company free advertising). None the less, Engelbrecht's case report and literature review suggests that sildenafil (Viagra) may be useful in some cases of persistent pulmonary hypertension of the newborn (PPHN), a well-recognised potentially life-threatening condition. However, the latter still needs to be validated in controlled studies.

Enjoy the read, and happy 2009!

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Editor

