

# SAJR: Quo vadis?

**Y**ou may have noticed that the *SA Journal of Radiology* (SAJR) is now published in quarterly issues. This may serve a better purpose than the monthly editions currently struggling for interesting content, especially if the editorship is to be rotated through the major centres. I believe that such a rotation will encourage publication of material originating at the editorial centre and also create healthy competition among the academic territories.

My objective as editor of this issue is twofold. First and foremost I want to introduce paediatric radiology as the dedicated and interesting field that it is. The second objective is to stimulate the writing of material by setting an example through a different strategy of publication. My intention is to encourage the host editor of each issue to select a topic of interest to which that issue will be dedicated. In this instance, because of my personal interest and inclination, the content deals almost exclusively with paediatric radiology. Other centres may choose trauma, infectious diseases or even "new modalities". I have also tried to encourage didactic content and reviews from local experts on a topic that may have difficulty finding a home in international journals. The lesson regarding paediatric radiology is that diseases in children are different from those in adults and that pathology is often age-related. Radiologists should always consider an extra category in their differential diagnosis, namely "congenital". Protocols are introduced primarily to keep radiation at a minimum and procedures are targeted at identifying specific pathology.

My hope is that, with enough interest, this journal will grow and eventually have enough permanent editors in differing fields to peer review submissions and thereby become a citable publication. At present the journal can be considered as material of a "popular nature" and we should take advantage of this. Diseases commonly seen in South Africa are not regularly published in European and American journals and we may be world experts in a particular field without realising it.

Our training programmes do not encourage, let alone insist on, registrars writing up case reports or undertaking research. Many registrars telephone me regularly to ask how to go about writing a paper. My advice is to start locally with this journal, even if you are just submitting an interesting clinical image with a caption. Remember, the days of needing expensive photographs and secretarial help are over! Just get familiar with your computer and follow the instructions for authors (available from the production editor). Electronic submissions are quick and easy. The editor is here to encourage writing and to help you. You will be surprised at your knowledge and at the amount you can learn on a topic by having to review the literature.

In conclusion, I hope that you enjoy our paediatric edition. I hope that some of you will see the future in this field and will begin targeting paediatric imaging at those diseases peculiar to children while keeping radiation exposure at a minimum. I shout this to you all: "Get onto your computers and write! Radiology is the future and you are our future experts!"

I would like to thank Prof S Beningfield for his assistance in editing this issue and all the contributors, who showed me that there is a lot of interest in research and publication.

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