

Digital SAJR: The web and more

The switch of SAJR to a fully online journal has been most successfully managed by Jan Lotz, editor of the journal. In his editorial of April 2008 he explained the process of readers, authors and others accessing the SAJR in this format via www.sajr.org.za. He promised that CPD would also be available for members. How has this shaped up some 18 months later?

Firstly the *printed version* of the journal has 751 copies per issue and caters for readers, almost all who are in South Africa. However, at the time of writing a check on the use of the *website* showed that in the past month there had been 1 225 visits from 62 countries – and growing! The top users were South Africa (650), USA (191), UK (69), India (42), Australia (36), and Canada (31). Another advantage of the online process is that back issues can be accessed and items therein easily ‘searched’. The pages per visit and time on site also indicate that the SAJR is actively read online, not merely searched and dropped. The SAJR CPD programme has joined the other journals and the *South African Medicines Formulary* in the Health and Medical Publishing Group (HMPG) stable offering CPD via www.cpdjournals.org.za. This CPD site now has 5 278 registered users. Members can also meet their CPD requirements in ‘ethics’ via the online journal *South African Journal of Bioethics and Law* accessed via www.sajbl.org.za.

As with the other journals in the stable, the *licensing agreement* has been standardised, allowing anyone to use material published in SAJR freely provided they attribute the origin and do not use it for commercial purposes. All of these developments will add to the stature of the journal and to its authors. Keeping up the quality and continuity of the journal is important to enable proceeding with the next step of getting local and international accreditation.

In this issue

The paper on **mammographic computer-aided diagnosis** by Padayachee, Alport (Department of physics, University of KwaZulu-Natal) and Rae (Department of Medical Physics, University of the Free State) is a reminder that radiology was founded by Wilhelm Conrad Roentgen, himself a physicist. Most of the major technical discoveries of radiology were made in the first few years after Roentgen’s discovery of X-rays until computerisation enabled the development of CT, MRI and modern ultrasound. Apart from the few major technical discoveries most changes have come from incremental improvements such as promised by this paper.

A report on a patient with **subclinical patent ductus arteriosus** by Reddy and colleagues provides a useful update on the investigations of this condition.

From Australia Debra Meerkotter describes the importance of the **sternalis muscle**, which is a normal anatomical variant seen in mammography.

Infantile Sandhoff’s disease is discussed by Sass, Wiebe and Lemire, from the Royal University Hospital, Saskatoon, Canada. It is a rare autosomal recessive disorder of sphingolipid metabolism. Disease progression is rapid, resulting in early death. Although traditionally considered to be a grey matter disease, neuroimaging studies have characterised abnormalities within both white and grey matter.

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