

Finau

A new Pacific health journal is a historic event. This journal is recognition of the importance of health rather than just medicine, as well as a salute to the uniqueness and maturity of Pacific health workers. This first edition is something that readers look on with curiosity and expectation. It is also the place where we must state our purpose.

Pacific Health Dialog (PHD) is a journal for community health and clinical practitioners in the Pacific. It recognizes the need to strengthen links between these often competitive but complementary aspects of health practice. The focus is on dialog and exchange between all health professionals in the Pacific.

The editors are conscious of the fact that English is at least the second language of most of the Pacific health professionals. Other major Pacific languages will be acceptable but an English abstract must accompany the paper.

Health workers are all those who are consciously helping others to reach a holistic state of well-being through the prevention and treatment of diseases and their determinants. This encompasses a large cross-section of the Pacific ranging from doctors, nurses, nutritionists and other formally trained health personnel to domestic workers, economists, social scientists and development planners. The ambition of PHD is to open up communication and discussions between these often separated health workers. Admittedly the target population is widespread and multidisciplinary but that exactly is health in the Pacific; a multisectoral pathway and goal within a vast diversity. The PHD hopes to provide a medium of exchange nationally and regionally. Like the Pacific ocean, it is meant to connect rather than separate health workers of different countries. It is through such interconnections that Pacific health will be appropriately achieved.

The contributions to the content of PHD have been very enthusiastic in spite of our novice effort on publicity. Your manuscripts and letters need to flow in constantly. At present, the publication delays are due to the limited resources for production. For this issue, we acknowledge and thank most sincerely the financial support of the Gannet Foundation and the maternal Child Health Resource Centre. The next few issues will continue to depend on the seeding support from generous organisations and individuals through special grants or the purchase of advertising space in PHD. It is in this area of production and distribution costs where PHD need help most until it can be self-supporting.

It is with our trepidation that the first issue of PHD comes to you. Your response and generosity will be the

guide we need to eventuate the hope of a Pacific-ally appropriate medium for dialog about health. Previously many outsiders have researched and published about health in the Pacific. Now it is time for the peoples of the Pacific to articulate their own health with a little help from their friends.

The inaugural issue may be overdue but I beg your indulgence. We need your help now and look forward to hearing from you. Subscribe to PHD today.

SITALEKI A. FINAU, EDITOR

Hunton

Rheumatic fever and the Pacific Basin Medical Officers Training Program (PBMOTP)

A study conducted by Aito et al identified 10.4/100,000 new cases of acute rheumatic fever (ARF) in the Federated States of Micronesia (FSM) annually over a three year period. This contrasts with an annual incidence in the developing world and Western Pacific previously estimated at 100 / 100,000.^{1,2} The authors discuss this discrepancy and suggest it is probably due to inadequate case detection and under-reporting. They recommend the establishment of a registry which in turn could lead to more effective management.

Any significant real reduction in the prevalence of this preventable disease would be welcome, not least because of the financial burden it places on developing countries with costly overseas referrals for heart valve surgery. It has yet to be shown that the FSM can improve their case reporting, apply the principles of prophylaxis appropriately and prevent the prevalence of ARF. Furthermore, the incidence of this disease depends not only on better reporting, but public recognition of the significance of sore throats that precede ARF and the elective identification and treatment of high risk patients by health workers and doctors.

Aito and his team of undergraduates of the PBMOTP may well have taken a necessary first step in demonstrating inadequate reporting of ARF cases in Micronesia. The PBMOTP from where this study originated has an innovative curriculum with an unusual emphasis on community health issues such as the one discussed above. The success of this curriculum should be demonstrated in the next 1-2 decades by a reduction in the prevalence of preventable conditions such as ARF in Micronesia.

REX HUNTON, ASSOCIATE EDITOR

1. Neutze J.M. Rheumatic fever and Rheumatic heart disease in the Western Pacific, *NZ Med J* 1988; 101: 4-6.
2. WHO. Rheumatic fever and Rheumatic heart disease, *Technical Report Series* 1988; 5: 159-164