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In this issue of the *Nigerian Journal of Health Sciences*, publications that cut across different specialties in clinical medicine and medical education have been showcased. There is an interesting discourse around the intersection between the built environment and health-care system.

What role does pre-morbid conditions contribute to death in medicolegal cases? That important poser was answered by the report from Komolafe A *et al.*^[1] They evaluated a total of 246 cases, of which 10 met their inclusion criteria. Only in one case, pre-morbid condition was recognized as contributory to death. They concluded that, in most cases, pre-morbid conditions were incidental findings and were not contributory in any way to the process of death.

Uduagbamen PK *et al.*^[2] in their study on the adequacy of dialysis in two centers in south-western Nigeria reported that less than 10% of all sessions were adjudged as adequate. This definitely has implications on the quality of life of the patients. Factors responsible for this were highlighted and efforts to ensure that this inadequacy is corrected were suggested.

Olorunmeteni EA *et al.* found that 79 (52.7%) of paediatric residents were in a mentoring relationship, even though many are yet to have a clear-cut idea of who a mentor is. Among residents who are in a mentoring relationship, it was initiated by their institutions in only 25%. Almost all of those without a mentor are desirous of being mentored. This study provided insights into mentoring practices, unmet needs and how to make the mentoring process more beneficial among resident doctors.

The health-care environment should reflect everything that will contribute to the patients well-being, care and research bearing the context in mind. Adisa *et al.*,^[3] in a review article published in this Journal, using Nigeria as a case study found that there is a dearth of published works on health-care environments' design in Nigeria. Their reviews provided historical insights into the concepts of humanisation and its intercepts with culture and applications in health-care designs.

The relationship between handedness and physical functional performance and brilliance has been a subject of debate. What determines handedness is a complex interaction between the brain, genetics, and a host of prenatal and hormonal factors. In a cross sectional study among undergraduates, published in this Journal, physical functional performance was determined using the handgrip strength among right and left handed individuals. The study found no significant correlation between participants' handedness and handgrip strength and other physiological parameters. However, hand grip strength was significantly higher in the preferred hand of the participants.

The prevalence of alcohol use disorder (AUD) among undergraduates is on the rise. The work by Akinsulore *et al.*

points our attention to this potentially harmful public health challenge which also has an impact on students' academic performance. In this issue, risk factors for AUD were identified and preventive measures suggested.

Adewara *et al.* in their study assessed resources for eye care services at the primary health-care level. Even though there were sufficient resources at the primary health-care level studied, resources for eye care services were insufficient. Proper utilisation of available resources and on-the-job training will increase access of rural dwellers to preventive eye health care. This is an interesting study that will enable the effective utilisation of health resources.

Welcome to this issue

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