



Thomas C. Meyer, MD

International medicine and a whole lot more

by Thomas C. Meyer, MD, Medical Editor, WMJ

When the Editorial Board met last fall and selected the themes for this year's issues of *WMJ*, international medicine was among those chosen. And, perhaps ironically, as we began to develop this issue, news of SARS and monkeypox was everywhere. So we are fortunate to have had Marc Kennedy interview three Infectious Disease-ologists on these topics that have received much attention in the popular press recently. The stories of the unfolding of monkeypox at Marshfield, the role of the Wisconsin Division of Public Health—both now and in the event of future outbreaks of strange diseases—and the projections for the future of infectious diseases in this country make for a fascinating 20 minutes of reading. We salute Drs Reed, Davis and Mejicano, along with Mr Kennedy, for the succinct summary of the issue.

The lack of formal manuscripts relating to international medicine allowed us to select a rather eclectic group of papers that we have been pleased to receive in the last few months.

Doctor Reeser and colleagues provide an interesting account of the planning and activities involved in providing care for the athletes at the Salt Lake City Olympics (p 20). Who would have guessed that eye and dental care would comprise one third of the visits to the polyclinic or that the alpine skiers made more than twice the number of visits than the next most common group? Admittedly we are not given numbers of each group of ath-

letes and there may well have been a preponderance of skiers, but the information is still quite interesting.

Doctor Murdock and his group report their experience with stroke and atrial fibrillation following more than 2000 cardiopulmonary bypass surgeries on patients without associated carotid artery surgery (p 26). They provide a timely reminder that stroke during or after bypass surgery remains a hazard that patients need to be made aware of when contemplating surgery. Though only a small percentage of patients are affected, stroke can be devastating to the 3% who are so afflicted. Equally important, the authors point out that the incidence of post-operative stroke increases significantly if atrial fibrillation occurs.

We were quite taken by the simplicity of Dr Rooney and colleagues' study of the effect of wearing pedometers on the activity of a group of women (p 31). While the authors recognized that the study had some limitations, it does provide some alternatives and an addition when counselling overweight patients. Seems that a significant number of the patients may welcome an alternative to the tyranny of their bathroom scale.

Ms Guse and Ms Porinsky raise the issue of alcohol as an important contributing factor to falls of patients over age 65, one of the results of their study of the inpatient discharge records for the year 2000 (p 37). The implication is that it would be wise to include discussion of alcohol intake when warning of the hazards of elderly patient falls.

Doctor Waclawik and colleagues report a case of apparent peripheral neuropathy in a young man with an essentially normal serum B₁₂ level who turned out to be abusing nitrous oxide (p 43). They provide us with the mechanism of action of the gas and explain the development of what they point out to be more correctly a myeloneuropathy and why the management with parenteral B₁₂ was successful.

Doctor Radant and Dr Johnson provide us with the rather depressing results of their survey relating to firearm ownership, reasons for ownership, and safety precautions practiced by the owners (p 46). While a remarkable 88% of the 1100 survey respondents were prepared to answer the questionnaire, which revealed that 60% owned firearms, they left little doubt that physician counseling about firearm safety would not be well received.

Of the "unique opportunities" that are presented when one carries the title of Medical Editor, one recently caught my attention, and I pass it on for what it is worth. We received a preview copy of a four-part series from the History Channel, scheduled to run from September 16 to 19 at 7 p.m. CST. It is called "Mavericks, Miracles and Medicine" and outlines what the great names of medical history really did. The presentations are attractive—each linked to a contemporary medical problem—and quite watchable.



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