



Thomas C. Meyer, MD

Arthritis, ethics, and Editorial Board musings

Thomas C. Meyer, MD, Medical Editor, WMJ

The WMJ Editorial Board met late in October for our annual face-to-face meeting and covered a lot of ground in a short time. We were gratified to learn that the *Journal* has a growing core of support amongst the readership, and for that we thank all of you. Besides a favorable showing for the *Journal* on the Society's recent membership survey, we were pleased to learn that there has been a steady increase in the requests for both individual articles (2000-3000 a month) and issues (5000-6000 a month) on the Society's Web site—www.wisconsinmedicalsociety.org.

The Board decided that we could be of greater service to readers and authors if we added some superspecialists as consultants for the occasional manuscript that is highly technical, though there was consensus that each of us should continue to review all of the approximately 60 manuscripts submitted each year. A request for volunteer superspecialists will be sent to the presidents of the Wisconsin chapters of the major specialty societies and we will be soliciting others through the *Journal*. Finally, we selected the themes for the next year, which appear on page 55 in this issue.

Also in this issue is the first in a series entitled "Dilemmas in Ethics," which is patterned along the lines of the "Dilemmas in

Geriatrics" that ran previously. We hope you will enter the discussions that are designed to remind us that there may well be ethical components to everyday practice and that ethics is not confined to heart wrenching discussions of "pulling the plug." While there is a rather forced and artificial ring to reducing complex issues to a five-option multiple choice format, we hope they provoke some thought. We are grateful to Joe Valaitis, MD, of the University of Illinois, Rockford for devising these and allowing himself to be badgered into following our proposed format.

The editorial focus of this issue is arthritis, and there is much of interest in the socio-economic and peer-reviewed articles herein. Ms Horvath reminds us of the resources available to patients and physicians from the Arthritis Foundation (p 7) and Ms Chudy and her colleagues at the Wisconsin Division of Public Health outline the proposed scope and initiatives of the newly created Wisconsin Arthritis Program (p 9).

Doctor Vasudevan et al provide a brief but lucid review of the current understanding of the neurophysiology of pain, and its assessment and management in relation to patients with various forms of arthritis (p 14). Two articles from the Division of Public Health

summarize the rather startling prevalence of arthritis and its distribution in Wisconsin (p 19) and the relationship between arthritis, obesity, physical inactivity, and weight loss efforts among Wisconsin adults, though the criteria for the diagnosis are rather shaky (p 24). This issue is supported in part by yet another elegant study of the epidemiology of agriculture-related osteoarthritis from the Marshfield Epidemiologic Study Area (p 38), which points out that the agricultural work force is at particular risk for arthritis-related disability.

Doctors Costello and Halverson bring us up-to-date on the current understanding of the pathophysiology of rheumatoid arthritis, the actions of TNF- α and why it is important for patients in the early stages of the disease to be given a trial of cytokine therapy in the hope that they will fall into the 60% of cases that respond (p 29). Doctor Finesilver underlines this and expands on the pathology and some of the newer treatments (p 34).

Finally, Doctor Olson reviews the new developments in chronic arthritis of childhood, including the nomenclature, clinical features, treatment and management—activity as opposed to rest—and 20 plus year follow-up (p 45).



The mission of the *Wisconsin Medical Journal* is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

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