



Thomas C. Meyer, MD

## A little something for everyone

Thomas C. Meyer, MD, Medical Editor, WMJ

The first issue of the journal that was to become the *Wisconsin Medical Journal* was published early in 1904, so your Editorial Board deemed it appropriate that we mark the centennial year in a way that may be of interest to the readership. We will be publishing a centennial issue later this year, but before that we are launching a new feature that borrows from *JAMA*: “Looking Back.” In each issue of the *Journal* we will reprint an article that first appeared in one of those early issues. This issue’s selection is on page 80, reprinted exactly 100 years since it was first published. Both patients and doctors were pretty tough in those days!

Another addition to the *Journal* that is making its debut in this issue is *Medigram*. The longtime Society newsletter has undergone a number of changes over the years. The most noticeable, perhaps, is its frequency. Once published monthly, budget constraints limited its publication in recent years to just quarterly. A survey of Society members last year revealed that fewer issues meant fewer readers. So when the Society approached the Editorial Board about incorporating *Medigram* into the *Journal*, we were happy to oblige. You’ll find this issue’s installment on pages 7 and 8. And following that, we’ve included the nominees for Society offices.

In addition to the new features making their debut, we have decided to make this issue our “from the

files” issue—it’s our way of pulling together the many interesting things that have been submitted that don’t seem to fit in with any of the pre-selected themes for the year.

There are many such interesting selections in the non-peer reviewed section of the *Journal*. We were particularly pleased to receive another Clinical Pharmacology and Therapeutics Update from Dr Kochar and his colleague (p 13) with a rapid but well-referenced review of drugs that have come on the market in the last two years. In addition, Dr Lalich warns that there may be another doctor draft in the offing (p 21) and reports the probable means of implementation. There is a thoughtful paper from Mr Aako defining risk communications and risk perception in public health following the September 11 terrorist attacks (p 25), a warning from Dr Icenogle concerning the secondary enforcers of HIPAA liability (p 29), and a description from Mr Trampf and Mr Oliphant of the background and training of licensed athletic trainers (p 33). The section also includes Scenario 3 of the Ethical Dilemmas (p 11). We’ve been pleased with the reader response thus far, and we hope you are finding this series interesting.

The peer-reviewed section contains equally interesting studies and reports. Doctor Rezkalla and his colleague’s study of acetylcysteine leads them to believe that the drug is indicated in patients with compromised

renal function, and that these patients should, therefore, routinely receive the drug at the time of coronary angiography (p 38). Ms Collins and her colleagues report a relatively simple “Senior Fitness Test” or a few questions that may be helpful in predicting which elderly patients are at risk of losing their independence (p 42). Doctors Ahmed and Spencer provide a brief review of the current understanding of seizures and epilepsy along with the important aspects of the history and physical examination of patients who have had one or more seizures. It is always reassuring to review what is new regarding such a long-recognized malady (p 49).

Doctor Beasley and colleagues report their development of the elements of a medical error reporting system that would be helpful and acceptable to primary care physicians. Surely such a timely study is important before a bunch of Washington bureaucrats suddenly produce a completely unrealistic set of regulations to lay on that overworked specialty (p 56). Finally, Drs Wildes and Anderson surveyed academic primary care physicians to ascertain which of the many elements of the adult screening physical examination they have found sufficiently useful to include in their own routine examinations. More than one half of those surveyed took what must have been a good deal of time to complete the survey, and it is useful to scan the list of maneuvers that are actually used in relation to one’s own behaviors (p 60).

# Wisconsin Medical Journal

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