



Thomas C. Meyer, MD

Tales, history, and science tell their significance

Thomas C. Meyer, MD, Medical Editor, WMJ

Before I focus on what is in this issue of the *Journal*, I would like to address something that is not. Staffing cuts mean we are no longer able to prepare the obituaries that have been included for many years. Instead, the abbreviated “In Remembrance” box on page 5 replaces the longer obituaries, and will appear from time to time in future issues of the *Journal*. While we regret that we cannot expand on the many interesting facets of our deceased colleagues’ lives, we do wish to acknowledge their passing and salute them, albeit briefly.

The theme of this issue of the *Journal* was to be “socio-economic issues in medicine,” but perhaps a more fitting title would include “professionalism.”

We found both Doctor Cayley’s (p 11) and soon-to-be a doctor Cham’s (p 13) occasional papers charming in their simplicity and edifying in their messages. Don’t be dazzled by the results of technology, and try to immerse yourself in an unfamiliar culture for a time if you are to provide care for patients in that culture.

Doctor Adams and colleagues write about the importance of working together by developing community-based research partnerships. When working with

populations that differ from one’s own it is crucial to the project’s success that academic researchers and the communities and people involved develop partnerships. By collaborating, those involved are more likely to recognize the project as being of direct benefit to their community and feel a sense of ownership in the design and details.

Doctor Hansotia’s brief history of medical practice in Wisconsin and that of the remarkable Rowley family of physicians who practiced in what is now a thriving bedroom community outside Madison provides a brief glimpse of that practice in the 1830s and again around the start of the 20th century (p 21).

We asked Doctors Gould, Garren, and Starling for a brief description of the current techniques and status of bariatric surgery (p 27) because of the report from Ms Erickson, and Doctors Remington and Peppard of the “Trends in Bariatric Surgery for Morbid Obesity in Wisconsin” (p 32). Doctor Gould and his colleagues provide a lucid account of the procedures that may offer perspective in view of the Erickson paper that implies, to this reader at least, that none of the usual conservative regimes are going to work in the rising number of

morbidly obese (Body Mass Index ≥ 40) patients in Wisconsin. One of the considerations if the patients are to avoid the long-term consequences of their malady should be bariatric surgery. Medical insurance companies and managed care organizations are reluctant to pay for the surgery and are generally not persuaded that the surgery has been shown to be more cost effective than no treatment. A further complicating issue is the comparative lack of suitably qualified surgeons in the state.

Doctor Vande Zande and her colleagues provide us with a thoughtful case report of some of the long-term effects of Anorexia Nervosa in a male patient (p 38).

Finally, we are grateful to Doctor Mazza for his review of hypercoagulability and venous thromboembolism (p 41). Like everything else in medicine, there have been significant advances in the understanding of both the common and uncommon conditions. Doctor Mazza has provided us with a brief but lucid “all you ever wanted to know...” description, which contains the thinly disguised baseball bat reminding us to look further into patients who present with venous thrombosis both before and during therapy.

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