

Reviews should be comprehensive and non-biased

I read the discography article (Wichman. Discography: over 50 years of controversy. *WMJ*. 2007;106[1]:27) with interest as spinal pain disorders frequent our practice. Common as well are multiple minor changes to the patient's MRI scan. Patients with complex pain often don't have a diagnosis and are frustrated by the duration of their pain and the lack of guidance they get from "specialists." These patients are looking for a diagnosis, a treatment plan, and an improved quality of life. With that said, pain specialists need tools to help identify pathology that may be amenable to specific treatments. Discography is a tool, a test, and the physician must be aware of a test's limitations when interpreting the results. I feel if a review is to be published it must be comprehensive and non-biased. The current article is lacking both and disregards many important preceding articles to support and refute the conclusions of this article.

As in all diagnostic testing, there are false negatives and positives. All tests are to be used as pieces of the comprehensive evaluation of the complicated pain patient. The modality of provocative manometric discography is not only safe, but a very effective tool to assist surgical specialists in patient selection and reduce the number of FBSS (failed back surgical syndrome) cases. Discography is the only known tool to determine if a disc that looks "bad" on a MRI could be contributing to the patient's pain. Most degenerative discs don't cause pain.

I would hope readers with an interest in a comprehensive review of discography obtain the recently published article in the peer reviewed journal the *Pain Physician*. (2007; 10[1]). This article has a significantly different discussion/conclusions and is written by a panel of experts in the field. Review articles should be non-biased, comprehensive, and written by experts in the field. I hope the editorial committee will consider these comments when considering "review" articles that are to be published in the *Wisconsin Medical Journal*.

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Caribbean clinic seeks volunteers

I write on behalf of the Hillside Clinic in Belize, Central America, where I had the good fortune to serve as medical director from 2003-2005 before returning to Racine. The clinic, situated in the rainforest of the southern Toledo District along the Caribbean Sea, is seeking a physician to serve in the salaried position of clinician and medical director. It also welcomes short-term (1-2 weeks) volunteer physicians.

Hillside opened in 1999 through the collaboration of the Medical College of Wisconsin with the Jericho Road Foundation of Illinois. Today it functions fairly independently with oversight from the board of directors based in Milwaukee while maintaining affiliations with numerous US medical academic institutions. In partnership with the Belizean Ministry of Health, Hillside provides the 25,000 people of Toledo, 79% of whom live below poverty level, with much needed direct care and health education. Patients seek treatment for conditions ranging from those typical of a clinic back home (including significant hypertension and diabetes) to those more common in a developing country in the tropics. The clinical experience includes seeing patients at Hillside's modern facility, mobile clinics to remote villages deep in the rainforest, and a home visit program.

Hillside also serves as an international elective site for medical students and residents from the US, the UK and

from as far away as Australia. Typically there are 5 students/residents per month participating in all aspects of the clinic while learning through a well-structured educational program. More information is available at the clinic Web site: www.HillsideBelize.org.

Surrounded by immense physical beauty and rich ethnic diversity, physicians find the experience at Hillside to be enormously rewarding. Additionally, weekends provide ample time for fishing, snorkeling along the spectacular coral reef, kayaking, and more. Long-term physicians are provided housing overlooking the Caribbean; short-term volunteers may have similar accommodations depending on availability.

Though the clinic requires physicians who are comfortable providing and teaching primary care for its normal activities, physicians of all specialties are invited to consider this experience. For example, Hillside has partnered with an ophthalmologist from the States to conduct retinal laser surgery clinics twice a year for the vast diabetic population, a service otherwise unavailable, since no regular specialty services exist in Toledo. Visiting general surgical teams are hugely popular, as are dermatologists, cardiologists, and others.

I look forward to hearing from any of you interested in this wonderful opportunity. The clinic staff, its supporters, and the student/residents will be most grateful to those who give of their time and expertise.

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Wisconsin Medical Journal

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

The *Wisconsin Medical Journal* (ISSN 1098-1861) is the official publication of the Wisconsin Medical Society and is devoted to the interests of the medical profession and health care in Wisconsin. The managing editor is responsible for overseeing the production, business operation and contents of the *Wisconsin Medical Journal*. The editorial board, chaired by the medical editor, solicits and peer reviews all scientific articles; it does not screen public health, socioeconomic or organizational articles. Although letters to the editor are reviewed by the medical editor, all signed expressions of opinion belong to the author(s) for which neither the *Wisconsin Medical Journal* nor the Society take responsibility. The *Wisconsin Medical Journal* is indexed in Index Medicus, Hospital Literature Index and Cambridge Scientific Abstracts.

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