



EXPANDING OUR SCOPE

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Ah, but a man's reach should exceed his grasp...

—Robert Browning

Let's ignore the gender specificity of Browning's exhortation, written – ironically - at a time when the English monarch was a woman, Queen Victoria. For well over a century, Browning's insight has inspired us to widen our horizons and implored us to seek beyond the obviously achievable, even at the risk of failing.

Here at JLGH we're guided by that sentiment, and are continually trying to improve the Journal's worth to you, our reader. (Of course, we measure worth in terms not of money, but of your time, which we view as far more valuable.) As markers of our progress in that quest, I'd like to point out the newest developments at the Journal.

At its last meeting, the Journal's Editorial Board approved the suggestion that we begin to accept articles by authors who are not members of our own medical staff. I'm delighted to publish in this issue a characteristically thoughtful article by Sylvan Weinberg, M.D., F.A.C.C., a long-standing friend and colleague from Dayton, Ohio. In Sylvan's distinguished career, he has at various times been President of the American College of Cardiology, Editor-in-Chief of ACCEL, the ACC's monthly audiotape program (for which I've been a member of the Editorial Board since 1996), Editor-in-Chief of the former American Heart Hospital Journal, and for many years Editor of Dayton Medicine. A compendium of his editorials in that Journal was published as "The Golden Age of American Medicine and the Dark Age of Health Care Delivery."

I commend to you his article on GINA (the Genetic Information and Nondiscrimination Act of 2008), recently signed into law. Regular readers of JLGH know that I like to point out the frequent occasions when we have spotlighted an issue before, or coincident with, the New England Journal of Medicine. In keeping with a gratifying pattern, long after we had accepted Sylvan's

article and put it in final edited form for publication, the NEJM published a similar piece.¹

We have also made an important addition to the ranks of our Section Editors. Our section on Medico-Legal and Ethical Matters has until now been headed by Senior V.P. and Chief Legal Officer Robert P. Macina, Esq., whose multiple official duties have for some time prevented him from giving adequate time to Journal responsibilities. Instead, I'm delighted that Associate General Counsel Christopher M. O'Connor, Esq., has stepped into the role of Section Editor, a role that he will doubtless pursue vigorously.

You have already been treated to his article in the Spring 2008 issue about the legal controversy surrounding the potential mandatory use of the new human papilloma virus vaccine, Gardasil.TM In the current issue he joins with Kevin Lorah, M.D., Director of the Neonatal ICU, in the first of a series that will discuss biomedical ethics in the newborn.

The medical science articles in this issue include: a comprehensive review by Jon Bentz, Ph.D., of the problem of concussion, an increasingly common sports injury in school-age athletes and a tragically frequent injury in Iraq veterans; a review of medical management of hypertension by Jeffery Martin, M.D.; an overview of special training in geriatrics by J. Kenneth Brubaker, M.D.; and our first article on Medical History: How Cancer Caused World War I. It is a story I find fascinating, about the misdiagnosed and eventually fatal laryngeal cancer of peaceful reformist Kaiser Frederick William, whose premature death gave the imperial throne to his militaristic son, Kaiser William II. After years of military buildup, William II started WW I on the trivial and irrelevant pretext provided by the assassination of Archduke Ferdinand. His father would never have done so.

In our regular section on Imaging Insights, we have as usual (I hope you've noticed) coordinated this section with one of our featured scientific articles. In this case, Leigh Shuman's comprehensive review of the role of

radiology in diagnosing and treating renovascular hypertension complements Jeff Martin's excellent review of medical management of hypertension.

Finally, I have contributed an admittedly curmudgeonly article on a personal pique: the contrived and sometimes ridiculous acronyms that are constructed for (mostly) large collaborative clinical trials.

The CD that accompanies this issue has the usual two interviews with members of our staff. First I speak with Paul Kettl about the mental health of physicians. (Paul is formerly Chairman of Psychiatry at Penn State/Hershey Medical Center and is now on our medical staff; I interviewed him at length on Depression in the 2007 Summer Issue; Vol. 2, No. 2).

I also speak with John May and Alistair Grant, founders and namesakes of May/Grant Associates, about the innovations in Obstetrical practice that they pioneered against considerable resistance, particularly the now common practice of making the husband part of the birthing experience. Their explanation that these innovations were a mirror of the profound sociological changes in late 1960s America, is a fascinating tale.

In another first for this issue, I have also put an audio version of my acronym opinion article on the CD. I am doing so as a trial and we await your feedback.

I hope you find your valuable time well spent with the Journal. We will continue to treat your time with respect.

REFERENCE

1. Korobkin R, Rajkumar R. The Genetic Information Nondiscrimination Act — A Half-Step toward Risk Sharing. 2008; *N Engl J Med*; 359:335-337 (July 24, 2008 Number 4).