



ANOTHER SIGN OF PROGRESS

LAWRENCE I. BONCHEK, M.D., F.A.C.S., F.A.C.C.

Editor in Chief



As a benchmark of quality and interest, we keep our eye on the New England Journal of Medicine. That's an absurdly high standard, you may well remark, and we risk projecting a certain hubris to even suggest a comparison between them and us. Yet, when I receive my weekly copy of the New England Journal, with its often arcane scientific articles, many about maladies I've hardly heard of and certainly have never seen, I consider my generous subscription fee well spent if I find one major article worthy of careful reading. Similarly, with the much smaller and less pretentious, as well as complimentary JLGH, I deem it my most important responsibility as Editor to assure that each reader will find in each issue at least one stimulating article worth reading, or one audio interview worth listening to.

We also use the NEJM as a benchmark to assess the timeliness of our articles, and we take particular pride in the fact that we often "scoop" them in recognizing that certain issues merit the spotlight. For example, when their Medical Progress section in the issue of July 19, 2007 offered a review of Vitamin D Deficiency, we noted with satisfaction that seven months earlier we had devoted an entire issue to Vitamin D.¹ And when their article about surgery vs. conservative therapy for sciatica appeared in May, 2007, we took pleasure in knowing that our article by Jim Artuso on that topic was already in the works for this issue. So too, with the current controversy about late thrombosis of drug-eluting stents, which has prompted many discussions in the cardiology literature; in this issue the included CD offers an extended conversation on that topic with Dr. Rupal Dumasia of The Heart Group. And finally, the NEJM just slipped in under the wire on July 26 with an article about soft tissue infections due to community acquired MRSA. I think you will agree that Dr. Kontra's review of CA-MRSA in this issue of JLGH is more comprehensive and typically comprehensible.

Am I suggesting that you can drop your subscription to the NEJM? Of course not. But I hope it does indicate that we're doing everything possible to keep JLGH

timely and interesting, and we judge our efforts against a benchmark that sets a very high standard.

A SIGN OF PROGRESS

By now you are justified in wondering about my title, since this issue appears fairly typical. But there is something unusual about it even though it has our standard number of scientific articles.

As anyone who has been involved in the start-up of a new journal would know, and anyone who hasn't had that experience might suspect, it takes a while before articles start falling into the editor's lap like manna. Indeed, from the first glimmer of a suggestion from Tom Beeman that we develop a Journal of Lancaster General Hospital, I anticipated that if we were to consistently publish useful and interesting medical articles on a quarterly basis, we would need to prompt, even to prod, the members of our medical staff to share their profound knowledge, expertise, and clinical insights in print. Since our medical staff is immersed in the taxing work of full bore clinical practice, we expected, and still expect, that the need to stimulate the production of interesting articles will likely never abate.

So, one of my unremitting activities has been to encourage members of our staff to develop articles, and then to assist them in doing so. In our editorial office we often see ourselves in the guise of the vaudeville entertainer who keeps a series of plates spinning atop a row of poles by giving each one a turn now and then.

Which brings me to the unique aspect of this issue. For the first time, all four of the current scientific articles have been brought to us and written by their medical authors. In one case I did suggest to the author that he contribute something to the Journal, but it was he who chose the topic and created the manuscript.

I hope this issue is a harbinger of things to come, and I encourage all the members of our medical and

administrative staffs to contact us with your ideas for articles. We stand ready to assist with moving those ideas toward completed articles in any manner you request.

Several other aspects of this issue merit particular mention.

SPECIAL REVIEWER'S COMMENT

First, I draw your particular attention to the article on Pigment Dispersion Syndrome, which was submitted by a member of the faculty at Millersville University, Shawn Gallagher, Ph.D., in collaboration with a member of our medical staff, Barton Halpern, M.D., and two optometry students. For this alone it would be notable, but it is also unusual in that it describes an inherited cause of blindness in a Mennonite family. We had the good fortune to have Holmes Morton, M.D. review it, giving us the insight of the world's recognized authority on inherited disorders that occur principally in the Old Order Amish and Mennonite communities. (If you missed them, see my Editor's page about his work in the last issue,² and my audio interview with him, which is archived on our website,³ www.jlgh.org).

In addition to making a number of suggestions that greatly improved the manuscript, Holmes contributed

a special comment which we have appended to the end of the article.

JOURNEY TO GREATNESS

I also urge everyone to read the comprehensive and thoughtful commentary on the Healthcare Experience, which we present in lieu of our usual brief article from the Administration. The author, Scott Mason, is a business strategy advisor to health care organizations, and has a long-standing relationship with LGH which gives him unusual insight into our culture and goals. His explanation of what it takes to satisfy the modern consumer (i.e. patient) is focused on the hospital experience, but its valuable insights into how patients and their families react to incidents in their care is certain to be useful in your office practice as well.

AUDIO INTERVIEWS

In addition to the interview about drug-eluting stents already mentioned, we continue our series of conversations with longstanding members of our staff by talking with Dr. James Argires about his extensive experience leading neurosurgery at LGH and watching health care change.

Thank you for your continuing interest in JLGH, and as always, we look forward to your comments and suggestions.

REFERENCES

1. JLGH: Vol. 1, No. 3; Winter, 2006-2007.
2. Bonchek LI. Year Two Begins. JLGH (Summer) 2007; 2: 45-46.
3. JLGH: Vol. 1, No. 1; Spring 2006 (http://jlgh.org/vol1_issue1.php).