

A legacy

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With this issue we complete the 15th year of *CJRM*. We have gone from a statement, a hope and words of encouragement, to an authoritative, perhaps even respected, voice of rural medicine. In effect, despite some skepticism among the old guard (as, alas, I would define myself), we have arrived.

If you are not sure, then look around a bit. I have heard new grads reference “the occasional series” and the journal as if it has always been there — an institution. There are now repeat authors publishing their fifth or sixth paper in our pages (and if you are a rural author, you know that after you have been published once, this editor does not hold your hand anymore). The journal is indexed by both Index Medicus and Google Scholar.

Still, it’s a little lonely out here, breaking trail as the first journal of rural medicine. There are a few other journals that are rural, and others that are not rural but have content that is relevant to rural medicine, or close to relevant, but they’re not considered mainstream. *CJRM* needs rural content to continue to make a difference.

For example, I need a manuscript about outcomes when you close a rural emergency department. We know what happens when you close an obstetrics department, but what happens when you close the ER? There are not enough data to help determine when such service reductions are reasonable to reduce human resources demands, and when they will worsen outcomes because sick people will not get or seek care, or will not get it in a timely fashion (regardless of the quality of the remaining distant facility).

We need that content to guide and sustain the art. Send me a procedural article. You know the format by now:

not so many words, a bunch of pictures and no more than 5 references, unless you want your obsessive tendencies questioned. There are a number of topics in The Practitioner “occasional” series that I would particularly like to see cross the desk:

- sedation for procedures
- foreign-body and rust-ring removal from the eye
- styte and eye cyst management
- temporomandibular joint dislocation
- Kirschner-wire fixation of a metacarpal fracture
- incision and drainage of a perineal abscess
- mechanical ventilation
- tracheotomy care and weaning
- nasal fracture
- nasal foreign body
- bone marrow aspiration
- thoracentesis and pleurodesis
- pericardiocentesis
- dental procedures
- dental fracture
- tooth extraction
- nonscalpel vasectomy
- male circumcision
- postpartum hemorrhage
- perineal tear repair
- cesarean delivery
- biopsy of the cervix
- culdocentesis
- urethral dilatation

We need to hear about who we are, with more “off call articles,” a grab-bag of material of general interest to rural doctors (e.g., travel, musings on rural living, essays) that describe what it is to be a rural doctor — we are unique.

There is so much that needs to be written and published and not enough scholarly content about issues that affect our lives and those of our rural patients. We will keep ‘em coming, you keep reading and *CJRM* will continue to be there for rural medicine.