A Potpourri

John J. Frey, III, MD, *WMJ* Medical Editor

Case reports still constitute a large contribution to the biomedical literature. Most of the syndromes, diagnoses, clinical findings, and a great deal of the understanding of chronic diseases started out being single or multiple case reports. All of the eponymous anatomical and clinical points that many of us learned in training and had to substitute with more descriptive terms (Parkinson's syndrome is easier to remember and easier to visualize than paralysis agitans) started with descriptive case studies in journals or books. Biomedical journals such as *The New England Journal of Medicine, JAMA*, and many longtime specialty journals had very few "research" articles until the early 1960s. So there is a long tradition of case reports in the literature.

The 3 examples in this issue present unusual stories—clinical stories—that start with a puzzling presentation, a workup that may lead down blind alleys and eventually come upon a diagnosis that clarifies what treatment to use or what prognosis to give. Whether it is an elderly man becoming confused and agitated who appears to have neuroleptic malignant syndrome and turns out to have rabies,[1] or a teenager who is brought to an emergency department with severe symptoms of a stroke and documentation of multiple pulmonary emboli emanating, it turns out, from venous thromboembolism through a patent foramen ovale,[2] or a middle-aged man with a complicated course of a disease that keeps his doctors guessing about the etiology for 2 years,[3] the case reports in this issue enlighten us about the complexity of unusual disease or complex presentations of common diseases.

Two articles raise important policy issues for the practicing community and for the health systems in which many of us work. Mindock and colleagues[4] found a strong belief in the value of involuntary commitment of patients for alcohol dependence from public health and elected officials of the counties in Wisconsin, but a wide range in the use of that law to treat patients. While physicians are not required to be a part of the commitment process, they have great influence over family members who are often desperate to find an approach to chronic relapsing alcohol dependency. In studies over the past 40 years, alcohol continues to be second only to tobacco as a contributor to all-cause mortality with a particular prevalence in the upper Midwest. If funding for involuntary treatment is required—and municipalities have to contribute to part of the cost—then we need to avoid the penny wise, pound foolish approach to a health problem that costs us far more not to treat. And physicians need to lead.

Finally, the interaction between required and voluntary when it comes to public health issues has been a source of debate and discussion over the 106 years of publication of the *WMJ*. "Freedom to choose" vs the common good is an inherent source of conflict in this country, even echoed in the recent Supreme Court discussion about the Affordable Care Act. The article by Smith and Van Cleave[5] shows how a requirement for influenza vaccination for employees of one of the largest non-federal health systems in the country has accomplished almost universal coverage, which will decrease the likelihood of transmission in the workplace and should decrease the loss of work time and illness in employees. The debate over children's vaccine often misses the fact that required vaccine for school attendance changed everything over the past 20 years. Health policy based on evidence and common sense (which unfortunately does not insure that people will agree with them) such as smoking in the workplace, immunizations for school attendance, TB testing, and Hepatitis B immunization for health care workers has changed societal risks for the better over the past 50 years. Employers requiring influenza vaccine as a condition of employment simply adds to that positive record in an era where widespread concern about the potential for epidemic influenza is quite real.

REFERENCES

1. Brauer E, O'Horo JC. An acute, progressive encephalopathy. *WMJ.* 2012;111(2);66-67.

2. Gunta S, Kamath S. A case of pulmonary embolism and stroke in a 16-year-old girl. *WMJ.* 2012;111(2);58-60.

3. Pathak V, Aryal G, Clouse LH. Pulmonary lymphomatoid granulamatosis presenting with neuropathy and renal nodules. *WMJ.* 2012;111(2);61-64.

4. Mindock, S, Wright K, Fleming MF. Prevalence of involuntary commitment for alcohol dependence. *WMJ.* 2012;111(2);55-57.

5. Smith DR, Van Cleave B. Influenza vaccination as a condition of employment for a large regional health care system. *WMJ.* 2012;111(2);68-71.

advancing the art & science of medicine in the midwest

WMJ

WMJ (ISSN 1098-1861) is published through a collaboration between The Medical College of Wisconsin and The University of Wisconsin School of Medicine and Public Health. The mission of *WMJ* is to provide an opportunity to publish original research, case reports, review articles, and essays about current medical and public health issues.

Visit www.wmjonline.org to learn more.