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## Publish (if you can)

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**M**OST PHYSICIANS DON'T publish medical articles, and most of those who do publish small numbers of articles. Some physicians are relatively addicted to writing and generally try to get what they write printed. I fall into this latter category, as is evidenced by the monthly column I've been writing



for this journal. Most of what I write is related to my narrow niche of neurological focus, movement disorders. This isn't important for this column. What is important is the increasing frustration I've experienced trying to get my manuscripts (ms) either submitted or revised. My technological incompetence has increased with age, but more problematic has been the increasingly bizarre nature of the submission requirements.

Back in the old days, one submitted three or four copies of a ms and a signed copyright transfer, which some journals required in advance, others only if the ms was accepted. These days, some journals require the copyright in advance; others require a box to be checked; and some require a signed statement in advance, even though the majority of articles are rejected. I am in the process of submitting a very brief case report, of interest primarily because of the educational value of the accompanying video of the movement disorder. Despite my problems with aging, I was stunned to

learn that there are neurology journals that do not publish videos even though the journal can be accessed on the Internet. Even the RIMJ publishes videos. One distinguished journal that does accept videos only publishes them as an "image in neurology," which is fine, except that all images

must also have a multiple choice question that includes five images. Since my patient's image was a video, and not an x-ray or skin abnormality, and obviously was unusual, finding static images would be meaningless, and finding 5 video examples of movements that might be confused with my case would be challenging. So, I withdrew.

The next journal had several categories that a submission might fall into. Each submission had a list of requirements that needed to be met before the article would be accepted. I was unable to identify which category my article might fall into. Another journal didn't mention whether they accepted videos but did supply an email for questions. Like other journals I've dealt with, those emails go into the netherworld of cyberspace. The journal I'm in the process of submitting to sent the ms back to me because, although I had, correctly checked the box indicating that the ms had a video as part of it, I had not indicated that on each page of the two

page ms. In addition, I had not included a "running title" on each page, and my acknowledgement included the statement, "thanks to Adam\_\_\_\_," rather than acknowledging Adam with a full sentence. The submission also required me to list three suggested reviewers. "Suggested reviewers" are reviewers the author knows and thinks can provide pertinent reviews. The notion of an author suggesting a reviewer never made sense to me. I always assumed that a friend would feel obliged to favor me if the outcome was in doubt, or even possibly favor me when I should not have been favored. I thought it made sense to have an author list some reviewers to exclude, since there may be bad blood between the two. Certainly one occasionally hears about scientists carrying grudges about competing theories. It turns out that two neurology journals checked their experience with the acceptance to rejection ratio when suggested reviewers assessed manuscripts and found that the suggested reviewers were actually more likely to reject a manuscript. I never suggest reviewers unless the journal requires it. And, this is a requirement that wastes time since one must supply the email address and telephone numbers of the suggested reviewers, which usually are not at one's fingertips.

Most difficult of all is the new stance some journals have taken of adopting templates that must be completed for submitting an article. It isn't enough

that one follows the template for writing the article, but one must also fill out a form that confirms and cites a page number for where a particular requirement is located. If an abstract is required, the form must check that the abstract is present, and which page it is on, although abstracts always come first. One must cite the page where the discussion begins, although every manuscript (and I have provided peer review for many journals) has a section labeled “discussion.” If the paper reports a clinical trial, then the form must state that an IRB approved the protocol, despite the fact that every article with human subjects always states this at the beginning of the methods section. And on it goes. I reviewed a ms for one journal and found that the form that had to accompany the article was about

2/3 the length of the actual manuscript. It is certainly better to submit articles online than on paper, but the intrusions of political correctness and highly dubious screening procedures make submissions an increasingly onerous process. The list of conflicts of interest extend to family members, and to ties to industry, publishing houses, and anything else the journal thinks is relevant even when there is no relevance. And we see, quite easily, that since there is no oversight for this, other than comparing the conflicts listed in the ms and those listed on the accompanying template, anyone who wants to hide something can easily do so. If other older authors are like me, they will be taking on junior authors simply to handle the process of submission. It’s worse than handling my TV remote or cell phone. ❖

#### Author

Joseph H. Friedman, MD, is Editor-in-chief of the *Rhode Island Medical Journal*, Professor and the Chief of the Division of Movement Disorders, Department of Neurology at the Alpert Medical School of Brown University, chief of Butler Hospital’s Movement Disorders Program and first recipient of the Stanley Aronson Chair in Neurodegenerative Disorders.

#### Disclosures on website

## Rhode Island Medical Journal Submissions

The Rhode Island Medical Journal is a peer-reviewed, electronic, monthly publication, owned and published by the Rhode Island Medical Society for more than a century and a half. It is indexed in PubMed within 48 hours of publication. The authors or articles must be Rhode Island-based. Editors welcome submissions in the following categories:

### CONTRIBUTIONS

Contributions report on an issue of interest to clinicians in Rhode Island. Topics include original research, treatment options, literature reviews, collaborative studies and case reports. Maximum length: 2000 words and 20 references.

JPEGs (300 ppi) of photographs, charts and figures may accompany the case, and must be submitted in a separate document from the text. Color images preferred.

### CREATIVE CLINICIAN

Clinicians are invited to describe cases that defy textbook analysis. Maximum length: 1200 words. Maximum number of references: 6.

JPEGs (300 ppi) of photographs, charts and figures may accompany the case, and must be submitted in a separate document from the text.

### POINT OF VIEW

The writer shares a perspective on any issue facing clinicians (eg, ethics, health care policy, patient issues, or personal perspectives). Maximum length: 600 words.

### ADVANCES IN PHARMACOLOGY

Authors discuss new treatments. Maximum length: 1000 words.

### ADVANCES IN LABORATORY MEDICINE

Authors discuss a new laboratory technique. Maximum length: 1000 words.

### IMAGES IN MEDICINE

Authors submit an interesting image or series of images (up to 4), with an explanation of no more than 500 words, not including legends for the images.

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## Where Are the Aromas of Yesteryear?

STANLEY M. ARONSON, MD

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WHEN SAMUEL COLERIDGE (1772–1834) toured the German city of Cologne, his personal journal took note of the many distinctive smells that confronted him while walking the streets of this ancient Rhenish metropolis. “I counted two and seventy stenchies,” he marveled. But of these many smells, he decided, only a few truly stank. Coleridge’s reflections on urban smells make an astonishing claim: to have identified 72 distinguishable aromas!

An American tourist, currently visiting some urban center for the first time, might keep a diary of each day’s observations and happenings. And in it he might describe, perhaps, the city’s unique architecture, its historic structures, its idiosyncratic history, and certainly its restaurants, each with distinctive aromas; but rarely would he make specific note of the distinguishing street smells that he might have encountered. Maybe a passing comment on industry-generated smoke or, if the city were a seaport, the faint aroma of the neighboring seas, but, out of middle-class courtesy,



little more. Chambers of Commerce are generally reluctant to advertise distinctive smells.

Humans are granted a defined number of senses including, amongst others, the senses of touch, sight, taste, hearing and smell. (There are still further senses said to exist, more perhaps in the realm of the intuitive, the revelatory world or even the spiritual, but their existences have not been verified by objective testing.)

The capacity to detect distinctive odors, identify them by name, knowing which bespeak of imminent danger and which hint at edible nourishment, has kept many species alive in an uncompromising Darwinian world. Indeed, with many invertebrate species and marine vertebrates, the sense of smell is substantially more developed than the sense of sight, and certainly more critical to survival. Humans, civilized men and women, have allowed their olfactory skills in distinguishing one odor from another to languish. Smelling an approaching predator may have been a life-saving virtue for our primitive ancestors, but is no longer an aid to survival in an urban world where every effort is now made to diminish or eliminate every lurking aroma.

A *New York Times* article, in 2014, took notice of the diminishing reliance humans – and particularly Americans – have placed upon the ability to identify encountered smells. In an article entitled, “Can’t Place That Smell? You Must Be American,” it seems, more and more, that anthropologists are now willing to assert that culture rather than genetic inheritance determines whether an encountered smell is a pleasing scent or an offensive



HISTORY OF MEDICINE/NLM



stink. And further, that increased acculturation diminishes the human acuity of smells while relying more on the sense of sight for survival.

More than any other nation, the United States has determined to eliminate smells from the quotidian lives of its citizens. If Coleridge's journal entry is a reasonable sampling of early 19th-Century perceptions of odors, then only two of 72 were deemed offensive. But if he were alive today, he would be astonished by the grimness with which Americans confront odors: Virtually all odors are considered offensive; and even the neutral word, odor, brings to mind the unvoiced adjective, "offensive."

Americans now inhabit a land where

almost any odor is labeled as repugnant if not evil, and biologic smells are sure evidence of human disease and are given such names as halitosis or body odor (B.O.) And sweating, once sure evidence of honest labor, is viewed now as asocial if not uncouth behavior. Indeed, in current fiction, a witness who sweats is regarded with heightened suspicion. Our citizenry now live in mortal dread of yielding any odors, since by definition all smells are to be deemed irrefutably offensive unless they arise from cosmetic industry products.

And so we sweeten our exhalations, we wrap our foods in clear plastic and we air-condition our homes to lessen the effects of heat but also to remove the

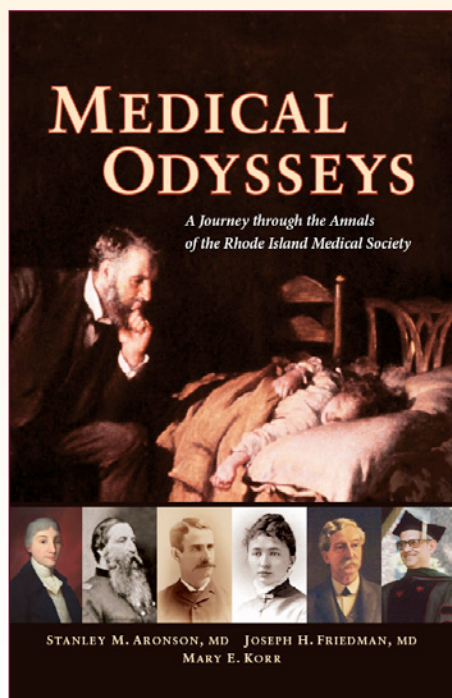
slightest trace of the many odors that bespeak of a thriving human existence. In truth, odors are neither odious nor pleasing except by the flawed judgments of humans. In the words of Thoreau (1817–1862), "There is no odor so bad as that which arises from goodness tainted." ❖

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#### Disclosures

The author has no financial interests to disclose.



## Medical Odysseys Available!

RIMS' bicentennial is over, but there are still copies of *Medical Odysseys: A Journey through the Annals of the Rhode Island Medical Society* available for purchase. Connoisseurs of Dr. Stanley Aronson's uniquely erudite and entertaining essays on medicine, medical history and language will want to add this latest volume to their collection.

This time around, Dr. Aronson invited the Editor-in-Chief of *Rhode Island Medical Journal*, Dr. Joseph Friedman, to join him in assembling a new selection of commentaries in honor of the Medical Society's bicentennial in 2012. Mary Korr, the editor of the new collection, was inspired to contribute her own series of well-researched and entertainingly written new essays on aspects of RIMS' history.

*Medical Odysseys* is handsome and highly readable. The volume contains 69 essays, 28 by Dr. Aronson, 26 by Dr. Friedman, and 15 by Ms. Korr.

The cost is \$15 each and includes postage.

To purchase, please contact Sarah at the RIMS office, [sstevens@rimed.org](mailto:sstevens@rimed.org) or 401-528-3281.

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