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The treatment of mechanical neck and back problems is difficult. John Lavis and colleagues in Toronto and Seattle examined hospital admissions for these conditions in Ontario and the US (page 29). In both jurisdictions, over the period 1982 to 1992, admissions for medical treatment decreased, while those for surgery increased. By 1992 the admission rate for medically treated cases was 23% higher in the US than in Ontario and for surgically treated cases, a whopping 164% higher. In a related editorial, Dale Vellet and Donald Lee emphasize the discrepancies between Canada and the US in numbers of orthopedic surgeons and neurosurgeons, as well as numbers of CT and MRI units (page 63). Steven Lewis puts a different spin on the results (page 61). He points out that in Canada any additional resources for a given treatment, such as spinal fusion surgery, would have to come from the existing pool of public health care funds; in the US, such an increase would likely come from elsewhere in the economy, and the total US health care budget would increase accordingly.

Warren McIsaac and colleagues at the University of Toronto have substantially revised and validated their simple system for determining when to treat upper respiratory tract infections with antibiotics (page 75). The new tool should substantially reduce the proportion of patients receiving antibiotics unnecessarily.

CMAJ has new editorial scaffolding. We welcome our first-ever editorial board and 3 new associate editors; their names are inscribed on the masthead. The board, now almost complete, is made up of leading experts in a broad range of fields. I extend my personal thanks to them for their willingness to accept the duties

of board membership and their enthusiastic support for the idea of creating a board. I would like to especially welcome the board's international members: Dr. Martin Shapiro, professor and chief of general internal medicine and health services research in the Department of Medicine, University of California at Los Angeles, and Dr. Richard Smith, editor of the *British Medical Journal*.

It is somewhat unusual for one medical journal to invite a prominent editor of another journal to join its editorial board — and for that invitation to be accepted. Perhaps a word of explanation is in order. Over the past year I have received a lot of help from my colleagues on the International Committee of Medical Journal Editors, particularly Richard Smith of the *BMJ* and Richard Horton of *The Lancet*. We have been exploring ways of working together on some projects, and Richard Smith's membership on our board is one aspect of that collaboration.

We have now rounded out our team of scientific editors with 3 new associate editors. Dr. K.S. Joseph, who is based here in Ottawa, has a strong background and interest in epidemiologic methods and their application. Dr. Anita Palepu, an internist, is an assistant professor at the University of British Columbia and a St. Paul's Hospital Foundation scholar. She has a strong interest in health services research. We also welcome Dr. James (Jim) Hanley, a professor of epidemiology and biostatistics at McGill, as our associate editor for biostatistics.

In closing, I want to thank the University-based Editorial Consultants and the Scientific Consultants who have served the Journal so well over the past several years. Their advice and counsel have been a great help to me and to former editors of *CMAJ*. — JH