



### Kudos for CMAJ's new look

How pleased I was to see the many changes in the format of the Jan. 1, 1997, issue of *CMAJ*. I appreciate the change in the print; it is darker, better spaced and larger. I also appreciate the more favourable spacing of paragraphs and advertisements and the general improvement of the layout. Perhaps my complaints about the old style bore some fruit. Again, thank you for a most interesting and informative journal.

**Leonard I. Levine, MD**

Former Editor  
*Hologram*  
Canadian Holistic Medical Association  
Former Editor  
*Dalhousie Medical Journal*  
Ottawa, Ont.

Congratulations on the new and improved format of *CMAJ*. It is most interesting and enjoyable.

**Claude L. LeBlanc, MD**  
Calgary, Alta.

I like the new clean look of *CMAJ*. I also like the "at a glance" cover. All the best for 1997.

**Peter Vaughan, MA, MD**

MPH Program  
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The new *CMAJ* is very snazzy indeed. I even think that there are changes of substance as well as of form.

**A. Mark Clarfield, MD**

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Congratulations on a great re-design! You and your team deserve lots of credit for the new look.

**Stewart Cameron, MD**

Assistant Professor  
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I have pored over perhaps a dozen redesigns of *CMAJ* in the past decades, but the new cover and internal design of *CMAJ* has far excelled them all in harmonizing graphic and textual elements, while offering plenty of uncluttered white space. Congratulations.

**Peter Morgan, MD, DPH**

Former Editor-in-Chief  
*CMAJ*  
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### Lax record keeping

To the tips for keeping good medical records given in the article "Physicians who keep lax records put careers in danger, college course warns" (*Can Med Assoc J* 1996;155:1469-72), by Dee Kramer, I would like to add consideration of transcribed records. After my internship in 1981, I would have been one of those with very poor writing and difficulties in time management, and I would have easily succumbed to poor record keeping. However, I had joined a clinic in which the records were dictated and transcribed. There is an obvious overhead cost associated with dictation; however, in terms of the clarity of the records, the ability to be succinct and the ability to dictate a referral note or significant other record immediately (avoiding the necessity of pulling charts later or hav-

ing charts pile up on your desk) there is a distinct advantage. The ongoing typed record also provides a good organization tool that allows the temporal sequence of care to be easily documented. Effective dictating may also reduce the time-frame for making records from the suggested 5 minutes to only 1 or 2 minutes; furthermore, records can be made immediately after the patient is seen, while the visit is still fresh in the physician's mind.

Cost aside, with the time saving and the ability to organize the files easily and to provide documentation of the good work and the amount of work done, there are potential benefits to transcribing records.

In the future, as computer voice-recognition systems become more effective, they may also allow for cost-effective transcription.

**Patrick J. Potter, MD**

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### Keeping an eye on the eye bank

I read with interest the 2 articles "Dr. James MacCallum: patron and friend of Canada's Group of Seven" (*Can Med Assoc J* 1996;155:1333-5), by Roger Burford Mason, and "First cornea transplants meant blind WW I veterans saw first sights in 40 years" (*Can Med Assoc J* 1996;155:1325-6), by Peter Wilton. Both articles are linked to the University of Toronto Department of Ophthalmology, yet made little reference to this institution.

The article on James MacCallum, who practised ophthalmology in Toronto for 50 years, stated that he encouraged members of the Group