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Editor's Note

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Editor's Note

Dear Readers,

The field of Psychiatry would never be described as stagnant. As a clinician and/or researcher, remaining current and apprised of psychiatric literature is imperative. Once one's interest in medical literature is ignited— hopefully in medical school— being able to comprehend, synthesize and practice knowledge acquired from the literature are invaluable skills. Not only do patients benefit from a well-informed clinician, but also the field of Psychiatry remains progressive and innovative.

This Journal has a long-standing history of showcasing the work of up and coming scholars and clinicians in Psychiatry. I have received manuscripts, which have been outstanding from medical students, residents and fellows. I encourage the submissions to continue. This volume, like past volumes, is filled with quality, scientific and thought-provoking literature.

For example, the review article on electroconvulsive therapy (ECT) by Kenning et al. provides a foundation and historical perspective on a highly effective therapy for several Axis I disorders, including Major Depressive Disorder.

A less controversial pharmacotherapy for several Axis I Mood Disorders is antidepressants, the most prescribed medication by psychiatrists. The prescription practices of psychiatric residents are reviewed in a retrospective study conducted by Dew and McCall. The study reveals that residents did not use certain classes of antidepressants, like tricyclic antidepressants and monoamine oxidase inhibitors, even though historically, research has proven that these drugs are effective.

In study by Rajan et al. Transcranial Magnetic Stimulation (TMS) is used as a tool to measure cortical excitability in sleep-deprived and rested controls, and depressed subjects. The authors of this elegant study theorized that an intracortical disturbance due to sleep-deprivation might reduce post-exercise facilitation, not psychiatric pathology, which was hypothesized.

A case report by Ramaswamy et al. highlights the importance of being aware of the potential dangers of polypharmacy: the combination of two psychotropic medications is felt to have contributed to a patient's sudden death.

The death of a patient due to iatrogenic cause can be extremely disturbing and humbling; however, when a patient is responsible for the death of another person, this can also be equally devastating. The review article by Watson of the Tarasoff case is thought provoking, and causes clinicians to assess their familiarity with the laws in their state regarding "Duty to Warn" as well as their ability to adequately assess the mental status of a homicidal patient.

In sum, I deeply appreciate the contribution of the assistant editors. I am grateful to Dr. David Lynn, the faculty advisor and Ms. Lillian Campbell, administrative assistance for their support and assistance. Finally I would like express my gratitude to Eli Lilly pharmaceutical company for providing the financial support required to keep the Journal in print.