

*Editorials***ADVANCES IN OUR ELECTRONIC PAGES**

**A**LTHOUGH we view the paper and electronic versions of the *Journal* as complementary, the electronic version can offer services to readers and authors that are simply not possible on paper. Today the personal digital assistant (PDA) is taking the place of the fat little notebook in coat pockets of many physicians. Recognizing this widely used new technology and its role in medicine, we are adding two new services compatible with the Palm operating system. First, a new Web-synchronized application allows users to load automatically from computer to PDA the latest *Journal* table of contents and abstracts. Second, those with wireless PDAs can browse collections of articles published since 1996 and arranged according to 51 topics. They will see titles, citation information, and summaries. Subscribers can then select a title and request the full text of the article. The electronic file (PDF) of that article will be sent automatically to the subscriber's e-mail address that we have on file or to another address that the subscriber enters. This new feature allows subscribers to order an article by wireless PDA, and the PDF of that article will be waiting in their e-mail box when they return to their home base. Subscribers can download these two new applications from our Web site.

Because we realize that our readers often need background information not found in our pages, articles on our Web site now include links to the on-line version of the 15th edition of *Harrison's Principles of Internal Medicine*. Subscribers to both the *Journal* and *Harrison's Online* can access the full text of both sites through these links. During a trial period, we will offer free access to *Harrison's* until April 1, 2002. We will be offering links to other high-quality sources of information, such as other medical textbooks, reference collections, and information data bases, as time and circumstances permit. For example, this fall, as we all witnessed the horror of bioterrorism, links to *Harrison's* and the Centers for Disease Control and Prevention were added to the *Journal's* Web site to provide authoritative and up-to-date clinical information for practitioners.

Two other new features should be of special interest to our academic audience. First, subscribers can download the color figures from our Advances in Immunology series in a format designed for use in Microsoft PowerPoint. We hope that our readers will find these images of value in their teaching mission.

If the response to this new feature warrants it, we will develop ways to download easily any figure in a PowerPoint format. The second new feature is the Author Data Center. Authors who have published papers in the *Journal* can now learn what impact they have had. At our new Author Data Center, authors can receive a summary of how often their articles have been accessed on our Web site. This service is part of the PaperTRAIL system, and it is password-protected so that only the authors can view data on the use of their articles.

Finally, because in some parts of the world the cost of a *Journal* subscription poses a barrier that may be insurmountable to nearly all potential readers, several months ago we made complete electronic access available free to anyone connecting to <http://www.nejm.org> from the 65 most economically disadvantaged countries in the world, as defined by the World Health Organization.

Although many of these new features are available only electronically, there are improvements in the paper version of the *Journal* as well. New features have been added in the past year, including an expanded This Week in the Journal section, a new interpretive feature called "Perspective," and the capacity for more rapid publication of papers. Readers can expect to see further improvements during the coming months.

What we publish is far more important than how we publish it. Readers of both our electronic and traditional paper versions can rest assured that in all formats we try to provide the most up-to-date, reliable, and balanced medical information available. We are taking advantage of all that each approach has to offer to serve your information needs. We welcome your comments on these new initiatives, both those available on paper and those available electronically.

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**DAILY HEMODIALYSIS — WILL TREATMENT EACH DAY IMPROVE THE OUTCOME IN PATIENTS WITH ACUTE RENAL FAILURE?**

**T**HE mortality rate among hospitalized patients with acute renal failure is high and has not changed substantially since dialysis was introduced several decades ago.<sup>1</sup> Although it might be argued that patients with acute renal failure are more seriously ill