New Media

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Internet concepts: Part III

Cookie

A piece of information sent by a Web server to a browser that the browser subsequently saves to memory and later sends back to the server whenever the browser makes additional information requests from the same server.

Cookies contain information such as login or registration information, online "shopping cart" choices, user setup preferences, etc. The server can then use this cookie information to customize what information is sent back to the user, or keep a log of a particular user's requests. Cookies can generally be disabled. For more information visit <http://www.cookiecentral.com/>

Client Software

Software that runs on your computer and communicates with a server so as to permit you to use a particular Internet service such as E-mail or the Web.

Crippleware

Software (usually shareware) that deliberately has limited functionality in an attempt to annoy you into eventually buying the full version.

Cyberspace

Referring to the Internet and its associated services such as E-mail, WWW, telnet, ftp etc.

Freeware

Software that can be obtained (usually by "downloading" from a server or via distribution on a CD-ROM) and used free of charge. For sample sites exclusively

offering freeware see one of the following:

<http://www.freehound.com/>

<http://www.zdnet.com/swlib/hotfiles/top50free.html>

<http://www.tudogs.com>

Hypertext

A system of electronic footnoting or linking, whereby clicking on highlighted or underlined text allows the user to obtain more information about the topic under consideration.

Netiquette

The somewhat informal code of conduct that governs behaviour on the Internet. As an example, avoid typing messages all in upper case (this is considered to be a form of SHOUTING!). Also, avoid inflammatory and derogatory comments ("flames") that may transform an online discussion into a series of personal attacks against the participants ("flame war"). For more insight into these codes of conduct, visit <http://www.fau.edu/netiquette/net/>

Server

A computer system (hardware plus software) permanently connected to the Internet (or a Local Area Network) that is dedicated to receiving, storing or sending information or files pertaining to "clients" of particular Internet service (E-mail, WWW, telnet, file transfer protocol, etc)

Shareware

Software that is freely distributable but for which you are expected to pay if you wish to use it after a given trial period (usually 30 days). Shareware may have

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"nag screens" reminding you to register the product or may degenerate into "crippleware" after a particular time period. For sites offering large shareware selections try one of the following Web sites:

<http://www.shareware.com>

<http://www.download.com>

<http://www.tucows.com>

Spam

Unsolicited junk E-mail, usually sent in bulk without regard to the annoyance it presents. Spam is named after the so-called luncheon meat, still available at finer supermarkets. You can fight spam in several ways. Visit: <http://www.cpsr.org/program/privacy/spam.html> for more details.

T-1 line

A connection capable of carrying data at 1,544,000 bits-per-second. A T-1 line can move a megabyte of data in less than 10 seconds.

T-3 line

A connection capable of carrying data at 44,736,000 bits-per-second. This is enough to do full-screen, full-motion video without compression.

Mirrored Site

A duplicate site on the Internet located closer to individuals who wish access to the original site. Mirroring a site cuts down on long distance Internet traffic and helps reduce download times by decreasing the number of people accessing the same small bandwidth. It also improves reliability in that a copy of the site can still be accessed should the primary site fail.

WYSIWYG (What You See is What You Get)

The practice of seeing images on the screen as they will appear when printed on paper.

Medical discussion groups on the Internet

Although numerous discussion groups exist on the Internet on topics from astronomy to zoology, the development of professional discussion groups on medical topics is a more recent (although very important) development. Simply stated, an Internet Medical Discussion Group (IMDG) is a network of users with Internet access sharing a common interest in some medical field. For example, IMDGs for AIDS, cancer treatment, chronic fatigue syndrome, dentistry, epilepsy, forensic medicine, medical physics, nursing and occupational medicine are all available. (For listings of IMDGs and other general medical resources, visit Medical Matrix at <http://www.medmatrix.org>). These

discussion groups offer participants the opportunity to meet new people all over the world, to share clinical experiences, to obtain advice and learn new perspectives on a variety of clinical topics. Because participants tend to be distributed internationally, fresh perspectives on clinical issues are often offered.

Participation in an IMDG usually begins by "posting a note" to the group participants - in essence, sending an electronic letter to all group members. To save the writer the need to keep a mailing list for all members, the letter (an E-mail message) is sent to a "list server" or "list processor" that takes care of message distribution. Once distributed, the letter is available to all IMDG members for reading and commentary. Because responding to a message is very straightforward (merely a few key-strokes), lively and helpful discussions often follow. (Members can also reply privately, rather than to the whole group, where appropriate). The sequence of messages following an originating message is known as a "thread".

Anesthesiology discussion group

The best known anesthesiology IMDG is GASNet's Anesthesiology Discussion Group (ADG), a very popular and well-respected international forum. Readers are advised to go to <http://gasnet.med.yale.edu/maillist/> for participation instructions (look for their FAQ "frequently asked questions" file), or to review the discussion archives). While the ADG is a valuable clinical information source, note that postings made to the forum are neither edited nor moderated, and may occasionally include accidental notes intended for other recipients, as well as postings of limited value or postings with grammatical or factual errors. Often, postings may result in further commentary from others, clarifying an issue or perhaps presenting an alternative perspective to the discussion. Still, there is no systematic means by which postings are scrutinized to determine suitability for the list recipients.

Before the advent of the IMDG, one could only resort to postal or telephone communication with known experts and literature searches to find out some specialized clinical information. The IMDG serves as yet another source of topical information. For example, issues discussed in the anesthesiology IMDG have included such topics as: premedication of children, use of PEEP valves, testing of the anesthesia machine, presence of spouses in the operating room during Cesarean sections, clinical use of hydralazine, management of the difficult airway as well as countless other topics. Announcements for meetings, conferences and symposia are also made.

I have used the anesthesiology discussion group on several occasions to obtain information difficult to get

by other means. In one instance, following an anesthetic for liver transplantation that required 142 units of packed cells, I described the case to "the list" and initiated a lengthy thread that provided clinical hints to all who do liver transplantation anesthesia. In another case I asked about the clinical use of pentastarch for cardiac surgery and was put in touch with clinicians experienced with use of the product. In yet another instance, in preparation for a planned animal experiment, I wrote privately to a veterinary anesthesiologist who frequently contributes to the list to inquire about using propofol for canine anesthesia.

To assess the effectiveness of the Anesthesiology Discussion Group, an electronic questionnaire was sent to all members by Dr. Keith Ruskin of Yale University, the list manager. The questionnaire revealed that the types of messages included calls for papers and announcements of scientific meetings; questions about clinical procedures and tools (e.g. operating room scheduling software); comparative advantages of different anesthetics and drugs; and safety of anesthetics in pediatric patients. The Food and Drug Administration has also used the list as an additional medium for distributing urgent notices about drug and equipment recalls. All of the subscribers read their e-mail at least weekly; 87% checked their mail every day or every other day; 93% of the respondents believed that the Anesthesiology Discussion Group was useful to them, with 87% of respondents discussing topics with colleagues who were not subscribers to the list. Most survey responders felt that they had derived benefit from their participation in the IMDG. The fact that one subscription from a department was often followed by additional subscriptions from the same department suggests that information about the list had spread through the department so that other members became interested. The relatively low number of "unsubscriptions" and the continued growth of the list, with sustained activity by current members suggests that the ADG is a thriving community and valuable educational tool. For more information on the ADG and other anesthesiology resources, see this month's CJA NEW MEDIA GEM section.

The article is also available in PDF format at: <http://www.anesthesiology.org/abstracts/abstracts89/v89n4p1003.pdf>.

An accompanying editorial is also available at: <http://www.anesthesiology.org/abstracts/abstracts89/v89n4p817.cfm>

Free utility of the month

HP Web PrintSmart

This absolutely free utility, which works only with HP-compatible printers, allows the printing of Web pages for later review. It is optimized for Microsoft Internet Explorer. <http://www.hp.com/go/webprintsmart>

CJA New Media Gem of the Month

This month's special gem is a special review article on the Internet published in the October 1998 issue of *Anesthesiology* (Ruskin K: The Internet: A practical guide for anesthesiologists. *Anesthesiology* 1998; 89: 1003-14). The article is available online at: <http://www.anesthesiology.org/abstracts/abstracts89/v89n4p1003.cfm>.