# Advances in Internal Medicine<sup>®</sup>

Stollerman • LaMont Leonard • Siperstein

# Advances in Internal Medicine®

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#### **Preface**

The selection of topics for volume 37 by the editors of Advances in Internal Medicine® follows our usual policy of spotting new and timely information of importance to medical practice, regardless of whether the subject matter is at the subcellular or the global epidemiologic level. It is not easy, therefore, to group our topics except by the specific choices proposed by each of the editors. These choices reflect, of course, each of their special interests. To gain a place in the table of contents, however, each choice must win a unanimous endorsement and then survive a priority listing and the cut-off of page restrictions. This process that we have used for many past volumes results in an assemblage of reviews of remarkable range and diversity.

The list of infections flagged this year for the reader's attention is rather long. HIV, coxsackievirus myocarditis, parvoviruses in marrow aplasia. hepatitis C, and hemolytic-uremic E. coli range through a variety of organ systems and are augmented by immunologic topics in acute phase host defenses and autoimmunity. Neurobehavioral effects of cocaine outweighed most other competitors. The geriatric topics carved out their usual big niche with such unavoidables as the successful treatment of systolic hypertension in the elderly, the issues of benign prostatic hypertrophy and bladder dysfunction, thyroid and hyperparathyroid dysfunction, among others. Diabetes got its foot in the door again and the use of ACE inhibitors in renal failure couldn't be avoided either. The lung and its oncogenetics captured this year's oncology niche, and the "hyperlipidemic syndrome" topped the choices for this year's "lipidology." Nor were technical procedures neglected: Open lung biopsy, diagnostic paracentesis, balloon valvuloplasty and TURP come in for their fair share of medical critique. Finally, the numerous (too numerous?) options for the current management of uncomplicated myocardial infarction are addressed evenhandedly and in masterful fashion by a master of the subject.

What have we omitted? Plenty! But what we've included should keep our readers busy, well-informed and, we hope, interested for another year.

Gene H. Stollerman, M.D.

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