



Dear Colleague:

We try to make each issue of the *Cleveland Clinic Journal of Medicine* relevant to your daily practice, with an occasional article on the changing economics of medicine.

We hope you like the mix.

■ **The Viagra craze** (pages 301 and 331)
Take heart, men (and women); the world has suddenly become a better place. Sildenafil (Viagra), originally developed as a coronary vasodilator, has been found to have beneficial effects somewhat south of the heart. Dr. Licht discusses the data regarding this drug's salutary effects on the tumescently challenged, and Dr. Schover puts it all into perspective. With an illustration that explains the pharmacokinetics of sildenafil.

■ **Mad cow disease and prions** (page 291)
If you read Dr. Olds's article in this issue, you may never eat offal (ground animal remains, mostly viscera and bone) again. Offal can contain prions, the newly described infectious agents thought to cause mad cow disease, kuru, scrapie, and who knows what else. If you think there is no offal on your menu, you may have another think coming. With an illustration depicting how prion proteins can mutate and become infectious.

■ **The myths about cardiovascular disease** (page 286)

Dr. Breslow, former president of the American Heart Association, tells us how we physicians can work to explode the myths that the problem of heart disease is going away, that heart disease is a good way to die, and that no major research into cardiovascular disease is needed.

■ **The hospitalist** (page 297)

Hospitalists are a new breed of physician who take care of patients in the hospital only. They are a phenomenon of managed care, and offer opportunities for streamlining inpatient care, as described by Drs. Michota, Lewis and Cash.

■ **Solitary pulmonary nodules** (page 315)

Even though new imaging technology has made it easier to tell a malignant solitary pulmonary nodule from one that is benign, making such distinctions can still be difficult. Drs. Jain, Kathwalla, and Arroliga give us a complete review of this complex diagnostic dilemma.

■ **Infectious disease and transplant recipients** (page 305)

Recent successes in solid-organ and bone marrow transplantation mean that more primary care physicians are called upon to manage problems, especially in patients who live far from transplant centers. Dr. Avery reviews current knowledge about common and uncommon infections in immunosuppressed patients.

■ **IM Board Review** (page 327)

Chest pain and shortness of breath are complaints familiar to the internist, and Drs. Nielsen and Mazzone, take us step-by-step through the clinical presentation and diagnosis of such a case. Test your clinical skill in this question-and-answer format.

As always we are interested in what you think of the *Journal*, and your ideas for future topics.

JOHN D. CLOUGH, MD
Editor-in-Chief
ccjm@cesmtp.ccf.org