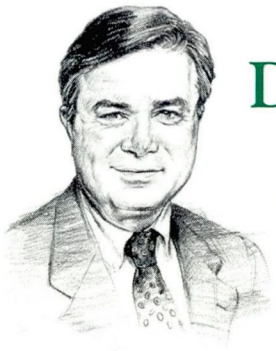


Dear Colleague:

Shakespeare pointed out that "the web of our life is of a mingled yarn, good and ill together."* As the *Cleveland Clinic Journal of Medicine* takes another look at the ill part of the mingled yarn, let us sit down with this month's issue and "make the coming hour o'erflow with joy, and pleasure drown the brim."†

H pylori and nonulcer dyspepsia (page 398)
The role of *H pylori* in peptic ulcer disease is clear, but what about dyspepsia without ulcers? The evidence suggests that only a minority of cases respond to antibacterial therapy, and Dr. Falk concludes that this approach should be reserved for those with proof of infection.

1-Minute Consult (page 393)
Should elderly patients with high cholesterol levels receive statin therapy? Dr. Messinger-Rapport provides an answer.

Stents (page 434)
Stents are a relatively new (and expensive) weapon in the invasive cardiologist's armamentarium. Drs. Marso, Ellis, and Raymond tell us that, although they reduce the rate of restenosis compared with conventional angioplasty, they are not without problems.

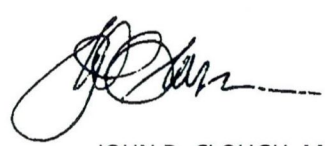
IM Board Review (page 426)
Flexibility is a virtue only up to a point. Exaggerated physical flexibility can be the hallmark of a group of connective tissue diseases described in this month's IM Board Review by Drs. Santos-Ocampo and Hoffman.

Treating advanced emphysema (page 415)
Surgical approaches to the treatment of advanced emphysema—bullectomy, lung volume reduction, and transplantation—are taking their rightful places among the treatment options in this terrible disease. Drs. Dasgupta and Maurer review the critical issues surrounding indications, patient selection, and outcomes for these procedures.

Maternal-fetal medicine (page 407)
The physician caring for a pregnant woman really has two (or more) patients—mother and fetus(es). Recognition of this is especially important in certain high-risk pregnancies, which should in today's world be managed by maternal-fetal specialists. Dr. Philipson explains the place of this new breed of specialist in the continuum of care.

Subacute care (page 443)
In the spectrum of postacute care, the subacute care unit provides an appropriate setting for patients who no longer need the intensity of hospital care but are not quite ready for discharge home. Dr. Mistry and colleagues describe the role of the subacute care unit in the parsimonious era of Medicare cost-control.

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



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*_All's Well That Ends Well_. Act IV, scene 3.
†_Ibid_. Act II, scene 4.