

Introduction

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The age limits of adolescence are usually defined as being from 13 to 20 years. This second decade of life is so distinct from either childhood or adulthood in its emotional, social, and physical aspects that physicians have created the new specialty of adolescent medicine. These new practitioners are generally family physicians, internists, or pediatricians who have developed an interest in the needs of this age group, and who devote part of their practice to them. In addition, there are now increasing numbers of physicians who have completed a formal fellowship in adolescent medicine, and are practicing their specialty on a full-time basis.

Clinics for teenagers were pioneered in 1951 at Children's Hospital Medical Center in Boston. They are now functioning in more than 70 hospitals, and 19 institutions are offering fellowships in this new field. The Cleveland Clinic Hospital has a teenage ward where the supportive milieu includes a lounge just for adolescents, with rock posters on the wall, a jukebox with rock and country music, a full-time youth activities worker, and most importantly, other adolescents undergoing similar emotional stresses engendered by the anxieties of hospitalization.

Physicians with a special interest in the medical problems of this age group are organized into the

Society for Adolescent Medicine. Their annual meetings include a day devoted to research papers. As enthusiasm for the development of "Free Clinics" to care for the medical and emotional needs of drug-abusing, alienated youth has abated, it has become clear that more normal, less alienated American youth also have unique problems which can frequently be best met by a physician who has an interest in and compassion for these young people.

This issue of the *Quarterly* is devoted to several papers reflecting the wide range of specialty interests which contribute to the medical care of adolescents at the Cleveland Clinic. Acne afflicts three of four teenagers at some time, so Dr. Wilma Bergfeld reviews recent advances in the treatment of this emotionally upsetting condition. Sports injuries affect at least 6 million adolescents a year in this country, so Dr. H. Royer Collins reviews the experience of our Sports Medicine Clinic in treating a large number of epiphyseal injuries, and Dr. Kenneth DeHaven discusses the problem of Little Leaguer's elbow and related disorders.

Although two of three teenage deaths are from accidents, suicide, or homicide, a significant number are from fatal disease, cancer being the most common. Musculoskeletal tumors, cancers which have a predis-

position for this age group, until quite recently were usually considered fatal, so I have reviewed the advances in "adjuvant" chemotherapy which indicate that perhaps the majority of these young people can now be saved if aggressive combination treatment programs can be administered early in the disease.

Crohn's disease and ulcerative colitis are common forms of chronic illness in adolescents, and as we are probably caring for one of the largest groups of these patients in the country, Dr. Richard G. Farmer and Dr. William M. Michener review the recent changes in the natural history of the disease as observed here. Crohn's disease has not only become the most common form of inflammatory bowel disease, but it is more severe and is requiring surgical intervention more often.

The common clinical problem of interpreting an elevated serum alkaline phosphatase level in an adolescent has been made easier by Dr. Malcolm Hope's study which documents a relationship with the degree of pubertal development. That exotic syndromes do not spare this age is demonstrated by several case reports including the first description of the entity, the "Modigliani syndrome."

We hope these papers will interest the reader in this relatively new aspect of medical practice.