Dear Colleague:

AN INTERNIST'S PRACTICE can vary tremendously, from the office-based treatment of tension headache to caring for a critically ill patient. This issue of the *Journal* runs the gamut of outpatient and inpatient care, from new guidelines from the National Headache Foundation to an update for treating adult respiratory distress syndrome.

Primary care for headache (page 373)
Headache due to various causes is a severe and disabling problem for many patients. The National Headache Foundation's diagnostic and management guidelines are summarized and discussed by Dr. Solomon and colleagues.

Preventing medication errors (page 355)
Medication errors are too common for comfort, and physicians need to do what they can to prevent them. Jones and Speerhas cite common medication errors and point out that physicians can avoid contributing to the problem by writing legibly and eschewing verbal orders and abbreviations.

Spinal cord injury (page 352)
Long-term complications plague virtually all patients with spinal cord injury. Dr. Frost discusses urinary tract infections, pressure sores, and autonomic dysreflexia in this context.

Adult respiratory distress syndrome (page 365)
Adult respiratory distress syndrome is a medical emergency with a mortality rate of 40% to 60%. Drs. Wiedemann and Tai describe the causes, pathogenesis, diagnosis, and treatment of this condition. Included with this article is an illustration showing how the damage of ARDS results in pulmonary "shunting," resulting in hypoxemia.

Clinical decision-making (page 361)
Positive antinuclear antibody tests are extremely common and must be interpreted with great caution. Dr. Alarcón guides us through two clinical scenarios to point out the pitfalls.

The Post-CABG trial (page 347)
Drs. Stewart and Hoogwerf discuss the post-coronary artery bypass graft trial of the efficacy of aggressive lowering of the LDL component of cholesterol in preventing saphenous vein graft occlusion.

Inpatient management of acute leukemia (page 385)
Dr. Kalaycio discusses the four serious complications that commonly affect patients hospitalized for treatment of acute leukemia: infection, hemorrhage, hyperleukocytosis, and tumor lysis syndrome.

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

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