



Dear Colleague:

A change in rules governing CME now make it possible for us to include the answers to the CME test in the same issue as the test. But, as you take this month's test remember—no peeking.

■ Cold and influenza season (page 27)

Dr. Macknin has been investigating the use of zinc gluconate lozenges to treat the common cold, to cut down the duration and severity of this annoying ailment. He concludes that the jury is still out, although some encouraging findings in adults have been reported.

Dr. Mossad (page 19) discusses some underused strategies for preventing and treating influenza, and he updates us on promising new treatments in the drug-approval pipeline.

■ Tamoxifen to prevent breast cancer (page 33)

The Breast Cancer Prevention Trial (BCPT), a study of prophylactic tamoxifen in patients at high risk for breast cancer, demonstrated the effectiveness of this drug so clearly that the National Cancer Institute stopped the trial early. Dr. Overmoyer reviews the key study results and the risks of using tamoxifen in this way. An illustration shows how tamoxifen prevents breast cancer.

■ Sickle cell disease (page 48)

As treatment of sickle cell disease improves, more internists are caring for adults with this disease. Dr. Ballas reviews common problems that adult patients with sickle cell disease face, and reviews treatment and prevention options.

■ Constipation (page 41)

Constipation is a nasty piece of business that affects most people at one time or another and is more prevalent in females and in the elderly than in the population at large. Dr. Soffer takes a look at the

causes and remedies of constipation.

Although high technology and surgery are not generally necessary to diagnose and treat this condition, they are available if needed.

■ Surgery, electrical stimulation, and Parkinson disease (page 9)

A number of neurological conditions, including Parkinson disease, may respond to highly specific surgical or electrical stimulation procedures. Dr. Montgomery describes some of these approaches and discusses results. An illustration shows how deep brain stimulation works.

■ Internal Medicine Board Review (page 15)

This month's IM Board Review describes a 47-year old man with an abdominal mass and mental status changes. Drs. Gurm and Budd discuss the difficult diagnostic and therapeutic issues related to this patient.

■ Superior vena cava syndrome (page 59)

Engorgement of the superior vena cava and its tributaries is a relatively common presenting symptom of lung cancer, lymphoma, or other conditions which can cause a mass lesion in the mediastinum. Dr. Markman reviews the manifestations of the superior vena cava syndrome and its causes and treatment, pointing out that in about 5% of cases the cause is nonmalignant.

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