Initially recognized in 1982, acquired immune deficiency syndrome (AIDS) has become one of the most feared diseases of the twentieth century. Its occurrence, predominately in young or middle-aged individuals, its mode of spread by sexual or blood contact, the risk of being infected from apparently healthy persons who carry the infection, and the relentless course of AIDS in many patients resulting in death have served to magnify its human tragedy. Indeed, there have been societal and political reactions to AIDS far different from responses to most other medical problems.

After the threat of AIDS was recognized, physicians and medical researchers mobilized to respond to this problem. Efforts were directed toward identifying the etiologic agent, describing the patterns of disease, initiating prevention strategies, and treating the complications. Much progress has been made since the first issue in this series devoted to AIDS was published in 1992. For the first time in recent years, there is cautious optimism, and even enthusiasm, among patients, health care providers, and researchers over advances in clinical care, basic science, and public health. Laboratory tests to measure viral load, now being used with increasing frequency, appear to be a potent predictor for survival and disease progression. An increasing number of studies are documenting the clinical and virologic advantages of combination therapy, both with and without protease inhibitors. Clearly, additional studies are needed to determine optimal combinations and times to intervene and if clinical and virologic improvements with combinations of new and old drugs are durable. Combination chemotherapy with protease inhibitors and viral-load testing, however, given their enormous costs, will not be available to the overwhelming majority of HIV-infected patients who live in the developing world and to many of the medically underserved populations of the United States. Thus, the emphasis on prevention of transmission needs to be strengthened. Thailand and areas of Africa have made impressive gains in prevention, giving hope that public health interventions can decrease rates of HIV transmission in other areas of the world.

In approaching this issue, the editors hoped to produce an issue that would give a comprehensive but practical overview of the current information known about the human immunodeficiency virus and the diseases it causes. The first part covered what is known about HIV itself, including epidemiology, biology, strategies for diagnosis, and treatment. In addition, an approach to presenting syndromes involving major organ systems is given. In this second part, medical management of specific infections, malignancies and syndromes that occur commonly in AIDS are presented. In addition, the risk of HIV infection to health care workers is discussed. Authors were asked to give practical information that
is also state-of-the-art. We believe these issues will serve as both clinical guides and reference sources.

We are grateful to the patients it has been our privilege to care for and to the authors who devoted their time and energy to make this issue a success.

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