Before I became a nephrologist, the Medical Clinics of North America was one of my favorite sources for quick, up-to-date reviews in many areas of the broad field of internal medicine. As a subspecialist, I continue to love the Clinics and use it as a good source of review articles on topics outside of my narrow subspecialty. I was, therefore, genuinely honored and pleased to have this opportunity to edit this issue devoted to renal topics.

During the preparation of this issue, I kept the needs of the primary care physicians foremost in my mind, and from the multitude of nephrologic topics, chose the ones that I thought would be of interest for practical use.

Many new developments have occurred in the field of nephrology in the last two decades. We achieved remarkable progress in the understanding of many disease processes from the level of cell biology and genetics, as well as clinical epidemiology, and achieved some success in better and earlier recognition and management of these conditions. During this same period, however, we have witnessed a tremendous growth in the incidence of different renal pathologic conditions, especially incidence of end-stage renal disease (ESRD). Incidences of diabetic nephropathy, acute and chronic renal failure, cardiorenal disease, iatrogenic renal injuries, and different electrolyte abnormalities are all on the rise. With aging population, prostatic diseases are seen more often. Incidences of nephrolithiasis are also on the rise. Unlike the nephrologists, primary care physicians are confronted with these issues in their daily practices. Even kidney transplant patients, who, as a group, used to be exclusively cared for by nephrologists or transplant physicians are no longer in this exclusive arena. Because of the increasing numbers of such patients and changes in health care economics, many patients are now being cared for by internists. This issue was prepared with the changing needs of practicing physicians in mind.

From my years of experience of teaching renal medicine to medical students and house staff, I have learned that nephrology is perceived as a "complex" subject by most physicians. The various authors in this issue, all of whom are experienced educators of renal medicine, have done an excellent job in breaking down complex issues into simple, practical terms. I am especially grateful to all of them for their hard work and cooperation. My hope is that this issue will be of practical use to many physicians who are or who will be at the forefront of
our continuing struggle with renal disease. I am grateful to my wife and children for allowing me the time to do this enjoyable work.

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