When asked to edit this issue for *Medical Clinics of North America* on “Urologic Issues for the Internist,” I had no hesitation in accepting. I had several reasons for this.

First was that an earlier issue of *The Clinics* on this topic had been edited by my colleague and close friend, Dr Martin I. Resnick (*Medical Clinics of North America, volume 88, 2004*). I considered editing this new updated issue a wonderful opportunity to honor my friend by providing a text that built upon and extended his important contribution.

Second was an appreciation that many conditions treated by urologists often represent problems that are to some extent, and often in large part, medically based. Thus, we as urologists (and our patients) might actually benefit from considering the medical perspectives offered by primary care physicians while they as our target audience in this issue of the *Medical Clinics in North America* (and their patients) might benefit from an understanding of these conditions from the urologist’s point of view. I therefore envisioned this as an opportunity to provide our medical colleagues with a urologic perspective on the knowledge and approaches we considered important in what they could do for these patients, and when we considered it important for them to refer these patients to us for specialist attention.

Third was a perception that an updated presentation of urologic conditions from the urologist’s perspective might more readily encourage primary care physicians to become true partners in assessing and initiating what we as urologists considered appropriate treatments for these patients. This might not only enhance overall urologic care through an improved understanding of these conditions from several perspectives but might also facilitate and enhance the application and efficacy of treatments when more specialist care might ultimately be needed.
Fourth was the potential opportunity I believed could be created in allowing leaders in our specialty to present their approaches and concepts on a variety of urologic conditions in a way that might prompt a general consideration of the issues involved, and that might encourage new thoughts on those issues that are still problematic.

In his preface to the earlier edition he edited, Dr Resnick commented that in his “review of the disorders managed by urologists, it became apparent that many applied to the general practice of medicine.” He then suggested that although some “are potentially life-threatening, ... others tend to have significant impact on quality of life,” and might favor a medical approach. On this basis, he described the contributions he compiled as intending to address “disorders that are common to urologic practice but also are common to all physicians practicing medicine. Some can be evaluated and treated by the primary care physician, (while, sic) others require referral to a urologic specialist.” In sharing these thoughts and perspectives, I have attempted to apply this approach in presenting the various topics included in this issue of the Medical Clinics of North America.

The authors of the individual articles in this text have generously contributed their time and shared their knowledge in discussing the many issues comprising this text in which they are expert. In addition, they have selflessly adopted a highly informative and generalizeable approach in presenting state-of-the-art information that can be utilized by primary care physicians and urologists alike. Their amenability to accepting this approach has resulted in what I believe is a very understandable and practical text that can be utilized to excellent effect in the assessment and management of the variety of disorders and conditions presented. For this, I am profoundly appreciative. They merit full credit for their outstanding contributions.

It has been a pleasure to work with each of the contributors, with the editorial staff of Medical Clinics of North America, and with those who have made so many fine suggestions in the production of this text. I would also like to express my gratitude to Dr Datta Wagle for suggesting this project, and my appreciation in memoriam to Dr Martin Resnick for having initiated the concept and provided the foundation from which I could work with my urologic and our primary care colleagues in this effort.

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