The most significant aspect of infectious diseases is that a majority of serious emergencies are curable if diagnosed early and managed appropriately rather than just treatable, contrary to most other emergent disease processes. Unfortunately, serious infectious disease manifestations are often not seen by patients, families, and health care providers in the same light as other emergencies. Delay in seeking medical attention and recognizing the urgency for intervention often result in a worse prognosis.

Like other medical emergencies, the initial encounter for infectious disease emergencies is in the emergency department or outpatient setting. Noninfectious disease physicians, particularly general internists, are often the front-line providers for diagnostic workup and initial management. The reader should keep that in mind, as the first article in this issue has been compiled by 5 of my general internal medicine colleagues. Each section starts with a case vignette and is followed by articulation of questions about diagnosis and management at the very outset. They have very skillfully abstracted a few clinical pearls for each of the serious clinical presentations in their respective sections. The next 10 articles review in detail epidemiology, microbiology, clinical presentations, diagnostic workup, and management, including presumptive and definitive antimicrobial therapy for infectious disease emergencies involving various organ systems. They include articles on the role of molecular diagnosis and pharmacotherapy of infectious disease emergencies.

It seems very appropriate to use one of the many quotes from Sir William Oster, “The whole life of the profession, whether moving in the units or expressed in its great institutions, is controlled to-day, as it ever has been controlled, by what we think of the nature of disease. Why is a right judgment on this one point the aim of medical education and of research—the be-all and the end-all of our efforts? Because upon correct knowledge depends the possibility of the control of disease, and upon our views of its nature the measures for its prevention or cure.”

Clearly, this issue of *Medical Clinics of North America* was made possible by the effort and experience of the contributing authors. Although acknowledging their
contributions, I would like to dedicate this issue to all those patients who did or did not see the light of the next day battling infectious disease emergencies.

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