When I was a third-year medical student many years ago, my senior resident shared an old adage with me: “Urine and pus must come out.” He actually used a different term for “urine” that made the saying a bit more memorable. The importance of proper functioning of the urinary system has been historically recognized. In 3000 BC, the ancient Egyptians developed the first urinary catheters that were made of bronze, reed, straw, or curled-up palm leaves. Later, rigid catheters made of silver or lead were developed, but trauma often ensued. The urinary catheter underwent a number of changes through the years, particularly with respect to materials used. In the 1930s, Frederic Foley first described the use of an indwelling catheter consisting of a longitudinal-grooved rubber tube with an inflatable balloon near the tip. This type of indwelling catheter is still used today.

Although the term “urology” is derived from the Greek words οὖρον (ouron) and -λογία (-logia), which are literally translated as “the study of urine,” the field of urology extends far beyond the excretion of water and organic compounds. Tumors of the genitourinary system, sexual dysfunction, urinary retention and incontinence, and infertility are just a few issues encompassed by this field. Every person will likely experience some urologic issue in their lifetime.

In this issue of the Medical Clinics of North America, Dr Brannigan has enlisted experts from around the country to assist internists in identifying, assessing, and (in some cases) treating common urologic problems. In addition, cutting-edge topics like the association between sexual dysfunction and cardiometabolic disease and the future
utility of telemedicine are discussed. It is hoped that this issue will serve as a resource for general practitioners when faced with genitourinary complaints that require more than just making sure that urine is flowing.

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