Foreword

Reflections

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Along with the stethoscope, the head mirror has historically been one of the most recognizable devices used to depict physicians. This simple tool, consisting of a concave mirror with a small hole in the middle attached to a headband, has been a cornerstone of examination of the ear, nose, and throat. When a light source is directed at the mirror, the reflection serves to illuminate a concentrated area and enhance direct visualization. Similar to the stethoscope, its accepted use can be traced back to the 1800s. However, unlike the stethoscope, use of the head mirror is now becoming obsolete. Medical students and residents have little exposure to this time-honored device. Most primary care physicians now use the penlight for simple illumination, while most otolaryngologists have turned to the head lamp for more intricate work. Despite it becoming outdated to most, the importance of the head mirror cannot be overstated. Direct visualization of the structures of the head and neck is vital, given the prevalence of disorders affecting the ears, nose, and throat.

Diseases of the sinuses alone affect more than 11% of the US adult population yearly. Tinnitus affects about 25 million Americans, whereas hearing loss afflicts twice that number. A National Health Interview Survey found that 21% of adults had difficulty following a conversation amid background noise. This number has the potential to rise with the use of personal audio devices. “Dizziness” continues to be one of the most challenging symptoms that primary care providers encounter. In addition to these “benign” conditions, serious infections of the head and neck can occur, producing devastating consequences (including death) unless diagnosed and treated rapidly, whereas nearly 14,000 people in the United States die of head and neck cancers yearly.

In this issue of Medical Clinics of North America, Dr Stewart has enlisted a broad array of experts who cover a number of areas seen routinely in general practice. In addition to assisting in developing approaches to common conditions, Dr Stewart and his colleagues also discuss advances made for ailments (eg, tinnitus and hearing...
loss), whose treatments have historically been considered futile. It is hoped this issue is worth some reflection.

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