



Dear Colleague:

Here we are again with another prescription we hope will get your intellectual juices flowing. A little free CME credit doesn't hurt either. Enjoy!

■ Y2K in the physician's office (page 141)

Of the many bugs plaguing us, the millennium bug threatens to be one of the all-time greats. Mr. Thompson and Dr. Harris take a look at the somewhat scary possibilities imbedded in "Y2K" and what we can do to avoid them in our practices.

■ Thalidomide's 'comeback' (page 136)

Thalidomide, the cause of one of the most notorious pharmaceutical debacles of the 20th century, has resurfaced as a respectable therapeutic agent. It has just been approved for the treatment of skin lesions related to leprosy and is under investigation for several other conditions. Dr. Calabrese sounds the appropriate cautions in the use of this drug.

■ Preventing falls in the elderly (page 181)

Falling is a common cause of serious injury in the elderly. Prevention is just as important as evaluation and treatment, and Dr. Mahoney discusses these aspects of this all too frequent problem.

■ Carpal tunnel syndrome (page 159)

Carpal tunnel syndrome has many causes and may be the first sign of a systemic disease. Dr. Carneiro takes us through the clinical presentation and treatment of this condition, keyed to some of the more common etiologies. The article features an illustration showing the different diagnostic tests.

■ Fever in neutropenic patients (page 173)

Neutropenic patients are at great risk for rapid decompensation and death from infection, and physicians need to be ready to use broad-spectrum antibiotics aggressively. Drs. Avery and Longworth give practical tips on how to approach this situation.

■ Beta₂-microglobulin amyloidosis (page 145)

A form of amyloidosis, characterized by deposits of aggregates of beta₂-microglobulin, can occur in chronic renal failure, often leading to rheumatic symptoms. Dr. Kay discusses the typical clinical findings and what to do about them.

■ IM Board Review (page 151)

Most headaches are benign, but they get your attention when they are accompanied by neurological signs, like ptosis. Drs. Nielsen and Mazzone lead us through the workup and eventual treatment of such a patient in this month's Internal Medicine Board Review.

■ Multicentric reticulohistiocytosis (page 166)

Multicentric reticulohistiocytosis is a rare condition that mimics disorders commonly seen in practice, like gout and rheumatoid arthritis. Drs. Horvath and Hoffman provide some clues that will help the clinician recognize this condition.

As always, we are interested in what you think of the *Journal*, and your ideas for future topics.

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