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The warmer image of this, the scientific journal of the Henry Ford Hospital medical complex emerges as a natural reflection of the growing strength of our medical center itself. This brighter outlook for both the Hospital and the Journal is the summation of many changing strengths: broader commitment to community health care delivery balanced by senior staff adherence to ever-increasing medical skills; enhanced support for and depth of basic medical research balanced by the everwidening scope of medical teaching that involves students, house officers and fellows.

In turn, material and substantive aspects of the Journal have been energized by the redirection of research under Dr. Raymond H. Kahn, with this revitalized publication as one byproduct, and by the managerial skills of Dr. Patricia L. Cornett, both colleagues of ours from the University of Michigan. The conceptual keenness of this new approach has been carefully honed by the generous support of our Editorial Board.

Over the last year, all of us have made a concerted effort to improve the quality and expand the range of scientific information provided by the Journal. In addition to pertinent review articles, the Journal now contains a regular section featuring the research results of scientific investigators working in the Hospital laboratories. Equally important, as the opportunity arises, entire issues of the Journal are being devoted to one special topic of interest to our physician readers or to one area of research. For example, the first issue of this volume, entitled "Arthritis: Modern Concepts and Ancient Evidence," featured papers given at an Arthritis Symposium held at the Hospital last fall. Co-sponsored jointly by the Paleopathology Association and the Rheumatology Division of the Hospital, this symposium offered a unique perspective on arthritis and featured presentations by pathologists, physicians, and physical anthropologists.

With this issue, we introduce another feature that, it is hoped, will become a regular and welcome part of the Journal's varied offerings. On pp. 114-121 will be found the first in a continuing series of clinicopathological conferences that are presented bi-weekly at the Hospital. Here is one more example of the useful combination of long-standing medical experience blended with the teaching prerequisite of every practitioner of healing. In recording a clinicopathological conference, we record what has been a part of the medical life of our Hospital almost from its inception and which now becomes part of our Journal as well. As in so many other areas of medicine as practiced at Henry Ford Hospital, these conferences bring together diverse points of view. To the strictly eastern viewpoint that they teach by emphasizing deductive reasoning in achieving the diagnosis is added the midwestern concept that they teach rather by emphasis on objective laboratory findings as a surveillance mechanism for correcting an aberrant clinical diagnosis. Hopefully, the most appropriate and effective threads of the contrasting views have been successfully interwoven. Let the reader be the judge!

John W. Rebuck, MD, PhD
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Vol 27, No 2, 1979
A Symposium of Renal Cell Carcinoma

In the United States it is estimated that 7,000 persons develop renal cell carcinoma each year. Despite innovations and advances in the radiologic diagnosis and surgical management of this disease, more than 75% of patients will die of metastases within ten years of initial diagnosis.

This issue of the Journal contains papers presented at a Symposium on Renal Cell Carcinoma held at the Henry Ford Hospital in March, 1978 in conjunction with the Michigan branch of the American Urological Association. The topics presented are a pragmatic array of disciplines commonly employed in the management of patients with renal cell carcinoma. These include: early and more accurate radiologic diagnosis; preoperative infarction of the neoplastic kidney; wide, aggressive surgical extirpation; and the considered application of radiation therapy, immunotherapy and chemotherapy to those patients at risk or with documented residual or metastatic disease.

The scope of topics represented in the following pages indicates that a number of specialties and disciplines in addition to urology are urgently involved in the current management of this disease. These papers deal with areas of clinical activity and investigation presently under intense study. Together, they provide optimism for the future, e.g., earlier diagnosis and localization of the neoplasm, a possibly favorable alteration in host immune response resulting from preoperative tumor infarction, aggressive and “super-radical” nephrectomy, combination drug chemotherapy, and adjuvant chemotherapy-immunotherapy.

—Joseph C. Cerny, MD
Guest Editor