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Some diseases have been around for what seems like forever. The world has witnessed startling advances in medical technology and yet these diseases continue to plague us. Somehow we fail to control diseases that are both treatable and preventable.

Tomorrow is World TB Day, an annual reckoning of this very failure. In 19th-century literary depictions of the consumptive type, novelists and poets, many of whom died of consumption themselves, put a romantic gloss on a grim and tragically widespread disease. Koch identified the causative organism in 1882 and streptomycin therapy was discovered to be effective in 1944. And still, the days of tuberculosis are not behind us. The World Health Organization reported that 3.8 million new cases of active TB were diagnosed worldwide in 1998, and this figure probably represents considerably less than half the true number of new cases.

In this issue we include 2 original studies related to TB risk factors and treatment (pages 789 and 799), and we begin our Clinical Basics series on TB (page 837). Edited by Anne Fanning of the University of Alberta, the series is rich with clinical examples and brings together leading experts in TB diagnosis and management. We have come a long way since Osler remarked that he “preferred the Adirondacks for early cases,” but we still have far to go.

Even in the vaccine era, outbreaks of mumps — another preventable disease — can occur. In our Public Health column Caralee Caplan describes an outbreak in Montreal and provides tips for diagnosis and prevention (page 865).

Like TB, schizophrenia — once “dementia praecox” — is a disease with a long history, a rich mythology and an enormous burden of suffering. Ashok Malla and colleagues review the evidence that early treatment for control of symptoms may be beneficial in preventing some of the long-term effects (page 843). In an accompanying editorial, Mary Seeman looks at changing perceptions of the illness over time and warns of the difficulties of early intervention (page 826).

The number of manuscripts we receive has almost doubled in the past 2 years, and, as a result, our acceptance rate has fallen. A new section titled “Research Letters” represents one way of coping with the increased volume and of accommodating more original research within our pages (pages 815 and 825). The articles are short scientific manuscripts, subjected to the same rigorous peer and editorial review as our other scientific papers, and are expected to bring valuable new information to clinicians in a timely manner.

We also wish to announce this year's winner of the Logie prize: Daniel Gorman, a 1998 graduate of the University of Toronto. Using many examples, including the famous woman-in-the-bathtub paradox, Gorman leads us through the ethically and legally troubling area of end-of-life care and euthanasia (page 857).

And finally, a farewell to Peggy Robinson. An associate editor since 1991, Peggy was also managing editor of *CMAJ* for the past year and a half. As she begins her freelance editing career, Peggy leaves a much strengthened journal. Her style and grace and quiet diplomacy will be greatly missed. ?