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CLINICAL PROBLEM-SOLVING SERIES

The *Journal* welcomes submissions of manuscripts for the Clinical Problem-Solving series. This regular feature considers the step-by-step process of clinical decision making. For more information, please see <http://authors.nejm.org>.

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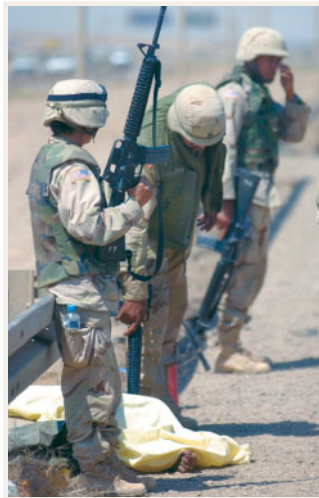


This Week in the Journal

JULY 1, 2004

ORIGINAL ARTICLE

Combat Duty, Mental Health Problems, and Barriers to Care



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Most members of the military services returning from combat duty in Iraq and Afghanistan have experienced traumatic events such as being shot at, killing someone, and knowing someone who was injured or killed. Almost 20 percent of respondents to a survey of soldiers and Marines returning from Iraq suffered from post-traumatic stress disorder, but most had not sought or received treatment. Perceived barriers to treatment included concern about the stigma associated with mental illness and about possible harm to a career.

SEE P. 13; EDITORIAL, P. 75

ORIGINAL ARTICLE
Multivitamin Supplements and Progression of HIV

A randomized, controlled trial of pregnant women infected with the human immunodeficiency virus in Tanzania assessed the effects of multivitamin supplements.

Multivitamin supplementation reduced the end point of death or disease progression in the population studied. The use of this low-cost intervention may delay the need for antiviral medications.

SEE P. 23; EDITORIAL, P. 78

ORIGINAL ARTICLE
Serum Aldosterone and the Incidence of Hypertension

Does aldosterone have a role in the pathogenesis of essential hypertension? This report from the Framingham Heart Study suggests that it may. Persons with serum aldosterone levels at the high end of the normal range had nearly double the risk of the development of hypertension within four years. Thus, serum aldosterone levels may contribute to the risk of hypertension.

SEE P. 33; PERSPECTIVE, P. 8; CME, P. 111

BRIEF REPORT
Fatal Myositis Due to a Mosquito Pathogen

A woman with diabetes and rheumatoid arthritis died from complications of severe myositis caused by infection with *Brachiola algerae*, a microsporidium normally found in insects. The patient had been treated with an immunosuppressive regimen that included infliximab, an inhibitor of tumor necrosis factor α .

SEE P. 42

CLINICAL PRACTICE
Diabetic Foot Ulcers

A 58-year-old man with type 2 diabetes mellitus has an asymptomatic plantar ulcer on the left foot that remains unhealed after four months. The ulcer measures 2 by 1 cm and is surrounded by callus under the first metatarsal head. Neurologic examination reveals loss of sensation of touch, pinprick, and vibration below the midcalf level bilaterally and the absence of ankle reflexes; the foot pulses are normal. How should this patient be evaluated and treated?

SEE P. 48; CME, P. 109



DRUG THERAPY
Alzheimer's Disease

The prevalence of Alzheimer's disease is predicted to reach 13.2 million cases in the United States. This article considers current therapeutic approaches for Alzheimer's disease. Optimal management requires accurate diagnosis, which is increasingly based on an understanding of pathophysiology. Neuroprotective strategies, cholinesterase inhibitors, psychopharmacologic agents that may reduce behavioral disturbances, and newer agents such as memantine are discussed.

SEE P. 56; CME, P. 110

HEALTH POLICY REPORT
Health Care Reform and the Crisis of HIV and AIDS in South Africa

This report reviews South Africa's health policies over the past 10 years. After the country's transition to democracy, the government implemented health care reform to improve access to health care, especially for children. With 10 percent of South Africa's population infected with the human immunodeficiency virus (HIV), AIDS has had a devastating impact on health and the delivery of health care. Severely constrained financial resources frustrate efforts to improve South Africa's health care system and to implement optimal programs for the prevention and treatment of infection with HIV.

SEE P. 81

CLINICAL PROBLEM-SOLVING
A Twist of Fate?

A 39-year-old Sri Lankan man presented with a three-day history of headache, chills, diarrhea, nausea, vomiting, and neck stiffness. He reported having had vertigo, left-sided facial paresthesia, incoordination, and dysarthria, which had lasted for several minutes and then disappeared.

SEE P. 69