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This issue is chock-a-bloc with interesting articles, and has something for everyone. We have 2 new CUA guidelines. The guideline on the medical management of patients with urolithiasis, first authored by Ryan Paterson, is an excellent overview of a complex subject. I have often wondered how aggressively to investigate stone formers, and this guideline provides clear direction. There are also very useful suggestions for dietary advice. Required reading for all of us who manage patients with urolithiasis.

The second guideline, by Fred Saad and Sebastian Hotte on the management of castrate resistant prostate cancer, is a lovely summary of a rapidly changing field. Many new pathway specific non-cytotoxic drugs are in the pipeline, and will have an increasing role in the management of castrate-resistant disease. It behoves urologists to be familiar with these drugs and the principles of management of these patients.

We present 2 papers which are quite unusual in their subject matter. Early in my career, I observed what seemed to be a Canadian syndrome of frequent presentation of excellent studies at urology conferences, but infrequent subsequent publication of that data. Geoffrey Gotto, Andrew McNeilly and colleagues compare the publication record of CUA members during two 2-year periods in the mid 90s and mid-2000s. Thirty percent of CUA members published during the more recent period, an impressive figure. The quality of publications has also improved, with a greater proportion of RCTs and clinical trials. Canadians published more than twice the number of RCTs in 2003-4 as they did 10 years prior. We believe that the initiation of the *CJU*, and now the *CUAJ*, contributed significantly to an increase in the number of articles published by Canadian urologists – this is confirmed by this study. In 2003-4, the *CJU* published more articles from Canadians than any other journal except the *Journal of Urology*. To quote their concluding line: “CUA members should be proud of their academic productivity.” Indeed.

Two articles address the management of small renal masses. Ross Mason, Ricardo Rendon and colleagues report that peripheral renal masses are 3.5 times more likely to be benign than central masses. This is very useful information, and should drive decision-making about renal biopsy and conservative management of small masses. Venu Chalasani, Joe Chin and colleagues report the results of cryosurgical ablation in 19 patients not candidates for partial nephrectomy. Four of 19 patients had a recurrence; 16% at 4 years. This is higher than in other series, and may reflect the longer follow-up in this series. Cryo clearly is effective in many patients, but the local recurrence rate appears to be higher than with surgical resection.

Perhaps the most interesting article in this journal for medical history buffs is an article about a little known figure, Abraham Groves, who practiced in Fergus Ontario from 1871 to 1930, a career spanning 60 years. Dr. Groves, who had very little surgical training, performed over 20 000 operations. More importantly, in spite of working in isolation in a rural environment, he was a pioneer in many areas, including aseptic surgery, cystolithotomy and suprapubic prostatectomy. He published 36 papers. The article makes for fascinating reading about an extraordinary Canadian surgeon who used observation, logic and an innovative spirit to improve the care of his patients. An unsung Canadian hero!