In the past few years, nephrologists have been bombarded with a spate of publications in this journal and in its younger sisters on innovative techniques replacing partially or totally standard methods of hemodialysis. We have been uncomfortable in assessing the true value and potential dangers of the newer techniques, worried by the persistent thought that advocates of all techniques, new or old, tend to see them through rose-colored spectacles and gloss over, therefore, the serious problems, practical and theoretical, associated with these techniques.

To obtain a nonpartisan view is virtually impossible in this rapidly growing field and we, therefore, thought it worthwhile to stand back and take a long hard look at the questions: Do we need these techniques? Are they better than the old ones? To do this, we have invited two of our esteemed colleagues to give their views. One, Dr. Stanley Shaldon, can only be described as one of the founders of modern nephrology, a man of prophetic vision and with the unusual ability to be proven right in the long run in almost everything he says. The other is A. P. Lundin, a well-known nephrologist who is himself a long-term patient on hemodialysis and whose critical eye we have learned to respect over the years. He has a healthy and refreshing viewpoint both as doctor and patient, which few nephrologists can match.

We hope that the reader benefits from both of these articles and will be, perhaps, influenced in his future attitudes as a result.