



Peritoneal Dialysis

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A year or so after Dr. Robert Popovieh arrived in Seattle in 1965 to begin working on his doctoral thesis under Dr. A.L. Babb, we had just begun work to try to prove the prediction that the peritoneum had a higher permeability to middle molecules than hemodialysis membranes [1]. Several years later, when Dr. Popovieh accepted a position at the University of Texas in Austin, he decided to concentrate his research efforts in the area of peritoneal dialysis and everyone knows how successful that effort has become [2]. Indeed, because of continuous ambulatory peritoneal dialysis (CAPD), long-term peritoneal dialysis after a two-decade incubation period is finally becoming an equal option to hemodialysis and transplantation in the management of chronic renal failure. For me this development represents final vindication of a twenty-year effort to help promote peritoneal dialysis, often in the face of enormous opposition. I particularly remember a policy meeting at the NIH a few years back in which it was decided by my colleagues on the committee that long term peritoneal dialysis had no future and therefore no funds for projects in this area would be forthcoming. Based on the excellent results that Boen and later Tenckhoff had been getting in our Seattle program, I knew the committee was wrong and tried to convince them otherwise. Naturally, being the only favorable vote, I failed. I often wonder how many years this decision and others like it set back peritoneal dialysis.

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