Book Review

Harrison's Principles of Internal Medicine, 15th ed.

edited by Eugene Braunwald, Anthony S. Fauci, Dennis L. Kasper, Stephen L. Hauser, Dan L. Longo, and J. Larry Jameson, 2595 pp., ill., New York, NY, McGraw-Hill Medical Publishing Division, 2001, \$125

Despite the steady increase in computerized access to primary literature and current review articles, there is still a role for encyclopedic textbooks that provide a consistent approach and a thorough and authoritative synthesis of the literature on a broad range of clinical topics. *Harrison's Principles of Internal Medicine* has long been a classic of the genre, and the 15th edition easily measures up to its predecessors. The editors and authors have done a superb job of producing a text that is comprehensive, comprehensible, and current. In particular, advances in molecular genetics have been incorporated throughout, and an entire section on Genetics and Disease provides a superb overview.

Neurologists probably consult this book most often when they confront a nonneurologic term or a concept that they don't recognize or don't remember very well. To get some idea of how useful the book is in this regard, I made a point of referring to it for every somewhat complicated or obscure medical topic that I encountered or discussed with colleagues over the course of 2 weeks. I was a little surprised to discover quite a few lacunae in the text. For example, I could not find any mention of Sneddon's syndrome, sphenoid sinusitis, or the implications of the pattern of ANA staining (e.g., diffuse vs speckled). Castleman's disease is mentioned only briefly. Hashimoto's encephalopathy is not listed in the index, but it is discussed briefly in the text. Stroke in the setting of bacterial endocarditis is mentioned in two different chapters, but not in enough detail to provide much clinical guidance. In contrast, the discussion of atrial fibrillation in the chapter on tachyarrhythmias and the shorter discussion in the chapter on cerebrovascular disease succinctly summarize the important management issues. The paragraph on hypercoagulability in inflammatory bowel disease is relatively thorough, and the discussion of current diagnostic criteria for diabetes is extremely helpful.

The table of abbreviations that is included at the start of some chapters is very useful. Unfortunately, many chapters do not include such a table. In all chapters, discussions of patient management are highlighted with a blue border, which is convenient for anyone wishing to look up a specific point without reading an entire chapter. It is sometimes unclear whether these treatment discussions apply just to the preceding subtopic or to the entire topic. For example, discussion of the diagnosis of diabetes mellitus and discussion of general management are separated by 16 pages that include eight separate treatment sections related to specific diabetic complications.

A second way in which neurologists might use this book is to review the current thinking on a nonneurologic topic. From this standpoint, the text is outstanding. Without exception, every chapter I reviewed provided a clear summary of current clinical thinking in the context of the relevant basic science and clinical trials. The depth of coverage varies somewhat. Some outpatient management issues and intensive care topics receive relatively little attention, whereas the section on infectious diseases constitutes a textbook in itself.

Neurologists will probably consult other sources when looking up neurologic topics, but they may be asked by their colleagues in other fields whether *Harrison's Principles of Internal Medicine* is a good reference work for neurologic issues. My answer is a resounding yes. The chapters on neurologic subjects easily meet the standards set throughout this book. I did not find any inaccura-

cies, although I would have shifted the emphasis in some places and used different terminology in others. The chapters on dementia, for example, demonstrate a very cautious approach to the interpretation of Lewy bodies and to the accuracy of premortem diagnosis. I think this caution is warranted, but the author probably should have acknowledged that it represents a minority opinion among workers in this field (who also have adopted the terminology "dementia with Lewy bodies," which appears nowhere in this book). As another example, the chapter on cerebrovascular disease perpetuates a long-standing source of confusion with respect to the term embolic stroke. Early in the chapter, the authors note that atherothrombotic strokes (meaning sudden occlusion of intracranial vessels by thrombosis) are less frequent than "atherothromboembolic strokes, or simply embolic strokes," by which they mean artery-to-artery embolism. Yet, in their discussion of stroke treatment at the end of the chapter, they use the term atherothrombotic to include artery-to-artery embolism and they use the term embolic to refer specifically to cardioembolic strokes. Nonetheless, such criticisms are minor compared with the many excellent features of these chapters.

Indeed, if there is any reason not to recommend the neurology chapters to nonneurologists, it is that the discussions may be too comprehensive. This is certainly the case for medical students. In some medical schools, the neurologic chapters of *Harrison's* are used as the principal text for the neurology clerkship, but this text is not an ideal introduction to clinical neurology. Although several chapters refer to a systematic approach to patients with neurologic problems, the approach is not presented in enough detail for most medical students (or, indeed, practicing physicians) to absorb it. Those who do not already have some grasp of clinical neurology before reading these chapters will probably have trouble seeing the forest for the trees.

Purchasers of this book receive a 3-month subscription to *Harrison's Online* and the option to purchase a more extended subscription. As of this writing (June 5, 2001), the online version corresponding to the 15th edition is to be launched tomorrow. If the current Web site is any indication, the editors will have to improve the updating process considerably for the next edition to justify their claim that this is a "living textbook," updated daily. For example, the newer antiepileptic drugs, including zonisamide, oxcarbazepine, levetiracetam, and even topiramate, are not found. A November 1999 update regarding the treatment of progressive MS includes a good summary of the 1998 European mitoxantrone trial, but there has been no update announcing the drug's US Food and Drug Administration (FDA) approval for this indication. The last update regarding catechol-O-methyltransferase inhibitors appeared just after the FDA approval of tolcapone, but before the approval of entacapone. A December 1998 update announced the approval of herceptin for breast cancer, but there are no listings for rituximab or imatinib. This is clearly not the place to turn when patients have questions about "late-breaking medical news" in the popular media.

In summary, although this book is a good "first stop" when looking up obscure terms or specific issues, supplementary references may be necessary on occasion, especially for extremely recent developments. The book's greatest value is that it is a superb resource for physicians wishing to review current concepts regarding almost any clinical topic, whether neurologic or nonneurologic. The authors and editors deserve high praise for keeping this modern classic both modern and classic.

Douglas Gelb, MD, PhD

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Corrections

A prospective study of cerebral white matter abnormalities in older people with gait dysfunction

In the article “A prospective study of cerebral white matter abnormalities in older people with gait dysfunction” by Whitman et al. (*Neurology* 2001;57:990–994), an author’s name was printed incorrectly. The second author’s name should be Y. Tang, not T. Tang. The publisher apologizes for this error.

A 1-year, placebo-controlled preservation of function survival study of donepezil in AD patients

In the article “A 1-year, placebo-controlled preservation of function survival study of donepezil in AD patients” by Mohs et al. (*Neurology* 2001;57:481–488), table 3 was printed incorrectly. The headings “Placebo” and “Donepezil” were placed over the incorrect columns. The correct table is printed below.

Table 3 Adverse events (AE) experienced by at least 5% of all patients taking donepezil

AE by body systems	Placebo, n = 217			Donepezil, n = 214			p-Value versus placebo
	Overall, n (%)	Severe, n	Related,* n	Overall, n (%)	Severe, n	Related,* n	
Body as whole							
Accidental injury	6 (3)	2	1	12 (6)	1		0.16
Asthenia	8 (4)		4	14 (7)	1	8	0.20
Headache	7 (3)	1	4	20 (9)		10	0.01
Digestive system							
Anorexia	4 (2)			12 (6)		9	<0.05
Diarrhea	11 (5)		9	37 (17)	1	25	<0.001
Dyspepsia	3 (1)			12 (6)			<0.05
Nausea	8 (4)		6	19 (9)		14	<0.05
Metabolic and nutritional							
Weight loss	9 (4)		7	13 (6)		11	0.39
Nervous systems							
Agitation	21 (10)		10	28 (13)	1	13	0.29
Insomnia	7 (3)		3	16 (8)		7	0.06
Respiratory system							
Rhinitis	14 (7)		1	25 (12)	1	5	0.07
Skin and appendages							
Abrasion	7 (3)			16 (8)		1	0.06
Urogenital system							
Urinary tract infection	14 (7)			28 (13)		1	<0.05

* Includes events judged by the investigator to be either possibly or definitely related to test drug.

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