Book Review
Harrison's Principles of Internal Medicine, 9th Edition, Update I

Edited by Kurt J. Isselbacher, et al.

Are you overwhelmed by the burgeoning mass of data appearing in the medical literature? Does the sight of the stack of your medical journals elicit pallor, diaphoresis, tachycardia, epigastric pain, and a sense of impending doom? Has this symptom complex been unresponsive to pharmacological intervention with small doses of tricyclics, diazepam, propanalol, cimetidine, antacids, or even alcohol? In those dark wee hours of the morning are you visited by the ghosts of omniscience past, minimal expertise present, and incompetence future? Well, you are not alone!

Few would disagree that the rate of accumulation and dissemination of new medical information has reached explosive proportions. However, this proliferation of publication does not have as an obligate concomitant the same massive increase in medical knowledge. Real medical progress follows upon years of careful, controlled experimentation, of testing and modification and retesting of hypotheses, and finally of independent corroboration. Few physicians realize that the brief declarative statements found in a medical textbook are the simplified distillate of many investigator-years of research. And fewer still recognize that these "facts" rarely represent inviolate truths.

A basic tenet of the career of the physician is that continuing education and self-improvement must proceed unabated. But is such an unqualified goal realistic? A moment's pause for rational reflection suggests that omniscience is not a reasonable expectation. I suppose that in a distant time and land the "Renaissance Physician" could and did exist. But in the contemporary world maintaining such a grandiose delusion is absurd.

Of course, I do not propose that we abrogate our responsibilities. Our imperative must remain the maintenance and improvement of our clinical skills and expertise. I only suggest that we define reasonable goals and expectations. In my opinion, the prime directive for the conscientious student and practitioner of medicine is the mastery of the medical knowledge required for the diagnosis and management of the common human diseases. Prerequisite to achieving this goal is a solid foundation in the clinically relevant principles of the basic biomedical sciences. This supportive structure is developed during medical school and is strengthened through clinical experience and the continued, humble reliance upon a pathophysiologically oriented reference text, of which Harrison's Principles of Internal Medicine is a fine example. Selective reading of a few key medical journals will then supplement, reinforce, and enrich this preexisting matrix and keep us current with fundamental medical advances.

It would be naive to expect of ourselves the capacity to critically assess the entire, voluminous mass of disparate data appearing in the medical literature. To do so requires a significant degree of specialization (even subspecialization) and scientific sophistication. I do not mean to disparage clinical research and publication, nor the desire of a physician to appreciate and master this literature. New medical directions, approaches, concepts, insights, and discoveries are disseminated to the medical community largely via the written word. What I do decry is the conviction that all this information can be ingested and digested, and can then be appropriately assimilated or discarded.

A new and lucrative marketplace has arisen in response to the generally acknowledged need for effective continuing medical education. In the opening paragraph I presented an hyperbolized version of a typical advertisement from a company venturing into the business of CME. Among the resplendent offerings designed to provide us with a palatable way to maintain our command over the inexorable advances in medical information are tapes, slides, monographs, "educational vacations," and books. Of these, two stand out as "Best Buys."

The first is the Scientific American, Medicine, a comprehensive textbook of internal medicine which is kept current through the use of word processor technology. Here, on a monthly basis, the subscriber receives revised portions of text which incorporate recent, significant contributions to medical knowledge. The effort is admirable. There is no question that this textbook is an excellent resource, providing the up-to-date overview needed to enrich and reinforce our general knowledge of internal medicine. Obviously it is not intended as, nor should it be viewed as a substitute for primary literature references or in-depth reviews of specific medical topics. Scientific American, Medicine is simply a superb place to begin.

The second "Best Buy" is a new offering from the publishers of Harrison's Principles of Internal Medicine. Recognizing the inherent constraints imposed by publication time and effort, the editors have proposed a series of Updates to bridge the gap between the basic precepts elaborated in their textbook and the medical concepts and information which have developed between new editions. The editors have no intention of making these Updates comprehensive. They have opted to sacrifice breadth for depth, and in the process have provided a product which complements rather than substitutes for a general textbook, such as Harrison's Principles of Internal Medicine or the Scientific American, Medicine. These Updates have an explicit and limited goal, that being "... to cover some of the new and important medical advances that, even since the ninth edition, have become
an integral part of medical knowledge... In addition, the Updates are intended to review clinical topics which, while important, either could not be comprehensively described in the textbook or had to be omitted altogether."

Four Updates have been planned and are scheduled to appear at regular intervals during the two to three year period between editions of the textbook. From the cornucopia of potential topics in which recent medical progress and understanding have become clinically applicable, sixteen representative areas have been selected for presentation in Update I. Among these are chapters focusing on: (1) current concepts in the diagnosis and management of such diseases and disorders as biliary obstruction, gastroesophageal reflux, mitral prolapse, cerebrovascular disease, variant angina, infectious diarrheas, and disorders of the sleep-wake cycle; (2) new information regarding the physiologic and pathogenic roles of the glycosylated hemoglobins and of the family of thromboxanes and leukotrienes; and (3) therapeutic modalities in transition from the experimental laboratory to the clinical setting, such as the artificial pancreas and bone marrow transplantation.

To some extent my overview of Update I is based on my evaluation of those chapters dealing with the newer concepts in infectious diseases. For example, Carpenter and Sack's review of the "Infectious Diarrheal Syndromes" is an exquisitely organized and thoughtful presentation of a complex subject characterized by extensive diversity in etiologic agents and pathogenic mechanisms. Yet, it is my impression that all the chapters have the quality of "state of the art" reviews. They are clear, cogent, critical, and comprehensive presentations written by experts familiar with the intricate details of their subject matter. Each review has been organized around a lucid exposition of basic pathophysiological concepts. And finally, the product has been superbly edited to provide us with a text of concise and palatable prose.

Obviously, there can be no single modality by which we can achieve mastery of current medical knowledge and maintain our clinical skills and expertise. However, Update I, and hopefully the Updates to follow, beautifully fulfill the fundamental need for a lucid and critical communication of new, important, and clinically relevant medical knowledge.

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