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1788 Human Metapneumovirus and Lower Respiratory Tract Disease in Children

1790 Monkeypox in the Western Hemisphere

1791 Off-Pump versus On-Pump Coronary Bypass Surgery

1794 Interferon Gamma-1b for Pulmonary Fibrosis

1797 The Severe Acute Respiratory Syndrome

1798 Medical Malpractice

1798 Treatment of Refractory Neurosarcooidosis with Cladribine

BOOK REVIEWS

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1800 Travel Medicine

1801 Travelers' Diarrhea

CONTINUING MEDICAL EDUCATION

1805 Asymptomatic Primary Hyperparathyroidism

1806 Pediatric Palliative Care

1807 A Comparison of High-Dose and Standard-Dose Epinephrine in Children with Cardiac Arrest

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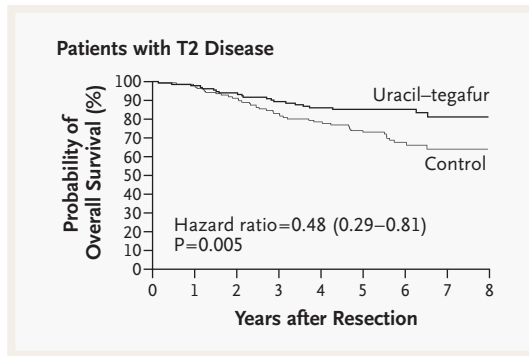


# This Week in the Journal

APRIL 22, 2004

ORIGINAL ARTICLE

## Adjuvant Chemotherapy with Uracil-Tegafur for Resected Adenocarcinoma of the Lung



This randomized trial of adjuvant therapy for early-stage adenocarcinoma of the lung compared treatment with tegafur plus uracil with observation. Among patients with tumors that were 2 cm or less in diameter, no difference was found, but overall survival among patients

with tumors that were greater than 2 cm in diameter was improved by uracil-tegafur.

Tegafur is a prodrug that is converted to fluorouracil in the liver. Oral uracil-tegafur causes few side effects and can be taken daily for as long as two years. The benefit of adjuvant chemotherapy with uracil-tegafur in patients with early-stage pulmonary adenocarcinoma may stimulate its use in other settings.

SEE P. 1713; EDITORIAL, P. 1777

## ORIGINAL ARTICLE

**Epinephrine in Children with Cardiac Arrest**

Epinephrine is routinely used for resuscitation from cardiac arrest. In this study of cardiac arrest in children, standard-dose epinephrine (0.01 mg per kilogram of body weight) was compared with high-dose epinephrine (0.1 mg per kilogram) as rescue therapy for failed resuscitation. There was no significant difference between the two doses with respect to any of the outcomes measured.

High-dose epinephrine cannot be recommended for rescue therapy in children with cardiac arrest.

SEE P. 1722; PERSPECTIVE, P. 1708; CME, P. 1807

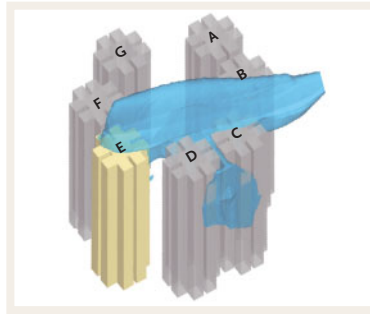
## ORIGINAL ARTICLE

**Evidence of Airborne Transmission of SARS**

This analysis used detailed airflow-dynamics studies to model the possible airborne spread of the virus in the large outbreak of the severe acute respiratory syndrome (SARS) in the Amoy Gardens housing complex in Hong Kong. The spatial distribution of the cases supports the hypothesis that a single index patient was the source of infection and the infection was spread by virus-laden aerosols.

This analysis provides strong evidence that airborne spread is a primary mode of infection, a conclusion that will affect public health strategies.

SEE P. 1731; PERSPECTIVE, P. 1710



## BRIEF REPORT

**A Case of Laboratory-Acquired SARS**

This report describes a graduate student in microbiology in Singapore in whom fever and respiratory symptoms led to the diagnosis of infection with the severe acute respiratory syndrome (SARS) virus in September 2003. The student had worked with a vial of West Nile virus, but an epidemiologic investigation found SARS virus contaminating the vial.

This case report emphasizes the need for both strict precautions and constant vigilance in laboratories in which research is conducted on highly infectious agents.

SEE P. 1740

## CLINICAL PRACTICE

**Asymptomatic Primary Hyperparathyroidism**

A 60-year-old woman is noted incidentally to have a calcium level of 10.8 mg per deciliter (normal range, 8.4 to 10.2 mg per deciliter). The parathyroid hormone level is 84 pg per milliliter (normal range, 10 to 65). She has never had a kidney stone or a fracture, and she feels well. Her urinary calcium excretion is normal. Her bone density is within 0.5 SD of the peak bone mass at the lumbar spine and the hip and is 1.0 SD below the peak bone mass at the forearm. How should her case be managed?

SEE P. 1746; CME, P. 1805

## MEDICAL PROGRESS

**Pediatric Palliative Care**

Each year, 500,000 children in the United States cope with life-threatening illness. These children and their families require comprehensive, compassionate, and developmentally appropriate palliative care. This review article discusses pediatric palliative care, which should intersect with the aims of curing and healing and become instrumental for improving quality of life.

SEE P. 1752; CME, P. 1806

## CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

**A Newborn Girl with a Large Cutaneous Lesion, Thrombocytopenia, and Anemia**

A female infant was born with a large, dark-red cutaneous lesion covering much of her trunk. A platelet transfusion was followed by dramatic enlargement of the lesion.

SEE P. 1764

## HEALTH POLICY REPORT

**The Physician-Supply Debate**

This report reviews efforts to estimate and control the supply of physicians during the past century and examines the current debate among experts, who have made a wide range of projections of the number of physicians needed over the next 20 years. Some experts believe the United States will have a large surplus of physicians, and others predict a large shortage. In the absence of a consensus on how many doctors the country will need, new federal policies to manage the supply of physicians are unlikely.

SEE P. 1780