

Searching the Medical Literature

TO THE EDITOR: Steinbrook (Jan. 5 issue)¹ discusses the extent to which people now use the Internet to look for medical information. However, the article includes incomplete data on the proportion of referrals from PubMed to journals hosted by HighWire. On the basis of Web log statistics at the National Library of Medicine (NLM), the actual number of referrals from PubMed was about six times as high as the number reported.

There was even greater access from the PubMed site if viewing of HighWire abstracts is counted. For example, in February 2006, 19 million HighWire abstracts were viewed. After viewing the abstract, 43 percent of users went on to retrieve the full article, but only the subsequent referrals were counted in the HighWire data. When viewing of abstracts is taken into account, PubMed's

proportion of access to content in HighWire journals rises to almost 60 percent.

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1. Steinbrook R. Searching for the right search — reaching the medical literature. *N Engl J Med* 2006;354:4-7.

THE ABOVE LETTER WAS REFERRED TO HIGHWIRE PRESS, WHICH OFFERS THE FOLLOWING REPLY:

After programming changes were made at PubMed in January 2006, we were able to identify additional referrals from PubMed that were previously unattributable to that source. We can now show the portion of referrals from major search engines with more accuracy. Figure 1 shows the data for February 2006.

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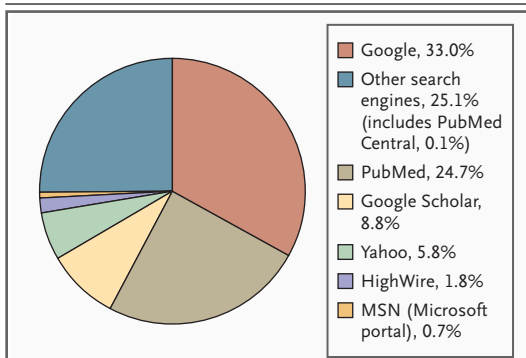


Figure 1. Referrals from Search Engines to Web Sites of 900 Journals Hosted by HighWire Press.

Data are for February 2006. Referrals are searches in which the user views the article. Referrals from Google include some from Google Scholar. Numbers do not add up to 100 percent because of rounding.

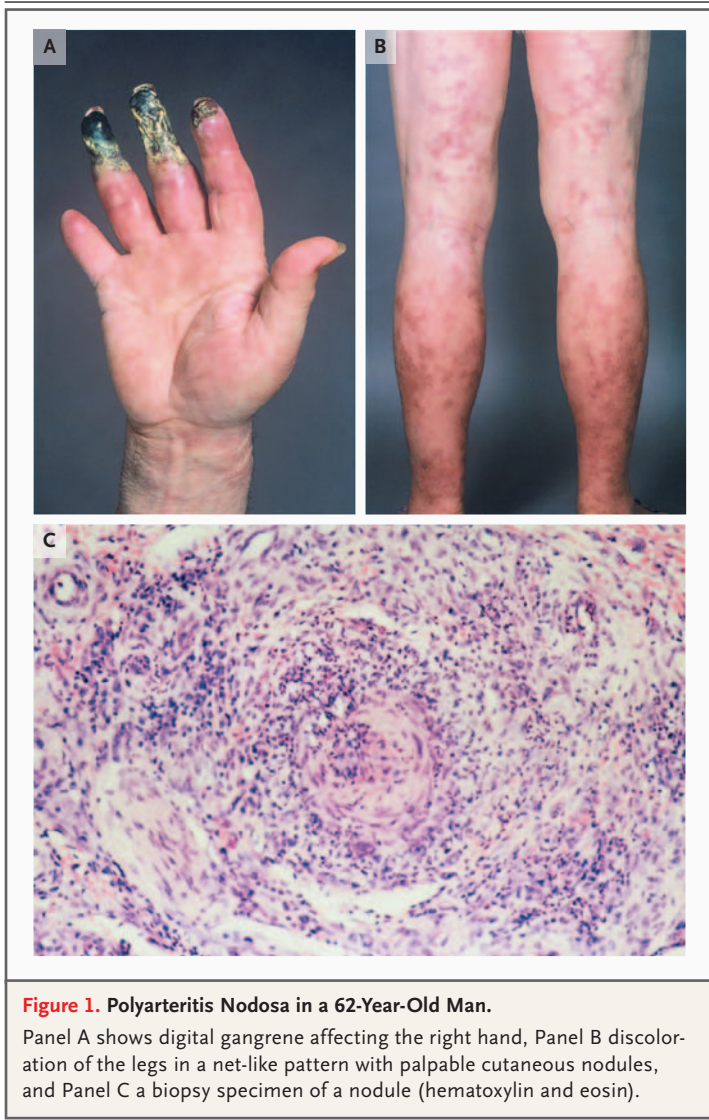
DR. STEINBROOK REPLIES: My article included incomplete data on referrals from PubMed to articles in journals hosted by HighWire; these referrals were undercounted. The more accurate data shown in the letter from Sack reflect programming changes that were made after the article was published. As Lindberg notes, a smaller number of searches led to viewing articles than to viewing only abstracts. For some purposes, abstracts provide sufficient information. Abstracts are usually available without charge to the user; many articles are not.

Robert Steinbrook, M.D.

Medical Mystery: Gangrene and Cutaneous Nodules — The Answer

TO THE EDITOR: The Medical Mystery in the April 6 issue¹ involved a 62-year-old man who presented with a one-month history of digital gangrene in the right hand (Fig. 1A). The skin of his arms and legs had mottled discolorations with palpa-

ble cutaneous nodules (Fig. 1B). A deep incisional-biopsy specimen from a cutaneous nodule revealed occluded middle-sized arteries with lymphoplasmacellular and neutrophilic infiltration (Fig. 1C). On the basis of the clinical and his-



in the control of the disease. At one year, the patient was in complete remission, and the immunosuppressive therapy was tapered down.

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1. Schanz S, Ulmer A. A medical mystery — gangrene and cutaneous nodules. *N Engl J Med* 2006;354:1515.

Editor's note: We received 918 responses to this Medical Mystery from 74 countries. Of those responses, 59 percent were from physicians in practice, 24 percent from physicians in training, 11 percent from medical students, and 6 percent from other readers. As in past Medical Mysteries, many of the responses reflected a team effort, such as those submitted by physicians in a few residency programs after they had discussed the case in a teaching conference. One father–daughter duo worked through this case as a family activity.

Forty-four percent of the responses correctly identified polyarteritis nodosa, a necrotizing vasculitis that often involves medium-sized arteries. Many of the responses also emphasized the cutaneous variant that this patient had. Seventeen percent of respondents implicated other types of vasculitis, including microscopic polyangiitis, Wegener's granulomatosis, the Churg–Strauss syndrome, Takayasu's arteritis, giant-cell arteritis, and vasculitis secondary to connective-tissue disease. Other common responses included thromboangiitis obliterans (Buerger's disease), the antiphospholipid-antibody syndrome, cholesterol emboli, leprosy, sarcoidosis, and scleroderma.

ologic findings, the diagnosis of cutaneous polyarteritis nodosa was made. The patient underwent amputation of the necrotic regions. During glucocorticoid treatment, new cutaneous nodules occurred. Cyclophosphamide treatment was effective

Important clues to the correct diagnosis of polyarteritis nodosa include the findings of cutaneous nodules, digital infarction (Fig. 1A), livedo reticularis (Fig. 1B), and vasculitis on histologic evaluation (Fig. 1C).

Spinal Cord Stimulation for Chronic Reflex Sympathetic Dystrophy — Five-Year Follow-up

TO THE EDITOR: Reflex sympathetic dystrophy is a painful, disabling disorder of unknown pathophysiological origin that usually commences after trauma to or surgery on a limb. In chronic cases, the syndrome leads to extreme pain, disability, and an inability to work, symptoms that

dramatically change the lives of both patients and their families.^{1,2} We undertook the present trial to determine whether treatment of chronic reflex sympathetic dystrophy with spinal cord stimulation and physical therapy is more effective than treatment with physical therapy alone.