

but I could not locate it. Overall, almost all of my queries were addressed.

There are several opportunities for improvement in the next edition. Although the book is printed in two colors, the potential of the design is not fully realized. Titles and headings are highlighted in blue, as are the tables. However, all of the diagrams and illustrations are in black and white. The introduction of shades of black and blue into the complicated figures would have greatly improved transmission of the content. In short, color is used decoratively, not heuristically. However, there is a four-color signature at the beginning of the book — a structure typical of earlier texts. I was surprised that in this computer-based era, when textbook sales are dwindling, that the publisher has not provided readers with digital access to references and text searching. Although many people still do not want to read an entire book on a computer screen, opportunities for searching, index linkage, and access to references, for example, have been missed. Had they been provided, the search for answers to my clinical questions might have been more successful.

A finalized version of chapter 76 is not included because it was “not available at press time for inclusion in the book.” Every multiauthored textbook of this scope has problems with the timely receipt of manuscripts, but there is routinely a plan for dealing with a missing chapter. It is not clear what subject is absent from the book, and I will always wonder whether the answer to an unsuccessful search was in that chapter.

These minor shortcomings notwithstanding, this is an outstanding, fairly priced book that remains the reference standard, providing a tremendous amount of current information on the subjects of hemostasis, thrombosis, and vascular biology at both the basic and clinical levels.

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CORRECTIONS

Diagnostic Performance of Digital versus Film Mammography for Breast-Cancer Screening (October 27, 2005;353:1773-83). On page 1775, the first paragraph should have read, “To establish a reference standard, participants were classified as positive for cancer if breast cancer was pathologically verified within 455 days after the initial study mammogram. Participants were

classified as negative for cancer if not classified as positive and if their breast-cancer status was determined to be negative by the enrolling institution 10 months or more after study entry, either through follow-up mammography, including subsequent workup, or other information,” not “To establish a reference standard, participants were classified as positive for cancer if breast cancer was pathologically verified within 455 days after the initial study mammogram and negative for cancer if their study records showed negative findings on a pathology report of a biopsy specimen, if the follow-up mammogram at 1 year was normal, or if both criteria were met” as printed.

Condoms and Sexually-Transmitted Infections (June 22, 2006; 354:2642-3). On page 2643, the figure was incorrectly labeled “Dysplastic Cell Showing Features of HPV Infection.” We regret the error.

Soluble Endoglin and Other Circulating Antiangiogenic Factors in Preeclampsia (September 7, 2006;355:992-1005). On page 1003, in Figure 4B, the 95% confidence interval of the adjusted odds ratio for term preeclampsia among women with a low value of soluble endoglin but a high sFlt1:PIGF ratio should have been “2.6–21.3,” not “2.6–4.3” as printed.

NOTICES

Notices submitted for publication should contain a mailing address and telephone number of a contact person or department. We regret that we are unable to publish all notices received. Notices also appear on the Journal's Web site (www.nejm.org/meetings). The listings can be viewed in their entirety or searched by location, month, or key word.

BUILDING PALLIATIVE CARE PROGRAMS IN HOSPITALS: TOOLS AND STRATEGIES FOR SUCCESS

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Contact Barbara Mastroddi, Center to Advance Palliative Care, 1255 Fifth Ave., Suite C-2, New York, NY 10029; or call (212) 201-2680; or see <http://www.capc.org>; or e-mail barbara.mastroddi@mssm.edu.

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The following courses will be offered in Toronto: “Digestive Diseases for Physicians and Surgeons: Update on Inflammatory Bowel Disease” (Nov. 3); “Urology Update 2006” (Nov. 3 and 4); “Pathology Update 2006” (Nov. 3 and 4); “2nd International Conference on Interpersonal Psychotherapy” (Nov 12–14); “A Practical Day in Emergency Medicine” (Nov. 25); and “Update in Medicine and Ophthalmology” (Dec. 8 and 9). The “Canadian Radiosurgery Society (CaRS) Meeting” will be held in Niagara-on-the-Lake, ON, Canada, Nov. 17 and 18.

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