tion. The laboratory workup should include complete blood count, peripheral blood smear, urinalysis, chest radiograph, and stool for occult blood. A female patient should have a pelvic examination and Pap smear, and mammography. Further workup may include CT scans and MRI scans.

Laboratory features that suggest Trousseau's include hypofibrinogenemia and thrombocytopenia, but laboratory findings may be normal. Other findings include elevation in fibrin degradation products, prolonged prothrombin time, or activated partial thromboplastin time. Microangiopathic hemolytic anemia in the setting of a clotting disorder and weight loss suggests underlying malignancy.

Identification and aggressive treatment of the tumor with surgery, chemotherapy or radiation is essential. Without partial or complete response of the tumor, the prognosis for survival is approximately 3 to 4 months after the diagnosis of Trousseau's has been established.

Anticoagulation is helpful. Although few patients respond to coumadin, treatment with heparin usually is beneficial and must be continued indefinitely.

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ERRATA

The organism *Campylobacter pylori* was spelled incorrectly as C *pyloris* on pages 12–13 of the January/February 1989 (volume 56) issue.

On page 206 of the March/April 1989 (volume 56) issue, in the article, "Pulmonary infiltrates and eosinophilia revisited," by David P. Meeker, MD, the section referring to a dosage of 5 mg/kg/day prednisone should have stated 0.5 mg/kg/day.