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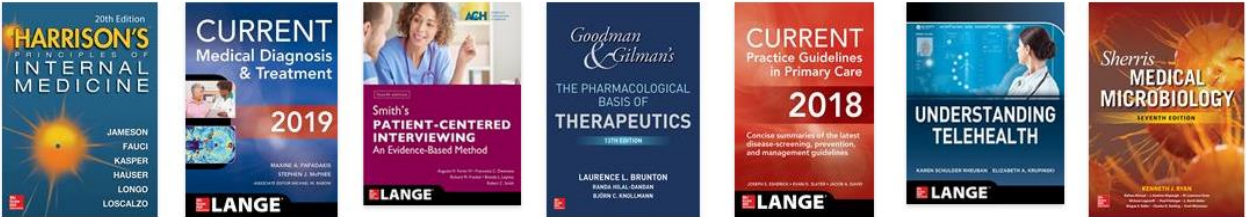
Books: Library - Updates



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Polo Bibliotecario
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HOME PAGE



Vai su Home Page di Access Medicine e clicca su Books, poi su Library per accedere ai testi.

Oppure clicca su Books, poi su Updates per accedere agli aggiornamenti.

AccessMedicine Channel



ACCESSMEDICINE CHANNEL, WHY IS EVERYONE Measles?

Harrison's Channel



ACCESSMEDICINE CHANNEL, HARRISON'S A 44 Year Old Woman with

Case of the Week



ACCESSMEDICINE CHANNEL, ACCESSMEDICINE'S Access Medicine's Case of the

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Cerca il testo che desideri nella barra di ricerca, poi clicca sulla lente d'ingrandimento

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Harrison

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- Books (31409)
- Quick Reference (3)
- Multimedia (512)
- Images (8668)
- Cases (14)

Narrow By Textbook

Type to filter

- Adams and Victor's Principles of Neurology, 10e (14)
- Basic & Clinical Pharmacology, 14e (1)
- Cardiology: An Integrated Approach (16)
- Clinical Genomics: Practical Applications in Adult Patient Care (1)
- Clinical Neurology, 10e (1)
- Critical Care (1)
- CURRENT Diagnosis & Treatment: Occupational & Environmental

Narrow By Topic

- causality (357)
- diagnosis (1099)
- epidemiology (607)

31406 results in Textbooks

- Harrison's Principles of Internal Medicine, 20e**
Author(s): J. Larry Jameson, Anthony S. Fauci, Dennis L. Kasper, Stephen L. Hauser, Dan L. Longo and Joseph Loscalzo
- Sarcoidosis**
Harrison's Principles of Internal Medicine, 20e
- Harrison's Manual of Medicine, 19e**
Author(s): Dennis L. Kasper, Anthony S. Fauci, Stephen L. Hauser, Dan L. Longo, J. Larry Jameson and Joseph Loscalzo
- Harrison's Principles of Internal Medicine**
Author(s): Dennis Kasper, Anthony Fauci, Stephen Hauser, Dan Longo, J. Larry Jameson and Joseph Loscalzo
- The Chest: Chest Wall, Pulmonary, and Cardiovascular Systems; The Breasts >**
Harrison groups (Harrison sulcus)

Puoi applicare diversi filtri per restringere il campo di ricerca

HOME PAGE

Puoi avviare la ricerca del testo tramite la funzione di «Advanced Search»

AccessMedicine logo and navigation menu: Books, Quick Reference, Drugs, Multimedia, Cases, Study Tools, Patient Ed, Hospital Corner. Search bar with 'Advanced Search' button. A carousel of book covers including Harrison's Internal Medicine, Current Medical Diagnosis & Treatment 2019, Goodman & Gilman's Therapeutics, Current Practice Guidelines in Primary Care 2018, Understanding Telehealth, and Sherris Medical Microbiology.

Puoi applicare diversi filtri per restringere il campo di ricerca

Search results page for 'Search Books'. Filter options: Limit To (Textbooks, Updates), Select resource(s) (All Books, Adams & Victor's Principles of Neurology, 10e, Basic & Clinical Biostatistics, 4e, Basic & Clinical Pharmacology, 14e, Basic Concepts in Pharmacology: What You Need to Know for Each Drug Class, 5e, Basic Radiology, 2e, Behavioral Medicine: A Guide for Clinical Practice, 4e, Cardiology: An Integrated Approach, Cardiovascular Physiology, 9e, Clinical Dermatology, Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine, 8e, Katzung & Trevor's Pharmacology: Examination & Board Review, 11e, Katzung & Trevor's Pharmacology: Examination & Board Review, 12e, Laboratory Medicine: The Diagnosis of Disease in the Clinical Laboratory, 2e, Lean Six Sigma for Hospitals: Improving Patient Safety, Patient Flow and the Bottom Line, 2e, Lichtman's Atlas of Hematology 2016, Management Lessons from Mayo Clinic: Inside One of the World's Most Admired Service Organizations, Manual of Healthcare Leadership: Essential Strategies for Physician and Administrative Leaders, Measuring ROI in Healthcare: Tools and Techniques to Measure the Impact and ROI).

Benvenuto nella sezione Books – Library

The screenshot shows the AccessMedicine website interface. At the top, there is a navigation bar with 'McGraw-Hill Medical', 'Support', 'Subscribe', and 'English' options, along with 'Sign In' and 'Università degli Studi di Bari'. Below this is the 'ACCESS Medicine' logo and 'Access Provided by: Università degli Studi di Bari'. A secondary navigation bar includes 'Books', 'Quick Reference', 'Drugs', 'Multimedia', 'Cases', 'Study Tools', 'Patient Ed', and 'Hospital Corner'. A search bar is present with 'AccessMedicine' and 'Search AccessMedicine' text, and an 'Advanced Search' button. The main content area is titled 'Books' and features a sidebar on the left with a 'Library' dropdown menu and a list of medical specialties: Anesthesiology, Basic Science, Behavioral Medicine, Cardiology, Critical Care Medicine, Dermatology, Emergency Medicine, Endocrinology, Family Medicine, Gastroenterology, Genetics, Geriatric Medicine, and Healthcare Business. The main area is titled 'Textbooks' and includes a 'Tools' dropdown menu and a view toggle between 'Grid' and 'List' modes. Two textbooks are prominently displayed: 'Harrison's Principles of Internal Medicine, 20e' by J. Larry Jameson, Anthony S. Fauci, Dennis L. Kasper, Stephen L. Hauser, Dan L. Longo, and Joseph Loscalzo; and 'Current Medical Diagnosis & Treatment 2019' by Maxine A. Papadakis, Stephen J. McPhee, and Michael W. Rabow. Below these, three more textbook covers are partially visible: 'Adams and Victor's Principles of Neurology', 'The Atlas of Emergency Medicine', and 'Basic & Clinical Biostatistics'.

Puoi visionare i libri disponibili in 2 formati:

- Griglia
- Lista

Elenco dei testi per specialità mediche

Testi disponibili

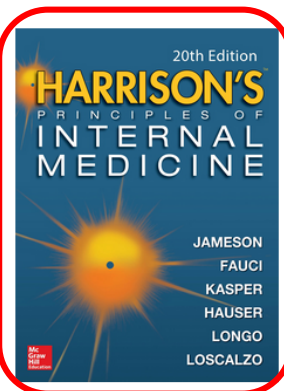
Pagina di presentazione del testo

Copertina

Titolo, Edizione, Autori

Strumenti di ricerca e attività

Home > Books >



Harrison's Principles of Internal Medicine, 20e

J. Larry Jameson, Anthony S. Fauci, Dennis L. Kasper, Stephen L. Hauser, Dan L. Longo, Joseph Loscalzo

[Go to Review Questions](#)

[Go to Cases](#)

Search Textbook



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- + Part 1: The Profession of Medicine
- + Part 2: Cardinal Manifestations and Presentation of Diseases
- + Part 3: Pharmacology
- + Part 4: Oncology and Hematology
- + Part 5: Infectious Diseases
- + Part 6: Disorders of the Cardiovascular System
- + Part 7: Disorders of the Respiratory System
- + Part 8: Critical Care Medicine
- + Part 9: Disorders of the Kidney and Urinary Tract
- + Part 10: Disorders of the Gastrointestinal System

FEATURES

Textbook Updates

10/24/2018

Inflammatory Bowel Disease: Plasma N-Glycan Signatures with Diagnostic and Management Potential

Kurt J. Isselbacher, MD

10/24/2018

Barrett's Esophagus: Nonendoscopic Diagnosis Using MicroRNAs

Kurt J. Isselbacher, MD

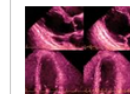
10/03/2018

2017 Consensus Guidelines for High Blood Pressure

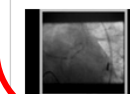
Amy L. Miller, MD, PhD, Joseph Loscalzo, MD, PhD

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Multimedia



VIDEO 236-3: Exercise echocardiogram showing rest images on left and poststress images on right, with paraster...
10 secs



VIDEO A11-31: Next, the LAD wire is removed and passed through the stent into the distal LAD.
11 secs

Dati relativi al testo

Aggiornamenti e multimedia

Indice e parti del testo

Strumenti di ricerca e attività: Review Questions

Harrison's Principles of Internal Medicine, 20e
J. Larry Jameson, Anthony S. Fauci, Dennis L. Kasper, Stephen L. Hauser, Dan L. Longo, Joseph Loscalzo

[Go to Review Questions](#) [Go to Cases](#)

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Show Chapters Hide Chapters

- Part 1: The Profession of Medicine
 - Updated! Chapter 1: The Practice of Medicine
 - Updated! Chapter 2: Promoting Good Health
 - Updated! Chapter 3: Decision-Making in Clinical Medicine
 - Updated! Chapter 4: Screening and Prevention of Disease
 - Updated! Chapter 5: Health Care Systems in Developed Countries
 - Updated! Chapter 6: The Safety and Quality of Health Care
 - Updated! Chapter 7: Racial and Ethnic Disparities in Health Care
 - Updated! Chapter 8: Ethical Issues in Clinical Medicine
 - Updated! Chapter 9: Palliative and End-of-Life Care
- Part 2: Cardinal Manifestations and Presentation of Diseases
 - Section 1: Pain
 - Updated! Chapter 10: Pain: Pathophysiology and Management
 - Updated! Chapter 11: Chest Discomfort
 - Updated! Chapter 12: Abdominal Pain
 - Updated! Chapter 13: Headache
 - Updated! Chapter 14: Back and Neck Pain

FEATURES

Textbook Updates

10/24/2018
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10/05/2018
2017 Consensus Guidelines for High Blood Pressure
Amy L. Miller, MD, PhD, Joseph Loscalzo, MD, PhD

View All Textbook Updates

Multimedia

VIDEO 236-3: Exercise echocardiogram showing rest images on left and poststress images on right, with paraster...
10 secs

VIDEO A11-31: Next, the LAD wire is removed and passed through the stent into the distal LAD.
11 secs

VIDEO A11-13: Stent deployed in the diagonal

Study Tools

By Resource

Review Questions

Anatomy

Biochemistry

Epidemiology & Biostatistics

Family Medicine

Histology & Cell Biology

Internal Medicine

Microbiology

Neuroanatomy

Obstetrics

Occupational and Environmental Medicine

Pathology

Pharmacology

Physical Exam and Patient Communication

Physiology

Surgery

Flashcards



Harrison's™ Principles of Internal Medicine: Self-Assessment and Board Review, 19e

Charles M. Wiener, Cynthia D. Brown, Brian Houston
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[Go to Book](#)

[Go to Cases](#)

NOTE: A quiz may not include more than 250 questions. Quizzes cannot be saved mid-progress.

Create Random Quiz

of 1296 available

[Start Quiz](#)

Create Custom Quiz

Generate a custom quiz from the topics below.

of 111 available **Section I: General Considerations in Clinical Medicine**

of 158 available **Section II: Cardinal Manifestations and Presentation of Diseases**

of 86 available **Section III: Oncology and Hematology**

of 282 available **Section IV: Infectious Diseases**

of 167 available **Section V: Disorders of the Cardiovascular System**

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of 43 available **Section VII: Disorders of the Kidney and Urinary Tract**

of 97 available **Section VIII: Disorders of the Gastrointestinal System**

of 84 available **Section IX: Rheumatology and Immunology**

of 100 available **Section X: Endocrinology and Metabolism**

Clicca su «Go to Review Questions» per esercitarti con le domande di comprensione del testo.

Puoi creare un quiz con domande random su tutto il testo

O scegliere le domande relative a diverse parti del testo

Strumenti di ricerca e attività: Cases

The screenshot shows the main navigation area of the Harrison's website. On the left is the book cover for the 20th edition. The main header includes the title 'Harrison's Principles of Internal Medicine, 20e' and the authors' names. Below this is a search bar and two buttons: 'Go to Review Questions' and 'Go to Cases'. The 'Go to Cases' button is circled in red. A red arrow points from this button to the 'Cases' page shown in the adjacent screenshot. The main content area lists various chapters, with several marked as 'Updated!'. A 'FEATURES' sidebar on the right highlights recent textbook updates and multimedia content, including videos related to echocardiograms and stent placement.

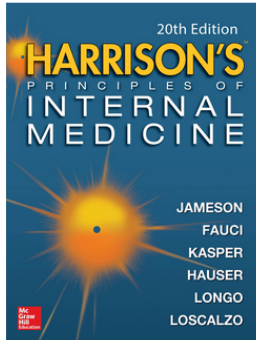
This screenshot displays the 'Cases' page for Harrison's Fluid/Electrolyte & Acid-Base Cases. The page features a sidebar with a 'Case Files' menu containing categories like 'Basic Science' (Anatomy 3e, Biochemistry 3e, Microbiology 3e, Neuroscience 2e, Pathology 2e, Pharmacology 3e, Physiology 2e) and 'Clinical Medicine'. The main content area shows the book cover, the title, authors (David B. Mount; Thomas D. DuBose, Jr.), and a 'Go to Book' button. A grid of folders labeled 'Case 1' through 'Case 9' is displayed, with this entire grid highlighted by a red rounded rectangle. A red arrow points from the 'Go to Cases' button in the previous screenshot to this grid.

Clicca su «Go to Cases» per esercitarti con i casi clinici

Cartelle contenenti i casi clinici

Strumenti di ricerca e attività: Cases

Home > Harrison's Fluid/Electrolyte & Acid-Base Cases >



View Contents

Case 1 / 9

Case 1

Authors: David B. Mount; Thomas D. DuBose, Jr.

Case Approach to Diagnosis Approach to Management

A 23-year-old woman was admitted with a 3-day history of fever, cough productive of blood-tinged sputum, confusion, and orthostasis. Past medical history included type 1 diabetes mellitus (DM). A physical examination in the emergency department indicated postural hypotension, tachycardia, and Kussmaul respiration. The breath was noted to smell of "acetone." Examination of the thorax indicated consolidation in the right lower lobe.

Favorite Table | Download (.pdf) | Print

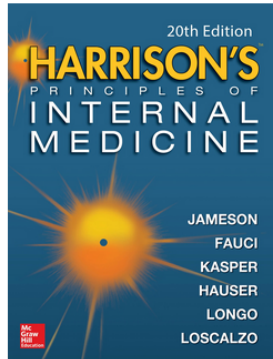
Laboratory Data		
Sodium	130	meq/L
Potassium	5.0	meq/L
Chloride	96	meq/L
CO ₂	14	meq/L
Blood urea nitrogen (BUN)	20	mg/dL
Creatinine	1.3	mg/dL
Glucose	450	mg/dL
Arterial Blood Gases		On Room Air
pH	7.39	
PCO ₂	24	mmHg
PaO ₂	89	mmHg
[HCO ₃ ⁻]	14	meq/L
Anion gap	20	meq/L
Urinalysis		
Urine ketones	Positive 4+	

Numero del caso e autori

Caso clinico da risolvere

Strumenti di ricerca e attività: Cases

Home > Harrison's Fluid/Electrolyte & Acid-Base Cases >



View Contents

Case 1 / 9

Case 1

Authors: David B. Mount; Thomas D. DuBose, Jr.

Case Approach to Diagnosis Approach to Management

The diagnosis of the acid-base disorder should proceed in a **stepwise fashion** as emphasized in the text (see [Chap. 51](#)).

1. The normal anion gap (AG) is 8–12 (10 meq/L is a reasonable approximation for calculation purposes), but in this case, the AG is clearly elevated (20 meq/L). Therefore, the change in AG (Δ AG) = 10 meq/L.
2. Compare the Δ AG and the Δ [HCO₃⁻]. In this case, the Δ AG is 10 and the Δ [HCO₃⁻] (25–14) is 11. Therefore, the increment in the AG is approximately equal to the decrement in bicarbonate (Δ AG = Δ [HCO₃⁻]).
3. Estimate the respiratory compensatory response. In this case, the predicted PaCO₂ for the patient's [HCO₃⁻] of 14, should be ~29 mmHg. This value is obtained by adding 15 to the measured [HCO₃⁻] (15 + 14 = 29) or by calculating the predicted PaCO₂ from the Winter equation: $1.5 \times [\text{HCO}_3^-] + 8 (\pm 3)$. In either case, the predicted value for PaCO₂ of 29 is **significantly higher** than the measured value of 24. Demonstrating that the prevailing PaCO₂ is lower than predicted for compensation alone, and indicates the coexistence of a superimposed respiratory alkalosis.
4. In summary, this patient has a mixed acid-base disturbance of two components: (a) **high AG acidosis** secondary to ketoacidosis and (b) **respiratory alkalosis** (which was secondary to community-acquired pneumonia in this case). The latter resulted in an additional component of hyperventilation that exceeded the compensatory response driven by metabolic acidosis alone, explaining the normal pH, and emphasizes the concept that physiologic compensation does not return the pH to normal. The finding of respiratory alkalosis in the setting of a high-gap acidosis indicates another cause of the respiratory component. Respiratory alkalosis frequently accompanies community-acquired pneumonia.

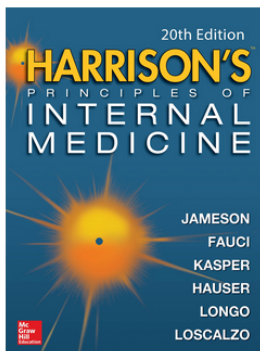
Taken together, the clinical features of this case include hyperglycemia, hypovolemia, ketoacidosis, central nervous system (CNS) signs of confusion, and superimposed pneumonia. This clinical scenario is consistent with diabetic ketoacidosis (DKA) developing in a patient with known type 1 DM, when an infection is acquired. Infections are common precipitating factors in the development of ketoacidosis in patients with DM.

The diagnosis of DKA is usually not challenging, but should be considered in all patients with an elevated AG and metabolic acidosis with a history of DM. Hyperglycemia and ketonemia (positive acetoacetate at a dilution of 1:8 or greater) are sufficient criteria for diagnosis in patients with DM. The Δ [HCO₃⁻] should approximate the increase in the plasma anion gap (Δ AG), but this

Approccio alla Diagnosi

Strumenti di ricerca e attività: Cases

Home > Harrison's Fluid/Electrolyte & Acid-Base Cases >



[View Contents](#)

Case 1 / 9

Case 1

Authors: David B. Mount; Thomas D. DuBose, Jr.

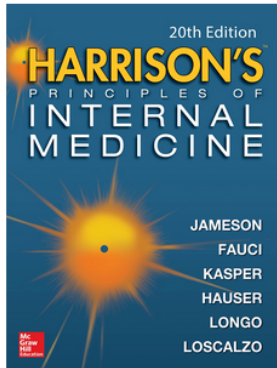
Case Approach to Diagnosis Approach to Management

Patients with DKA often have a sustained and significant deficit of sodium, potassium, water, bicarbonate, and phosphate. The general approach to treatment requires attention to all of these abnormalities. Successful treatment of DKA involves a stepwise approach, as follows:

1. *Replace ECF volume deficits.* Since most patients present with actual or relative hypotension and, at times, impending shock, the initial fluid administered should be 0.9% NaCl and should be infused until the systolic blood pressure is >100 mmHg or until 2–3 L cumulatively have been administered. During the initial 2–3 h of infusion of replacement fluids, the decline in blood glucose can be accounted for by dilution and increased renal excretion. Glucose should be added to the infusion as D₅ normal saline (NS) or D₅ 0.45% NS once the plasma glucose declines to \leq 230 mg/dL.
2. *Abate the production of ketoacids.* Regular *insulin* is required during DKA as an initial bolus of 0.1 U/kg body weight (BW) IV, followed immediately by a continuous infusion of 0.1 U regular *insulin*/kg BW per h in NS. The effectiveness of IV *insulin* (not subcutaneous) can be tracked by observing the decline in plasma ketones, or more conveniently, the narrowing of the AG and its return to the normal value. This relationship holds because the increment in the AG above the normal value of 10 meq/L represents accumulated ketoacids in DKA. The subsequent disappearance of ketoacid anions with *insulin* and IV fluid therapy is reflected by the narrowing, and eventual correction of the AG. Typically, the plasma AG returns to normal within 8–12 h.
3. *Replace potassium deficits.* Although patients with DKA often have hyperkalemia due to *insulin* deficiency and hyperosmolality, they are usually severely K⁺ depleted. KCl (20 meq/L) should be added to each liter of IV fluids only when urine output has been established, and after *insulin* has been administered.
4. *Correct the metabolic acidosis.* The plasma bicarbonate concentration will usually not increase for several hours because of dilution from administered IV fluids. The plasma [HCO⁻] approaches 18 meq/L once ketoacidosis disappears. Sodium bicarbonate therapy is often not recommended or necessary and is contraindicated for children. Bicarbonate is administered to adults with DKA for extreme acidemia (pH <7.1); for elderly patients (>70 years.), a threshold pH of 7.20 is recommended. Sodium bicarbonate, if administered, should only be given in small amounts. A reasonable therapeutic goal is to increase the [HCO₃⁻] to a value of 10 meq/L, or pH to 7.23; but certainly not to the normal values. Since ketoacids are metabolized in response to *insulin* therapy, bicarbonate will be added to the ECF as ketoacid metabolism is restored. Overshoot alkalosis may

Approccio alla Gestione del caso

Strumenti di ricerca e attività: Mostra/Nascondi Capitoli



Harrison's Principles of Internal Medicine, 20e

J. Larry Jameson, Anthony S. Fauci, Dennis L. Kasper, Stephen L. Hauser, Dan L. Longo, Joseph Loscalzo

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Part 1: The Profession of Medicine

Updated! [Chapter 1: The Practice of Medicine](#)

Updated! [Chapter 2: Promoting Good Health](#)

Updated! [Chapter 3: Decision-Making in Clinical Medicine](#)

Updated! [Chapter 4: Screening and Prevention of Disease](#)

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Updated! [Chapter 9: Palliative and End-of-Life Care](#)

Part 2: Cardinal Manifestations and Presentation of Diseases

Section 1: Pain

Updated! [Chapter 10: Pain: Pathophysiology and Management](#)

Updated! [Chapter 11: Chest Discomfort](#)

Updated! [Chapter 12: Abdominal Pain](#)

Updated! [Chapter 13: Headache](#)

Updated! [Chapter 14: Back and Neck Pain](#)

FEATURES

Textbook Updates

10/24/2018

Inflammatory Bowel Disease: Plasma N-Glycan Signatures with Diagnostic and Management Potential

Kurt J. Isselbacher, MD

10/24/2018

Barrett's Esophagus: Nonendoscopic Diagnosis Using MicroRNAs

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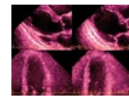
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2017 Consensus Guidelines for High Blood Pressure

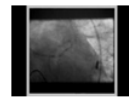
Amy L. Miller, MD, PhD, Joseph Loscalzo, MD, PhD

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Multimedia



VIDEO 236-3: Exercise echocardiogram showing rest images on left and poststress images on right, with paraster...
10 secs



VIDEO A11-31: Next, the LAD wire is removed and passed through the stent into the distal LAD.
11 secs



VIDEO A11-13: Stent deployed in the diagonal

Mostra o Nascondi i Capitoli del testo

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Pagina del Capitolo

Copertina

Titolo del Capitolo

Ulteriori strumenti di ricerca e attività

The screenshot shows a web page for 'Chapter 1: The Practice of Medicine' from 'Harrison's Principles of Internal Medicine, 20e'. The page includes a breadcrumb trail (Home > Books > Harrison's Principles of Internal Medicine, 20e >), a book cover image, the chapter title, editor names, and a toolbar with options for Sections, Print, Share, Get Citation, and Search Book. Below the toolbar are 'Full Chapter' and 'Figures' buttons. The main content area features a section header '— ENDURING VALUES OF THE MEDICAL PROFESSION' and a 'Listen' button with a play icon.

Tasto di stampa rapida

Titolo del paragrafo

Puoi ascoltare la lettura del capitolo. Clicca sul tasto «Play»

Testo del paragrafo

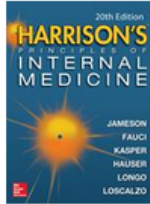
No greater opportunity, responsibility, or obligation can fall to the lot of a human being than to become a physician. In the care of the suffering, [the physician] needs technical skill, scientific knowledge, and human understanding.... Tact, sympathy, and understanding are expected of the physician, for the patient is no mere collection of symptoms, signs, disordered functions, damaged organs, and disturbed emotions. [The patient] is human, fearful, and hopeful, seeking relief, help, and reassurance.

—Harrison's Principles of Internal Medicine, 1950

The practice of medicine has changed in significant ways since the first edition of this book appeared in 1950. The advent of molecular genetics, sophisticated new imaging techniques, robotics, and advances in bioinformatics and information technology have contributed to an explosion of scientific information that has changed fundamentally the way physicians define, diagnose, treat, and attempt to prevent disease. This growth of scientific knowledge is ongoing and accelerating.

Pagina del Capitolo: Condivisione

Home > Books > Harrison's Principles of Internal Medicine, 20e >



Chapter 1: The Practice of Medicine

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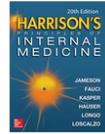


— ENDURING VALUES — ALL PROFESSION

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Pagina del Capitolo: Ricerca

Home > Books > Harrison's Principles of Internal Medicine, 20e >



Chapter 1: The Practice of Medicine

The Editors

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- kidney failure, chronic
- kidney, right
- kidney failure
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man being than to become
scientific knowledge, and
human understanding... Tact, sympathy, and understanding are expected of the physician, for the
patient is no mere collection of symptoms, signs, disordered functions, damaged organs, and disturbed

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kidney

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Images (239)

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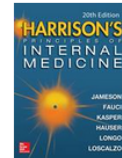
Narrow By Topic

- diagnosis (25)
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- Cellular and Molecular Biology of the Kidney**
Harrison's Principles of Internal Medicine, 20e
- Vascular Injury to the Kidney**
Harrison's Principles of Internal Medicine, 20e
- Chronic Kidney Disease**
Harrison's Principles of Internal Medicine, 20e
- Acute Kidney Injury**
Harrison's Principles of Internal Medicine, 20e
- Polycystic Kidney Disease and Other Inherited Disorders of Tubule Growth and Development**

Pagina del Capitolo: Immagini



Chapter 1: The Practice of Medicine

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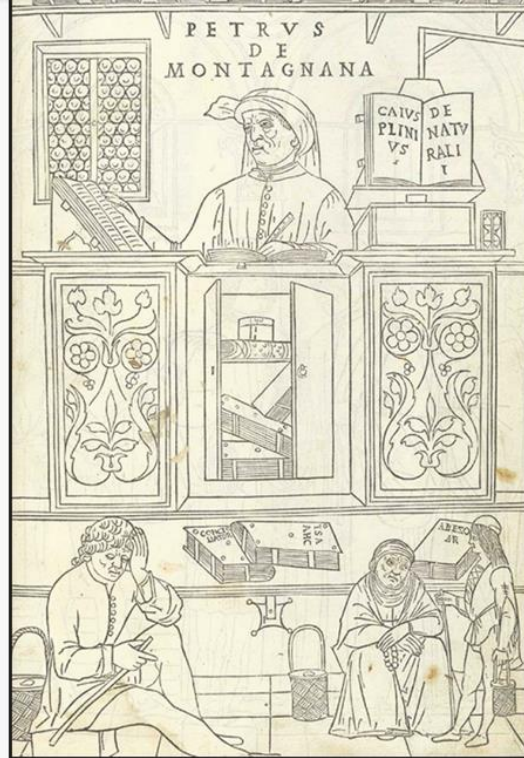
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FIGURE 1-1

Woodcuts from Johannes de Ketham's *Fasciculus Medicinae*, the first illustrated medical text ever printed, show methods of information access and exchange in medical practice during the early Renaissance. Initially published in 1491 for use by medical students and practitioners, *Fasciculus Medicinae* appeared in six editions over the next 25 years. *Left*: Petrus de Montagnana, a well-known physician and teacher at the University of Padua and author of an anthology of instructive case studies, consults medical texts dating from antiquity up to the early Renaissance. *Right*: A patient with plague is attended by a physician and his attendants. (Courtesy, U.S. National Library of Medicine.)





Source: J.L. Jameson, A.S. Fauci, D.L. Kasper, S.L. Hauser, D.L. Longo, J. Loscalzo: Harrison's Principles of Internal Medicine, 20th Edition
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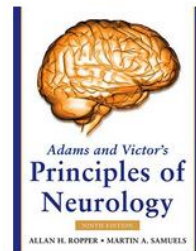
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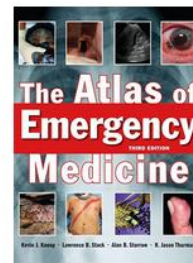
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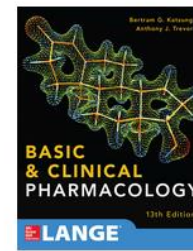
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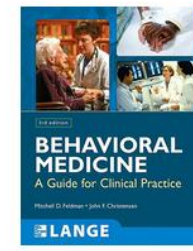
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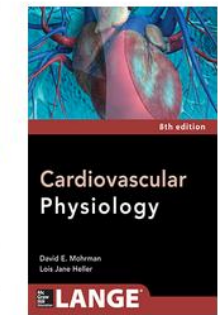
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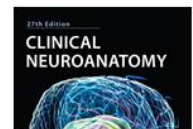
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