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# Taber's CYCLOPEIDIC <br> MIDDICAL DICIIONA RY 

## Taber's ${ }^{\circledR}$

## CYCLOPEDIC <br> MEDICAL DICTIONARY

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## EDITION 21

## ILLUSTRATED IN FULL COLOR

## Taber's <br> CYCLOPEDIC MEDICAL DICTIONARY

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## INTRODUCTION TO EDITION 21

As this edition of Taber's publishes, a new President is in the Oval Office, and the politics of the new administration are very much on everyone's mind. How will its new policies affect the nation's fitness, day-to-day patient care, hospital operations, health professionals, and health education? What reforms are on the horizon? In this time of change, it's appropriate to ask, is your health, and the health of those you love, better today than it was four years ago?

I certainly hope it is.
And yet, that has not been the national trend. In the main, we are older, more obese, and more likely (whatever our age) to have diabetes mellitus, than ever before. Despite our attempts at calorie restriction, and despite our search for bioactive food components, like antioxidants (to which we ascribe nearly magical healing properties), some of us need laparoscopic gastric banding, gastric stapling, or other bariatric surgeries to lose weight, and most of us are ever in search of ways to increase our metabolic rate without sacrifice. If only we could discover how to get back in shape through obligatory thermogenesis by tweaking the thermic effect of the foods we eat.

Most of us both love food and are neurotically concerned about what we eat. Is that koumiss she is drinking certified organic? Everything added to food in the United States (EAFUS) concerns us. Are we consuming risky foods, or just too much nutrient density? Is it alright that ice cream has thickeners like guar gum? If we want to keep our coronary artery calcification scores low, should we be eating ice cream at all? Are irradiated foods, represented by the radura, the way to keep our nation's food supply safe, or are they toxic? How to nutritionally preempt disease may be complex rather than simple, and may depend on our individual genetic makeup-our nutrigenomics. Tree nuts, to name just one example, may be a good source of ultra trace elements for you, but a serious source of food allergy for your Aunt Maude.

This edition of Taber's-yes it is our largest ever-guides you through the thicket of nutrition, as well as many other fields of interest to you, and to policy makers in our nation's capitol: health screening, public health, health care administration, and advances in nursing practice and theory, to name just a few.

Our editorial staff, consulting editors, consultants, and correspondents have scoured the medical literature for new and updated information about previously unknown drugs, diseases, and approaches to patient care. We have expanded and updated our coverage of alternative, complementary, and integrative medicine; global threats to health; and innovative solutions to our health care needs.

In all we have added about 3500 new terms to this edition of Taber's and we have revised nearly 6000 others. We have added about 100 new
images and 25 new tables to the text. The accompanying Taber'sPlus DVD contains a variety of electronic ancillaries enumerated and described on page xi.

The compilation of each edition of Taber's is a labor of love shared by dozens of people working together, including our President, Robert H. Craven, Jr.; the Taber's Editorial Board; and the editorial staff (Arthur Biderman, Brigitte Fenton, Alison Enright, and Joseph Patwell). It has been an honor to share this work with them and with you.

There has never been a more exciting time, or a more crucial time, to be a student embarking on a career in the health professions or a health educator leading students toward professional excellence. The impact you have on the lives and the health of your fellow citizens will spread, in both subtle and overt ways, through the polity at large.

I applaud your efforts to begin your careers at this turning point in our nation's health; and hope you will find the $21^{\text {st }}$ Edition of Taber's to be a trusty, comprehensive, and essential guide to what you need to know, no matter where you live (red state or blue).

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(Material supplied by the consultants has been reviewed and edited by Donald Venes, MD, MSJ, editor, with whom final responsibility rests for the accuracy of the content.)

## 'Taber's Feature Finder

ILLUSTRATION

| abduction (ăb-dŭk' shŭn) 1. Lateral move- |
| :--- |
| ment of the limbs away from the median |
| plane of the body, or lateral bending of the |
| head or trunk. SEE: illus. 2. Movement of |
| the digits away from the axial line of a |
| limb. 3. Outward rotation of the eyes. |
| acanthosis Increased thickness of the |
| prickle cell layer of the skin. |
| a. nigricans A skin disorder in which |
| dark brown or gray velvety plaques ap- |
| pear on the skin, typically under the |
| arms, in the groin or upper thighs, on |
| the neck, or near the genitalia. |
| acetaminophen (ă-sĕt"ă-min'o-fën) A drug |
| with antipyretic and analgesic effects |
| similar to those of aspirin, but with limited |
| anti-inflammatory or antirheumatic effects. |


| Taber'sPlus |
| :--- |
| ILLUSTRATION |



## FEATURES AND THEIR USE

This section describes the major features found in Taber's and provides information that may help you use the dictionary more efficiently. The Feature Finder on page $x$ is a graphic representation of many of the features described below.

1. Taber'sPlus DVD: The Taber'sPlus DVD, packaged with every book, features a wealth of electronic and online resources for nursing, allied health, and medical students and professionals.

Explore through Sight \& Sound enables readers to view over 1,000 images ( 300 unique to the DVD) with short definitions and listen to audio pronunciations. The Taber'sPlus DVD icon in Taber's indicates a corresponding image on the DVD.

Taber's Audio provides pronunciations for 30,000 terms found in Taber's.

Brain Teasers are word-building activities that increase understanding of medical terminology.

Taber's World Tour is an interactive tutorial that showcases the cyclopedic features of the book.

Bonus Appendices include 12 valuable healthcare tools.
DavisPlus features animations, activities, resources, videos, and more on the Web (http://davisplus.fadavis.com).

Taber's Online powered by Unbound Medicine ${ }^{\circledR}$ offers FREE one-year access to all of the content in the print version online at www.tabers.com. Use the promotional code inside the front cover of Taber's to activate your subscription.

Taber's Mobile powered by Skyscape ${ }^{\circledR}$ offers FREE one-year access to all of the content in the print version from your mobile device (www.skyscape.com/tabers21). Use the serial number inside the front cover of Taber's to activate your subscription.
2. Vocabulary: The extensive vocabulary defined in Taber's has been updated to meet the ongoing needs of health care students, educators, and clinicians, as well as interested consumers. The medical editor, nursing editor, and the nursing and allied health consulting editors and consultants have researched and written new entries, revised existing entries, and deleted obsolete ones, reflecting the many changes in health care technology, clinical practice, and patient care. American, rather than British, spellings are preferred.
3. Entry format: Taber's combines two systems for the placement and organization of entries: (a) main entries in strict alphabetical order; and (b) a main entry-subentry format. All single-word terms (e.g., cell) are main entries, as are some compound, or multiple word, terms (e.g., Alzheimer's disease; acid-reflux disorder; nucleic acid test). However, many compound terms, especially those in
anatomy and physiology, are treated as subentries and are placed using the main entry-subentry format (e.g., arteries, veins, ligaments, and types of respiration). Entries having a considerable number of subentries are tinted in a yellow background for ease in finding them. This melding of two systems combines the best features of both: compound terms that share an important common element or classification, e.g., arteries, are subentries under the main entry (or headword). Terms that tend to be sought under the first word, e.g., diseases, disorders, tests, and syndromes, appear as main entries under the first word. Also names of individuals and organizations are listed as main entries. An especially important compound term may be listed as both a main entry and a subentry, with one of the terms serving as a cross-reference to the other. All main entries are printed in bold type; subentries are indented under the main entry and are printed in bold italic type. All entries are listed and defined in the singular whenever possible.

## 4. Alphabetization:

Main entries are alphabetized letter by letter, regardless of spaces or hyphens that occur between the words; a comma marks the end of a main entry for alphabetical purposes (e.g., skin, tenting of precedes skin cancer). In eponyms the 's is ignored in alphabetizing (e.g., Bartholin's gland precedes bartholinitis).

Subentries are listed in straight-ahead order following the same letter-by-letter alphabetization used for main entries; a comma marks the end of a subentry for alphabetical purposes. The headword is often abbreviated in subentries (such as preterm l. under labor or pulmonary i. under infarction).
5. Eponyms: Included as main entries are the names of individuals who were the first to discover, describe, or popularize a concept, a microorganism, a disease, a syndrome, or an anatomical structure. A brief biography appears in brackets after the pronunciation. Biographical information includes the person's professional designation, the country in which the person was born or worked, and the date of birth and death if known.
6. Definitions: The text that occurs before the first period in an entry constitutes the definition for that entry. Many entries are written in encyclopedic style, offering a comprehensive understanding of the disease, condition, or concept defined. See "Encyclopedic entries" for further information.
7. Pronunciations: Most main entries are spelled phonetically. Phonetic pronunciations, which appear in parentheses after the boldface main entry, are given as simply as possible with most long and short vowels marked diacritically and accents indicated. Diacritics are marks over or under vowels. Only two diacritics are used in Taber's: the macron ${ }^{-}$showing the long sound of vowels, as the $a$ in rate, $e$ in rebirth, $i$ in isle, $o$ in over, and $u$ in unite; and the breve ${ }^{`}$ showing the short sound of vowels, as the $a$ in apple, $e$ in ever, $i$ in it, $o$ in not, and $u$ in cut. Accents are marks used to indicate stress upon certain syllables. A single accent ' is called a primary accent. A double accent " is called a secondary accent; it indicates less stress upon a syllable than that given by a primary accent. This difference in stress can be seen in the word an"es-the'si-a. Syllables are separated by either an
accent mark or a hyphen. An unstressed vowel sounds like the final $a$ in anesthesia, a sound known as schwa.
8. Singular/Plural forms: When the spelling of an entry's singular or plural form is a nonstandard formation (e.g., villus pl. villi, or viscera sing. viscus), the spelling of the singular or plural form appears in boldface after the pronunciation for the main entry. Nonstandard singular and plural forms appear as entries themselves at their normal alphabetical positions.
9. Etymologies: An etymology indicates the origin and historical development of a term. For most health care terms the origin is Latin or Greek. An etymology is given for most main entries and appears in brackets following the pronunciation.
10. Abbreviations: Standard abbreviations for entries are included with the definition, and many are also listed alphabetically as separate entries throughout the text. Additional abbreviations used for charting and prescription writing are listed in the Appendices. A list of nonmedical abbreviations used in text appears on page xxxiv.
11. Encyclopedic entries: Detailed, comprehensive information is included with entries that require additional coverage because of their importance or complexity. Often this information is organized into several sections, each with its own subheading. The most frequently used subheadings are Patient Care, Symptoms, Etiology, Treatment, and Diagnosis.
12. Patient Care: This edition of Taber's has substantially increased the number and length of its Patient Care sections, which have proven invaluable to health care professionals by providing patient teaching and wellness information. There are now more than 650 Patient Care sections in Taber's; approximately 85 percent of the existing Patient Care sections in Taber's have been extensively revised, expanded, and updated; nearly 100 new Patient Care sections have been added, reflecting the latest standard procedures in general and specialized health care.
13. Illustrations: This edition of Taber's includes 790 illustrations in the print, 90 of which are new to this edition. In addition, there are over 300 additional, ancillary illustrations in the electronic versions of this edition. The existence of each of these ancillary illustrations in Taber'sPlus is indicated by placement of the icon () next to the entry with which the illustration is associated. More than three fourths of the images are four-color photographs and line drawings. The images were carefully chosen to complement the text of the entries with which they are associated. Each illustration is cross-referenced from its associated entry. A complete list of illustrations begins on page xv.
14. Tables: This edition contains 130 color-screened tables located appropriately throughout the Vocabulary section. A complete list of tables begins on page xxxi.
15. Adjectives: The adjectival forms of many noun main entries appear at the end of the definition of the noun form or, if the entry is long, at the end of the first paragraph. Pronunciations for most of the ad-
jectival forms are included. Many common adjectives appear as main entries themselves.
16.

1Caution/Safety statements: This notation is used to draw particular attention to information that may affect the health and/or safety of patients or the professionals who treat them. The information is of more than routine interest and should be considered when delivering health care. These statements are further emphasized by colored rules above and below the text.
17. Synonyms: Synonyms are listed at the end of the entry or, in encyclopedic entries, at the end of the first paragraph. The abbreviation SYN: precedes the synonymous term(s). Terms listed as synonyms have their own entries in the Vocabulary, which generally carry a cross-reference to the entry at which the definition appears.
18. Cross-references: Illustrations, tables, appendices, or other relevant vocabulary entries may be given as cross-references. These are indicated by SEE: or SEE: under followed by the name(s) of the appropriate element(s) in italics. Cross-references to the Nursing Diagnoses Appendix are highlighted in color at the end of the entry as SEE: Nursing Diagnoses Appendix. Entries at which an illustration appears carry the color-highlighted SEE: illus.
19. Appendices: The Appendices contain detailed information that can be organized or presented more easily in one section rather than interspersed throughout the Vocabulary. This edition features the new appendix General Patient Care Concerns. Among the revised appendices are Anatomy; Complementary and Alternative Medicine; Conceptual Models and Theories of Nursing; Medical Abbreviations; Medical Emergencies; Normal Reference and Laboratory Values; Nursing Diagnoses; Nursing Interventions Classification System; Nutrition; Prefixes, Suffixes, and Combining Forms; and Standard Precautions. For a complete listing of all the Appendices, see Contents on pages v-vi. For a complete listing of all the Nursing Appendices, see page 2645.
20. Nursing Diagnoses Appendix: This appendix has been updated through the 2007-2008 Conference of NANDA (North American Nursing Diagnosis Association). It is divided into several sections, including two lists of NANDA's nursing diagnoses organized into Doenges and Moorhouse's Diagnostic Divisions and Gordon's Functional Health Patterns; an at-a-glance look at the most recent diagnoses approved by NANDA; nursing diagnoses commonly associated with almost 300 diseases/disorders (cross-referenced from the body of the dictionary); and a complete description of all NANDA-approved diagnoses through the 2007-2008 conference in alphabetical order. Included are the diagnostic division, definition, related factors, and defining characteristics for each nursing diagnosis. See the Quick View of Contents on page 2700 for further explanation.

## LIST OF ILLUSTRATIONS

Illustrations are listed according to the main entry or subentry that they accompany. Information in parentheses indicates the source of the illustration; a list of sources appears at the end of this list. The following ancillary (bonus) illustrations (not in Print) are listed with and can be found on the enclosed Taber'sPlus DVD.

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## ABBREVIATIONS USED IN TEXT*

| ABBR | abbreviation | Gr. | Greek |
| :--- | :--- | :--- | :--- |
| Amerind | American Indian | i.e. | id est (that is) |
| approx. | approximately | illus. | illustration |
| AS | Anglo-Saxon | L. | Latin |
| at. no. | atomic number | LL. | Late Latin |
| at. wt. | atomic weight | MD. | Middle Dutch |
| Brit. | British | ME. | Middle English |
| C | centigrade | Med. L. | Medieval Latin |
| CNS | central nervous sys- | NL | New Latin |
|  | tem | O.Fr. | Old French |
| D. | Dutch | pert. | pertaining |
| e.g. | exempli gratia (for ex- | pl. | plural |
|  | ample) | rel. | related; relating |
| esp. | especially | sing. | singular |
| F | Fahrenheit | Sp. | Spanish |
| Fr. | French | Sp. gr. | Specific gravity |
| fr. | from | SYMB | symbol |
| Ger. | German | SYN | synonym |
|  |  |  |  |

[^0]
[^0]:    *Additional abbreviations are listed in the Units of Measurement Appendix and the Medical Abbreviations Appendix.

