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Taber's CYCLOPEDIC MEDICAL DICTIONARY

Taber's® CYCLOPEDIC MEDICAL DICTIONARY

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EDITION

21

ILLUSTRATED IN FULL COLOR

Taber's CYCLOPEDIC MEDICAL DICTIONARY

F. A. DAVIS COMPANY



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PRINTED IN THE UNITED STATES OF AMERICA

Last digit indicates print number 10 9 8 7 6 5 4 3 2 1

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Library of Congress Cataloging in Publication Data

Taber's cyclopedic medical dictionary. — Ed. 21, illustrated in full color / editor, Donald Venes

p.; cm.

Includes bibliographical references and index.

ISBN 0-8036-1559-5 (index)—ISBN 0-8036-1560-1 (non index)—ISBN 0-8036-1561-8 (deluxe)

1. Medicine—Dictionaries. I. Title: Cyclopedic medical dictionary. II. Venes, Donald, 1952- III. Taber, Clarence Wilbur, 1870-1968 [DNLM: 1. Medicine—Dictionary—English, W 13 T113d 2001]

R121.T18 2001

610'.3—dc21

ISSN 1065-1357 00-064688

ISBN 0-8036-1560-4 ISBN 13: 978-0-8036-1560-1 ISBN 0-8036-1559-0 (indexed) ISBN 13: 978-0-8036-1559-5 ISBN 0-8036-1561-2 (deluxe) ISBN 13: 978-0-8036-1561-8

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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's *Plus* 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 $21^{\rm st}$ 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).

Donald Venes, M.D. Brookings, Oregon January 2009

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Taber's Feature Finder

ILLUSTRATION CROSS REFERENCE Taber's Plus ILLUSTRATION	abduction (ăb-dŭk'shŭn) 1. Lateral movement 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 appear on the skin, typically under the arms, in the groin or upper thighs, on the neck, or near the genitalia. acetaminophen (ă-sĕt"ā-mĭn'ō-fēn) A drug with antipyretic and analgesic effects similar to those of aspirin, but with limited anti-inflammatory or antirheumatic effects.	MAIN ENTRY SUBENTRY
	Acute overdose may cause fatal _ hepatic necrosis.	——— CAUTION/
		SAFETY
ABBREVIATION —	- ACH adrenocortical hormone.	
PRONUN-	achloropsia (ă-klō-rŏp´sē-ă) ["+ chloros, green,	ETYMOLOGY
CIATION	+ opsis, vision] Color blindness in which	
	green cannot be distinguished. SYN:	SYNONYM
ENCYCLOPEDIC	deuteranopia. - Addison's disease [Thomas Addison, Brit	BIOGRAPHICAL
ENTRY	physician, 1793–1860] A rare illness	INFORMATION
	marked by gradual and progressive failure	
	of the adrenal glands and insufficient production of steroid hormones.	
ETIOLOGY —	— ETIOLOGY: Adrenal failure typically	
	results from autoimmune destruction of	
	the adrenal glands, chronic infections, or cancers that metastasize to the adrenal	
	glands from other organs.	
SYMPTOMS —	SYMPTOMS: The patient may be symp-	
	tom-free until the majority of adrenal tissue is destroyed. Early complaints are	
	usually nonspecific: a feeling of weak-	
	ness or fatigue, lack of appetite, weight	
	loss, nausea, vomiting, abdominal pain, and dizziness.	
TREATMENT	— TREATMENT: Chronic adrenal insuffi-	
THE PHINE IN	ciency is managed with corticosteroids,	VOCABULARY
	such as prednisone, usually taken twice	CROSS
PROGNOSIS	a day. SEE: <i>adrenal crisis.</i> — PROGNOSIS: If untreated, the disease will	REFERENCE
rhodivosis —	continue a chronic course with progressive	
	but usually relatively slow deterioration; in	
	some patients the deterioration may be rapid. Patients treated properly have an	
	excellent prognosis.	
PATIENT	— PATIENT CARE: Patients with primary	
CARE	adrenal insufficiency who are suffering	NURSING
	other acute conditions are assessed fre- quently for hypotension, tachycardia,	DIAGNOSES
	fluid balance, and electrolyte and glucose	CROSS
	levels. SEE: Nursing Diagnoses Appendix	REFERENCE
	adenoma (ad"ĕ-nō'ma) pl. adenomata ["+ - oma, tumor] A benign tumor made of	PLURAL
	epithelial cells. adenomatous (-nō´mă-tŭs), <i>adj.</i> -	——— ADJECTIVAL
	Not an actual page.	FORM

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's***Plus* **DVD:** The Taber's*Plus* 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's Plus 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.

Davis*Plus* features animations, activities, resources, videos, and more on the Web (http://davisplus.fadavis.com).

Taber's Online powered by Unbound Medicine® 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® 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 isi-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's *Plus* 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. Caution/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.

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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's Plus DVD.

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$\begin{array}{c} \text{ABBREVIATIONS USED IN} \\ \text{TEXT*} \end{array}$

abbreviation American Indian	Gr. i.e.	Greek id est (that is) illustration
11	L.	Latin
atomic number	LL.	Late Latin
atomic weight	MD.	Middle Dutch
British	ME.	Middle English
centigrade	Med. L.	Medieval Latin
central nervous sys-	NL	New Latin
tem	O.Fr.	Old French
Dutch	pert.	pertaining
exempli gratia (for ex-	pl.	plural
ample)	rel.	related; relating
especially	sing.	singular
Fahrenheit	Sp.	Spanish
French	sp. gr.	specific gravity
from	SYMB	symbol
German	SYN	synonym
	American Indian approximately Anglo-Saxon atomic number atomic weight British centigrade central nervous system Dutch exempli gratia (for example) especially Fahrenheit French from	American Indian approximately illus. Anglo-Saxon atomic number atomic weight British centigrade central nervous system Dutch exempli gratia (for example) especially Fahrenheit French from SYMB

 $^{^*\}mbox{Additional}$ abbreviations are listed in the Units of Measurement Appendix and the Medical Abbreviations Appendix.