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西氏内科学 GOLDMAN-CECIL MEDICINE

第25版・第2卷

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PREFACE

In the 90 years since the first edition of the *Cecil Textbook of Medicine* was published, almost everything we know about internal medicine has changed. Progress in medical science is now occurring at an ever-accelerating pace, and it is doing so within the framework of transformational changes in clinical practice and the delivery of health care at individual, social, and global levels. This textbook provides the latest medical knowledge in multiple formats that should appeal to students and seasoned practitioners regardless of how they prefer to access this rapidly changing information.

Even as Cecil's specific information has changed, however, we have remained true to the tradition of a comprehensive textbook of medicine that carefully explains the why (the underlying pathophysiology of disease) and the how (now expected to be evidence-based from randomized controlled trials and meta-analyses). Descriptions of physiology and pathophysiology include the latest genetic advances in a practical format that strives to be useful to the nonexpert. Medicine has entered an era when the acuity of illness and the limited time available to evaluate a patient have diminished the ability of physicians to satisfy their intellectual curiosity. As a result, the acquisition of information, quite easily achieved in this era, is often confused with knowledge. We have attempted to address this dilemma with a textbook that not only informs but also stimulates new questions and gives a glimpse of the future path to new knowledge. Grade A evidence is specifically highlighted in the text and referenced at the end of each chapter. In addition to the information provided in the textbook, the Cecil website supplies expanded content and functionality. In many cases, the full articles referenced in each chapter can be accessed from the Cecil website. The website is also continuously updated to incorporate subsequent Grade A information, other evidence, and new discoveries.

The sections for each organ system begin with a chapter that summarizes an approach to patients with key symptoms, signs, or laboratory abnormalities associated with dysfunction of that organ system. The text specifically provides clear, concise information regarding how a physician should approach more than 100 common symptoms, signs, and laboratory abnormalities, usually with a flow diagram, a table, or both for easy reference. In this way, *Cecil* remains a comprehensive text to guide diagnosis and therapy, not only for patients with suspected or known diseases but also for patients who may have undiagnosed abnormalities that require an initial evaluation.

Just as each edition brings new authors, it also reminds us of our gratitude to past editors and authors. Previous editors of *Cecil* include a short but remarkably distinguished group of leaders of American medicine: Russell Cecil, Paul Beeson, Walsh McDermott, James Wyngaarden, Lloyd H. Smith,

Jr., Fred Plum, J. Claude Bennett, and Dennis Ausiello. As we welcome new associate editors—Mary K. Crow, James H. Doroshow, and Allen M. Spiegel—we also express our appreciation to William P. Arend, James O. Armitage, David R. Clemmons, and other associate editors from the previous editions on whose foundation we have built. Our returning associate editors—Jeffrey M. Drazen, Robert C. Griggs, Donald W. Landry, Wendy Levinson, Anil K. Rustgi, and W. Michael Scheld—continue to make critical contributions to the selection of authors and the review and approval of all manuscripts. The editors, however, are fully responsible for the book as well as the integration among chapters.

The tradition of Cecil is that all chapters are written by distinguished experts in each field. We are also most grateful for the editorial assistance in New York of Maribel Lim and Silva Sergenian. These individuals and others in our offices have shown extraordinary dedication and equanimity in working with authors and editors to manage the unending flow of manuscripts, figures, and permissions. We also thank Cassondra Andreychik, Ved Bhushan Arya, Cameron Harrison, Karen Krok, Robert J. Mentz, Gaétane Nocturne, Patrice Savard, Senthil Senniappan, Tejpratap Tiwari, and Sangeetha Venkatarajan, who contributed to various chapters, and we mourn the passing of Morton N. Swartz, MD, co-author of the chapter on "Meningitis: Bacterial, Viral, and Other" and Donald E. Low, MD, author of the chapter "Nonpneumococcal Streptococcal Infections, Rheumatic Fever." At Elsevier, we are most indebted to Kate Dimock and Maureen Iannuzzi, and also thank Maria Holman, Gabriela Benner, Cindy Thoms, Anne Altepeter, Linda McKinley, Paula Catalano, and Kristin Koehler, who have been critical to the planning and production process under the guidance of Mary Gatsch. Many of the clinical photographs were supplied by Charles D. Forbes and William F. Jackson, authors of Color Atlas and Text of Clinical Medicine, Third Edition, published in 2003 by Elsevier Science Ltd. We thank them for graciously permitting us to include their pictures in our book. We have been exposed to remarkable physicians in our lifetimes and would like to acknowledge the mentorship and support of several of those who exemplify this paradigm-Eugene Braunwald, Lloyd H. Smith, Jr., Frank Gardner, and William Castle. Finally, we would like to thank the Goldman family-Jill, Jeff, Abigail, Mira, Samuel, Daniel, Robyn, Tobin, and Dashel-and the Schafer family-Pauline, Eric, Melissa, Nathaniel, Pam, John, Evan, Samantha, Kate, and Sean, for their understanding of the time and focus required to edit a book that attempts to sustain the tradition of our predecessors and to meet the needs of today's physician.

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