

CHURCHILL'S  

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MEDICAL  

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DICTIONARY

Illustrated

CHURCHILL'S  
*Illustrated* MEDICAL  
DICTIONARY



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# EDITOR'S PREFACE

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*Churchill's Medical Dictionary* is the first entirely new, one-volume medical dictionary to be published in the United States since the early 1900's. There are about 100,000 entries in *CMD*, extracted from a database that was compiled over a ten-year period, using original definitions supplied by a distinguished group of medical authorities. The terms included represent over 63 subjects in the clinical specialties and in basic sciences related to medicine, with extensive coverage given to the vocabulary that has emerged from medical research, advanced diagnostic technology, and innovations in health care.

Our computerized database, consisting in its entirety of over 151,000 entries, also formed the basis of the three-volume *International Dictionary of Medicine and Biology (IDMB)*, published in 1986. Among the features being introduced for this volume are pronunciations (over 32,000 of them) and original illustrations by Neil O. Hardy, especially commissioned for *CMD*. Those features of *IDMB* that were recognized as outstanding, such as its coverage of international usage, have been retained. These are described in *A Guide to the Use of This Dictionary* (p. xix).

In the three years since publication of *IDMB*, new advances in medicine have been reflected in the continuous updating of definitions and the addition of new terms. Many improvements were made during that time, some suggested by *IDMB* readers and some whose usefulness became apparent to the dictionary staff as we worked our way through the database.

*Churchill's Medical Dictionary* is intended for the use of all who are involved in the health professions, be they physicians, nurses, allied health professionals, medical students, researchers, science writers, or support staff, as well as for the educated lay public. The editors have been ever mindful of the ways in which a dictionary should serve those readers. The primary consideration, of course, has been the preciseness, scope, and currency of its definitions.

In a sense, much of the vocabulary of medicine is intended to be self-defining. Given an inventory of combining forms and affixes based on Greek roots (*cardio-*, *dys-*, *-itis*, *-opia*, etc.), any number of general concepts can be named. When preceded by strings of carefully defined modifiers, such as *chronic*, *progressive*, or *idiopathic*, the opportunities for coinage are limitless. Various nomenclature committees within the world medical community regularly review such terms, discouraging the use of any component that might be misleading. Often, however, custom prevails over scientific logic; a fact that at least makes dictionaries more interesting.

Furthermore, for many medical definitions the traditional scheme of "genus and differentia" is inadequate. The "meaning" of something as complex as *acquired immune deficiency syndrome (AIDS)* cannot be explicated in such a concise fashion. (This is among 1260 entries to be found under the heading *syndrome*, and at that heading the reader will find a brief discussion of the way a particular entity comes to be called a syndrome.) The task of any dictionary, medical or otherwise, is to provide all manner of information about language: spelling, notation conventions, synonyms, pronunciation, word origins (including biograph-

ical data for eponymous terms), and the like, and in those areas we have made a special effort to be helpful.

One common use of a dictionary is to resolve uncertainties of usage. A reader wishing to know, for example, whether to use a capital or lower-case *G* in the term "Gram-positive," will, in consulting most medical dictionaries, find one or the other and may conclude that the one not found is wrong. But it can be even more valuable for the reader to be assured that he or she is not necessarily wrong; that a particular usage is in dispute among experts or may be favored in a particular country, discipline, or context. *CMD* contains over 750 usage notes, many of which provide just such clarification.

Much welcome assistance has been provided in putting together this volume. We would like to express our special gratitude to Dr. H. B. F. Dixon of the University of Cambridge Department of Biochemistry for preparing the diagrams of the tricarboxylic acid cycle and the Embden-Meyerhof pathway; to Dr. Virgil F. Fairbanks of the Mayo Clinic for his diagram of the coagulation cascade, and for supplying data for blood, serum, and plasma for the Table of Normal Ranges; to Dr. Jane T. Gaede of the Durham Veterans Administration Medical Center and Duke University Medical Center for supplying urinalysis data for the Table of Normal Ranges; and to Dr. Reed E. Pyeritz of The Johns Hopkins University School of Medicine for his diagram illustrating mendelian inheritance.

Space does not permit a listing of all those contributors who assisted our Advisory Editors in the preparation of definitions, nor of the many individuals who devoted so much time and care to developing the database or adapting it for producing *CMD*. Certain contributions, however, have been so central to the success of this undertaking that they cannot go unacknowledged. Our most lasting debt is to Sidney I. Landau, Editor-in-Chief of *IDMB*, who conceived the plan for the abridgement. His support and encouragement made the entire project less daunting, and his expertise as a highly regarded lexicographer has continued to inform our editorial judgment.

Special recognition is also due to my colleague, Mark Cowell, who wrote a new, expanded introductory section on etymologies, and whose scholarship and uncompromising dedication to accuracy has greatly enhanced the quality of this dictionary.

It is the hope of all of those involved in the preparation of *CMD* that it will become an essential tool for everyone who needs to consult a comprehensive and authoritative reference for medical terminology.

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