

Principles of
INTERNAL
MEDICINE

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RESNIK
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WINTROBE

FOURTH
EDITION

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Principles of INTERNAL MEDICINE

EDITORS T. R. Harrison

*Raymond D. Adams, Ivan L. Bennett, Jr., William H. Resnik,
George W. Thorn, M. M. Wintrobe*

*4th. ed.
Fourth Edition*



The Blakiston Division

McGRAW-HILL BOOK COMPANY, INC.

New York Toronto London

PRINCIPLES OF INTERNAL MEDICINE

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Library of Congress Catalog Card Number: 61-18312

26839



Contributors

- RAYMOND D. ADAMS, B.A., M.A., M.D., M.A. (HON.)
Bullard Professor of Neuropathology, Harvard Medical School; Chief of Neurology Service and Neuropathologist, Massachusetts General Hospital, Boston.
- JEAN N. ANGELO, B.S., M.D.
Resident, New England Center Hospital; Research Fellow in Psychiatry, Tufts University School of Medicine, Boston.
- KARL-ERIK ASTRÖM, M.D.
Assistant Professor in Neuropathology, Karolinska Institutet, Stockholm, Sweden.
- HENRY T. BAHNSON, M.D.
Professor of Surgery, Johns Hopkins University School of Medicine, Baltimore.
- PAUL B. BEESON, M.D.
Ensign Professor of Medicine, Yale University School of Medicine, New Haven, Connecticut.
- ALBERT R. BEHNKE, B.A., M.D., M.S. (HON.)
Formerly Radiological Medical Director, U.S. Naval Radiological Defense Laboratory, San Francisco.
- IVAN L. BENNETT, JR., A.B., M.D.
Baxley Professor of Pathology and Director of the Department of Pathology, Johns Hopkins University School of Medicine and Pathologist-in-Chief, Johns Hopkins Hospital, Baltimore.
- DANIEL S. BERNSTEIN, M.D.
Research Associate, Robert Breck Brigham Hospital, Boston.
- STUART BONDURANT, M.D.
Associate Professor of Medicine, Director, Heart Research Center, Indiana University Medical Center, Indianapolis.
- PHILIP K. BONDY, B.A., M.D.
Professor of Medicine, Yale University School of Medicine, New Haven, Connecticut.
- BEN V. BRANSCOMB, M.D.
Associate Professor of Medicine, The Medical College of the University of Alabama, Birmingham.
- ABRAHAM I. BRAUDE, M.D.
Professor of Medicine, University of Pittsburgh; Director of Microbiology, Presbyterian-University Hospital, Pittsburgh.
- RALPH W. BRAUER, A.B., M.S.C., PH.D.
Head, Pharmacology Branch, Biological and Medical Sciences Division, U.S. Naval Radiological Defense Laboratory, San Francisco.
- JOSEPH J. BUNIM, M.D.
Clinical Director, National Institute of Arthritis and Metabolic Diseases, National Institutes of Health, Bethesda, Md.; Associate Professor of Medicine, Johns Hopkins University School of Medicine, Baltimore.
- CHARLES H. BURNETT, M.D.
Professor of Medicine and Chairman, Department of Medicine, University of North Carolina School of Medicine; Chief of Medical Service, North Carolina Memorial Hospital, Chapel Hill.
- GEORGE F. CAHILL, JR., B.S., M.D.
Associate in Medicine and Tutor in Medical Sciences, Harvard Medical School; Senior Associate in Medicine, Peter Bent Brigham Hospital, Boston.
- GEORGE E. CARTWRIGHT, B.A., M.D.
Professor of Medicine, University of Utah College of Medicine, Salt Lake City.
- E. CHERASKIN, M.D., D.M.D.
Professor of Dentistry and Head of Section on Oral Medicine and Surgery, The University of Alabama School of Dentistry, Birmingham.
- LEIGHTON E. CLUFF, M.D.
Associate Professor of Medicine and Head, Division of Allergy and Infectious Disease, Department of Medicine, Johns Hopkins University School of Medicine, Baltimore.
- LEWIS L. CORIELL, M.A., PH.D., M.D., F.A.A.P.
Associate Professor of Pediatrics, University of Pennsylvania School of Medicine, Philadelphia; Medical Director, Camden Municipal Hospital for Contagious Diseases, Camden, N.J.; Senior Physician, The Children's Hospital, Philadelphia.
- EUGENE P. CRONKITE, M.D.
Head, Division Experimental Pathology, Medical Research Center, Brookhaven National Laboratory, Upton, New York.
- PRAFUL M. DALAL, M.D.
Teaching Fellow in Neurology, Harvard Medical School, Boston; Tutor in Medicine, T. M. Medical College, B.Y.L. Nair Charitable Hospitals, Bombay, India.
- GUSTAVE J. DAMMIN, B.A., M.A., M.D.
Elsie T. Friedman Professor of Pathology, Harvard Medical School; Pathologist-in-Chief, Peter Bent Brigham Hospital, Boston.

WILLIAM J. DARBY, M.D., PH.D.

Professor of Biochemistry, Assistant Professor of Medicine, and Director of the Division of Nutrition, Vanderbilt University School of Medicine, Nashville, Tennessee.

LEWIS DEXTER, M.D.

Clinical Professor of Medicine and Tutor in Medicine, Harvard Medical School; Physician, Peter Bent Brigham Hospital, Boston.

JOSEPH F. DINGMAN, M.D.

Director of Medical Research, Lahey Foundation, Boston.

WILLIAM DOCK, B.S., M.D.

Professor of Medicine, State University of New York Downstate Medical Center; Attending Physician, Kings County Hospital, University Division, Brooklyn.

PHILIP R. DODGE, M.D.

Associate Neurologist and Associate Physician, Children's Service, Massachusetts General Hospital; Associate in Neurology, Harvard Medical School, Boston.

HENRI VANDER EECKEN, H.M., M.D.

Professor of Medical Psychology and Agrégé in Neurology, Faculty of Medicine, University of Ghent, Ghent, Belgium.

KENDALL EMERSON, JR., B.S., M.D.

Assistant Professor of Medicine, Harvard Medical School; Physician, Peter Bent Brigham Hospital; Visiting Physician, Boston Lying-in Hospital, Boston.

FRANKLIN H. EPSTEIN, M.D.

Associate Professor of Medicine, Yale University School of Medicine, New Haven, Connecticut.

HARRY A. FELDMAN, A.B., M.D.

Professor and Chairman, Department of Preventive Medicine, State University of New York Upstate Medical Center at Syracuse, New York.

ALTO E. FELLER, B.S., M.D.

Professor and Chairman, Department of Microbiology; Professor of Medicine, University of Virginia School of Medicine, Charlottesville.

C. MILLER FISHER, M.D.

Assistant Clinical Professor of Neurology, Harvard Medical School, Boston.

PETER H. FORSHAM, M.A., M.D.

Professor of Medicine and Pediatrics, Chief of Endocrinology and Metabolism, Department of Medicine, and Director, Metabolic Research Unit, University of California School of Medicine, San Francisco.

DONALD S. FREDRICKSON, M.D.

Clinical Director, National Heart Institute, National Institutes of Health, Bethesda.

LAWRENCE R. FREEDMAN, M.D.

Assistant Professor of Medicine, Yale University School of Medicine, New Haven, Connecticut.

FRANK H. GARDNER, M.D.

Assistant Professor of Medicine, Harvard Medical School; Senior Associate in Medicine, Peter Bent Brigham Hospital, Boston.

ALAN GOLDFIEN, A.B., M.D.

Associate Professor of Medicine (Obstetrics and Gynecology); Staff Member of the Cardiovascular Research Institute, University of California Medical School, San Francisco.

SEYMOUR J. GRAY, B.A., M.D., PH.D.

Associate Clinical Professor of Medicine, Harvard Medical School; Physician, Peter Bent Brigham Hospital, Boston.

T. R. HARRISON, A.B., M.D.

Professor of Medicine, The Medical College of the University of Alabama, Birmingham.

LLOYD L. HEFNER, B.S., M.D.

Associate Professor of Medicine, The Medical College of the University of Alabama, Birmingham.

ALBERT HEYMAN, B.S., M.D.

Professor of Neurology, Duke University School of Medicine, Durham, North Carolina.

S. RICHARDSON HILL, JR., B.A., M.D.

Associate Professor of Medicine, The Medical College of the University of Alabama, Birmingham.

FREDERIC L. HOCH, M.D.

Associate in Medicine, Harvard Medical School; Senior Associate in Medicine, Peter Bent Brigham Hospital, Boston.

PAUL D. HOEPRICH, M.D.

Assistant Professor of Internal Medicine and Assistant Research Professor of Pathology, University of Utah College of Medicine, Salt Lake City.

EDWARD W. HOOK, M.D.

Associate Professor of Medicine, Cornell University Medical College, New York.

JUSTIN M. HOPE, B.S., M.D.

Professor of Clinical Psychiatry, Tufts University School of Medicine; Chief of Psychiatric Service, New England Center Hospital, Boston.

RICHARD B. HORNICK, M.D.

Assistant Professor of Medicine, Division of Infectious Diseases, University of Maryland School of Medicine, Baltimore.

FRANZ J. INGELFINGER, B.A., M.D.

Professor of Medicine, Boston University School of Medicine, Boston.

LEONARD W. JARCHO, A.B., M.A., M.D.

Associate Professor and Chairman of the Division of Neurology; Associate Professor of Medicine, Uni-

- versity of Utah College of Medicine; Chief of Neurology Service, Veterans Administration Hospital, Salt Lake City.
- DALTON JENKINS, M.A., M.D.**
Associate Professor of Medicine, Head of the Division of Endocrinology, University of Colorado, School of Medicine, Denver.
- MICHEL JEQUIER, M.D.**
Chardé de Cours de Neurologie, Faculté de Médecine Université de Lausanne, Lausanne, Switzerland.
- RICHARD J. JOHNS, M.D.**
Associate Professor of Medicine, Johns Hopkins University School of Medicine, Baltimore.
- WILLIAM M. M. KIRBY, B.S., M.P.**
Professor of Medicine, University of Washington School of Medicine, Seattle.
- JULIAN I. KITAY, A.B., M.D.**
Assistant Professor of Medicine and Physiology, School of Medicine, University of Virginia, Charlottesville, Virginia.
- GERALD KLATSKIN, M.D.**
Professor of Medicine, Yale University School of Medicine, New Haven, Connecticut.
- JOHN H. KNOWLES, M.D.**
Chief, Pulmonary Disease Unit, and Assistant Physician, Massachusetts General Hospital; Associate in Medicine, Harvard Medical School, Boston.
- W. EUGENE KNOX, M.D.**
Assistant Professor of Biological Chemistry, Harvard Medical School; The New England Deaconess Hospital, Boston.
- JOHN C. LAIDLAW, M.A., PH.D., M.D., F.R.C.P. (C).**
Associate Professor of Medicine, University of Toronto; Senior Physician, Toronto General Hospital, Toronto, Canada.
- DEAN M. LAIRD, B.S., M.D.**
Clinical Instructor in Psychiatry, Tufts University School of Medicine; Assistant Psychiatrist, New England Center Hospital, Boston.
- GUSTAF E. LINDSKOG, B.S., M.D., M.A. (HON.)**
William H. Carmalt Professor of Surgery, Yale University School of Medicine, New Haven, Connecticut.
- CHAMP LYONS, A.B., M.D.**
Professor and Chairman, Department of Surgery, The Medical College of the University of Alabama, Birmingham.
- FRED R. McCRUMB, JR., M.D.**
Director, Section of Infectious Diseases, University of Maryland School of Medicine, Baltimore.
- VICTOR A. McKUSICK, M.D.**
Professor of Medicine and Chief, Division of Medical Genetics, Department of Medicine, Johns Hopkins University School of Medicine, Baltimore.
- ALBERT I. MENDELOFF, M.D.**
Associate Professor of Medicine, Johns Hopkins University School of Medicine; Physician-in-Chief, Sinai Hospital of Baltimore, Baltimore.
- JOHN P. MERRILL, A.B., M.D.**
Assistant Professor of Medicine, Harvard Medical School; Senior Associate in Medicine, Peter Bent Brigham Hospital; Investigator of the Howard Hughes Medical Institute, Boston.
- JOST MICHELSEN, M.D.**
Instructor in Neurology, Harvard Medical School; Clinical Associate in Neurosurgery, Massachusetts General Hospital, Boston.
- EDWARD S. MILLER, M.D.**
Assistant Clinical Professor in Medicine, University of Colorado School of Medicine, Denver.
- WILLIAM R. MILNOR, A.B., M.D.**
Associate Professor of Medicine, Johns Hopkins University School of Medicine; Physician, Johns Hopkins Hospital, Baltimore.
- CARL A. MOYER, B.A., M.S., M.D.**
Bixby Professor of Surgery, Washington University School of Medicine; Barnes Hospital, St. Louis.
- DON H. NELSON, M.D.**
Associate Professor of Medicine, University of Southern California School of Medicine, Los Angeles.
- ELLIOT V. NEWMAN, M.D.**
Joe and Morris Werthan Professor of Experimental Medicine, Vanderbilt University School of Medicine, Nashville, Tennessee.
- VINCENT PERLO, A.B., M.D.**
Instructor in Neurology, Harvard Medical School; Associate Neurologist, Massachusetts General Hospital, Boston.
- ROBERT G. PETERSDORF, M.D.**
Associate Professor of Medicine, University of Washington School of Medicine; Physician-in-Chief, King County Hospital, Seattle.
- SIR GEORGE PICKERING, M.A., M.D., F.R.C.P., F.R.S.**
Regius Professor of Medicine, University of Oxford, Oxford, England.
- DONALD M. PILLSBURY, M.D., D.SC.**
Professor and Chairman, Department of Dermatology, University of Pennsylvania School of Medicine, Philadelphia.
- CHARLES H. RAMMELKAMP, JR., B.A., M.D., D.SC. (HON.)**
Professor of Medicine and Associate Professor of Preventive Medicine, Western Reserve University School

of Medicine; Director, Department of Medicine and Research Laboratories, Cleveland Metropolitan General Hospital, Cleveland.

T. J. REEVES, M.D.

Associate Professor of Medicine, The Medical College of the University of Alabama, Birmingham.

EDWARD C. REIFENSTEIN, JR., B.A., M.D.

Senior Associate Medical Director, Clinical Research Division, The Squibb Institute for Medical Research, E. R. Squibb & Sons Division, Olin Mathieson Chemical Corporation; Assistant Clinical Professor of Medicine, New York Medical College, Flower and Fifth Avenue Hospitals, New York.

ALBERT E. RENOLD, M.D.

Assistant Professor of Medicine, Harvard Medical School; Senior Associate in Medicine, Peter Bent Brigham Hospital; Director, Baker Clinic Research Laboratory, New England Deaconess Hospital, Boston.

WILLIAM H. RESNIK, PH.B., M.D.

Clinical Professor of Medicine, Yale University School of Medicine; Consultant Physician, Grace-New Haven Community Hospital, New Haven; Consultant Physician, Stamford Hospital, Stamford, Connecticut.

EDWARD P. RICHARDSON, JR., A.B., M.D.

Assistant Professor of Neuropathology, Harvard Medical School; Associate Neurologist and Neuropathologist, Massachusetts General Hospital, Boston.

EUGENE ROBIN, M.D.

Associate Professor of Medicine, University of Pittsburgh Medical School, Pittsburgh.

RAFAEL RODRIGUEZ-MOLINA, B.S., M.D., D.SC. (INT. MED.)

Associate Chief of Staff for Research, Veterans Administration Hospital; Clinical Professor of Medicine, University of Puerto Rico School of Medicine—School of Tropical Medicine, San Juan, Puerto Rico.

DAVID E. ROGERS, M.D.

Professor of Medicine, Department of Medicine, Vanderbilt University School of Medicine; Physician-in-Chief, Vanderbilt University Hospital, Nashville, Tennessee.

ROBERT S. SCHWAB, A.B., B.A., M.A., M.D.

Associate Clinical Professor of Neurology, Harvard Medical School; Neurologist and Director of the Brain Wave Laboratory, Massachusetts General Hospital, Boston.

HERBERT A. SELENKOW, M.D.

Clinical Associate in Medicine and Tutor in Medical Science, Harvard Medical School; Senior Associate in Medicine, Peter Bent Brigham Hospital, Boston.

ARNOLD M. SELIGMAN, M.D.

Associate Professor of Surgery, Johns Hopkins University School of Medicine; Surgeon-in-Chief, Sinai Hospital, Baltimore.

WALTER B. SHELLEY, PH.D., M.D.

Professor of Dermatology, University of Pennsylvania School of Medicine, Philadelphia.

LAWRENCE E. SHULMAN, M.D., PH.D.

Assistant Professor of Medicine, Johns Hopkins University School of Medicine, Baltimore.

MARVIN H. SLEISENGER, M.D.

Associate Professor of Clinical Medicine, Cornell University Medical College; Chief, Gastrointestinal Clinic, New York Hospital—Cornell Medical Center; Associate Attending Physician, New York Hospital—Cornell Medical Center, New York.

J. E. SMADEL, A.B., M.D., M.S. (HON.), D.SC. (HON.)

Chief, Laboratory of Virology and Rickettsiology, Division of Biologics Standards, National Institutes of Health, Bethesda.

J. LAWTON SMITH, M.D.

Assistant Professor of Ophthalmology, Duke University School of Medicine, Durham, North Carolina.

WESLEY W. SPINK, B.A., M.D., D.SC. (HON.)

Professor of Medicine, University of Minnesota Hospitals and Medical School, Minneapolis.

EUGENE A. STEAD, JR., B.S., M.D.

Professor and Chairman, Department of Medicine, Duke University School of Medicine; Physician-in-Chief, Duke Hospital, Durham, North Carolina.

JOHN H. TALBOTT, M.D.

Editor, Journal of the American Medical Association, Chicago.

MELVIN L. TAYMOR, M.D.

Clinical Associate in Gynecology, Harvard Medical School, Boston.

GEORGE W. THORN, M.D., M.A. (HON.), LL.D. (HON.), SC.D. (HON.)

Hersey Professor of the Theory and Practice of Physic, Harvard Medical School; Physician-in-Chief, Peter Bent Brigham Hospital, Boston.

ANSGAR TORVIK, M.D.

Research Fellow in Neuropathology, Harvard Medical School, Boston; on leave from Department of Pathology, Ullevaal Hospital, Oslo, Norway.

PHILIP A. TUMULTY, M.D.

Associate Professor of Medicine, Johns Hopkins University School of Medicine, Baltimore.

FRANK H. TYLER, B.A., M.D.

Professor of Medicine, University of Utah College of Medicine, Salt Lake City.

BERT L. VALLEE, B.S., M.D., M.A. (HON.)

Associate Professor of Medicine, Harvard Medical

School; Physician, Peter Bent Brigham Hospital, Boston; Research Associate, Department of Biology, Massachusetts Institute of Technology, Cambridge, Massachusetts.

MAURICE VICTOR, M.D.

Assistant Clinical Professor of Neurology, Harvard Medical School; Neurologist, Massachusetts General Hospital, Boston.

RICHARD W. VILTER, M.D.

Professor of Medicine and Director, Department of Internal Medicine, University of Cincinnati College of Medicine, Cincinnati.

WARREN E. WACKER, M.D.

Associate in Medicine, Harvard Medical School, Boston.

ROBERT R. WAGNER, M.D.

Associate Professor of Microbiology and Assistant Dean, Johns Hopkins University School of Medicine, Baltimore.

FRANK B. WALSH, M.D.

Professor of Ophthalmology, Johns Hopkins University School of Medicine, Baltimore.

JOHN N. WALTON, M.D., M.R.C.P.

Neurologist, Newcastle-upon-Tyne General Hospital and Newcastle Regional Hospital Board; Assistant Physician in Neurology, Royal Victoria Infirmary, Newcastle-upon-Tyne, England.

HENRY deF. WEBSTER, M.D.

Instructor in Neurology, Harvard Medical School; Assistant Neurologist and Assistant Neuropathologist, Massachusetts General Hospital, Boston.

LOUIS WEINSTEIN, M.S., PH.D., M.D.

Professor of Medicine, Tufts University School of Medicine; Lecturer on Infectious Disease, Harvard Medical School, Lecturer in Medicine, Boston University School of Medicine, Boston.

LOUIS G. WELT, A.B., M.D.

Professor of Medicine, University of North Carolina School of Medicine, Chapel Hill.

M. M. WINTROBE, B.A., M.D., B.SC. (MED.) PH.D., D.SC. (HON.)

Professor and Head, Department of Medicine, and Director, Laboratory for Study of Hereditary and Metabolic Disorders, University of Utah College of Medicine, Salt Lake City.

SUMNER WOOD, JR., M.D.

Associate Professor of Pathology, Johns Hopkins University School of Medicine, Baltimore.

T. E. WOODWARD, M.D.

Professor of Medicine and Head, Department of Medicine, University of Maryland School of Medicine, Baltimore.

GEORGE W. WRIGHT, B.S., M.D.

Head of Medical Research, Department of Medicine, St. Luke's Hospital; Associate Clinical Professor of Medicine, Western Reserve University School of Medicine, Cleveland.

Preface

From the inception of this work, its basic idea has been that a medical text must remain abreast of medical teaching; this in turn depends on scientific progress in medicine. Our concern has been not only with content but particularly with concept; not with mere "what" but more especially with the "why" of disease—in short, with education rather than didacticism. Our experience as teachers of medicine at undergraduate, graduate, and postgraduate levels, in addition to our exciting but not always painless adventures as editors during almost two decades, have confirmed the conviction that *Principles of Internal Medicine* should recapitulate the life-long educational process of a physician.

A primary requisite in the educational process is the development of a high sense of responsibility toward patients and a sensitivity to the significance of illness. Part One, *The Physician and the Patient*, summarizes our views concerning the attitudes and obligations involved in this relationship.

Progress in internal medicine during the present century has been influenced largely by unraveling of the basic mechanisms of disease. Modern methods of teaching have incorporated this progress by introducing the student to manifestations and mechanisms before taking up specific diseases. In the present day, it is not sufficient for the physician to have *memorized knowledge* of the common causes of symptoms; he also needs an *understanding* of the mechanisms which produce them. Such an understanding, which involves a familiarity with the abnormalities of both structure and function, serves to narrow the gap between clinical medicine and the preclinical sciences. The etiologic and morphologic approaches to disease, appropriate as they were in the nineteenth century, are not sufficient in the twentieth. These considerations are responsible for our decision to devote a major portion of the book (Part Two) to Cardinal Manifestations of Disease.

The symptoms of which patients complain not only afford the initial clues to the nature of the disease process, but they offer the optimal means for the establishment of a proper relationship with the patient.

Furthermore, patients do not come to physicians bearing labels of their diseases. Rather, like Joseph,

they wear coats of many colors, each hue indicating a specific manifestation and the whole representing a *symptom complex or syndrome* which may have multiple causes. The search for the underlying disease is greatly facilitated by the initial recognition of a clinical pattern. Thus the approach to disease through an understanding or appreciation of manifestations and syndromes becomes in large measure the consideration of those common manifestations of disease which the physician encounters daily. Furthermore, to cite an example, the recognition that a patient is suffering from a syndrome such as pericardial effusion with tamponade furnishes not only a guide to treatment but also leads to further diagnostic procedures which will aid the search for the specific causative disorder.

The discussion of syndromes offers the additional advantage that it becomes unnecessary in the description of a single disease to elaborate in detail on features which are common to others. Thereby it becomes possible to limit such discussions to those features which have a relatively high degree of specificity and to achieve a concise consideration of the most characteristic aspects of that particular disease. Diagnostic and therapeutic problems which are common to a number of disorders, such as the recognition of the underlying cause of the nephrotic symptom complex or the management of respiratory, renal, or cardiac failure, can often be considered best when these conditions are approached as syndromes rather than as diseases.

Part Three, *Biologic Considerations*, is concerned with certain broad principles of genetics, of electrophysiology, and of the regulation of the internal chemical environment. Comprehension of these concepts is essential for the physician who desires to bring to his patients the practical benefits of advances in the biologic sciences.

The Parts which follow have been prepared along more or less conventional lines and therefore need no explanation.

Since the study of medicine is a life-long process, this book has been planned for all students of internal medicine, whether they be undergraduates, young physicians receiving advanced training, busy practitioners, or preclinical or clinical teachers. However, each of these groups may prefer to use the volume in a somewhat different manner.

The *first or second year medical student* will find Part Two especially useful as a means of comprehending the relation of the basic sciences to clinical medicine. The *preclinical teacher* may find that this portion of the book aids in creating interest in these sciences, because the basic principles are presented in a clinical framework.

The *third year medical student* should read those areas in which are discussed the specific syndromes and diseases which apply to the patients he encounters. The emotional impact associated with the problems of an individual patient will thus tend to fix in his mind the significance of what he reads. At the same time he should study again those manifestations and mechanisms of disease which his patients present. The *fourth year student* should continue this process and also should begin to narrow the gaps in his knowledge by learning about those less common diseases which he has not yet personally encountered. Thus he will supplement his understanding of principles and his clinical experience by additional factual knowledge.

The *clinical teacher*, who emphasizes that his students must know what phenomena are likely to be present in a given disease but that they must also gain an understanding of the functional distortions which produce clinical phenomena, is far more likely to be successful than his colleague who teaches by rote rather than by reason. It is well to recall the statement of Plato, "Knowledge which is acquired under compulsion obtains no hold on the mind." In the educational process, the digestion of knowledge is even more important than its ingestion.

The *young physician* who, already having considerable experience, wishes to use the book as an aid toward qualifying examinations, will find especially helpful a review of those early Parts (Two and Three), which deal with the common manifestations and the more important mechanisms of disease. In most instances, five or more years will have elapsed since his basic science courses were completed, and he will need to refresh his knowledge by reviewing the more recent advances in pathophysiology.

It is our hope that the volume will prove a helpful source of quick reference for all of these groups, and especially for the *practicing physician* when an unfamiliar manifestation or disorder is encountered or when specific information about a disease or a new therapeutic procedure is desired. We trust that the index, which we have personally prepared, will be an effective guide for rapid reference.

Extensive changes have been made in the fourth edition. Most of it has been completely rewritten. The areas devoted to renal, pulmonary, gastrointestinal, and muscular and cutaneous disorders have been expanded. A chapter on Ocular Mani-

festations of Disease has been introduced. The previously long chapters on cardiac disease have been subdivided into shorter ones to make their contents more readily accessible. A short chapter on Principles of Physical Signs Referable to the Heart has been added. Introductory discussions, explaining the arrangement and indicating the common problems, have been inserted at the beginning of the several sections dealing with diseases of the various organ systems.

A deliberate attempt has been made to avoid long bibliographies. Rather, the references are limited to reviews and monographs which contain comprehensive bibliographies, together with an occasional reference to older works of unusual historical significance and, at times, a recent publication presenting important new information.

It is hoped that, as the result of the increasing availability of this textbook in different countries and in multiple languages, faculties of medicine outside of North America will have an opportunity to become familiar with the method of teaching internal medicine used on this continent, thereby permitting them to appropriate those techniques which seem good while retaining those methods of their own which have proved especially effective in their own environments.

Once again, we wish to express appreciation to our authors for their willingness to modify their chapters in response to editorial suggestions. We continue to be indebted to numerous colleagues and friends for invaluable criticisms. Among them are: Drs. Samuel P. Asper, F. Robert Fekety, John Eager Howard and Richard Ross of Baltimore; Drs. John Balint and Walter Frommeyer of Birmingham; Drs. Stanley Cobb, Mandel E. Cohen, A. Price Heusner, Erich Lindemann and Roe E. Wells of Boston; Dr. H. M. Spiro of New Haven; Dr. Clark Millikan of Rochester, Minnesota; and Drs. Jerome E. Cohn, Edwin Englert, Hans H. Hecht, John A. Linfoot, Charles A. Nugent, Gerald T. Perkoff, Attilio D. Renzetti and John R. Ward of Salt Lake City.

The preparation of a new edition would have presented insuperable problems without the loyal and effective aid of our several secretarial co-workers. We are especially indebted to: Mrs. Norma Nicewonger and Mrs. Ann Zurek of Baltimore; Miss Minnie Mae Tims of Birmingham; Mrs. Margaret Elinor Adams, Miss Eulalia Grzebieniowska, Mrs. Ruth Rae Simmonds and Mrs. Barbara Wood Zimmers of Boston; Miss Ruth Compton of New York; Miss Alida Wooley of Salt Lake City, and Mrs. Dolores Ready of Stamford.

Our relations with the McGraw-Hill Company, particularly with its Blakiston Division, have been cordial and friendly rather than merely agreeable and satisfactory.

R.D.A., I.L.B., T.R.H., W.H.R., G.W.T., M.M.W.

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