

THIRTEENTH EDITION

THE

MERCK MANUAL

OF

DIAGNOSIS AND THERAPY

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MERCK MANUAL

THIRTEENTH EDITION



1st Edition - 1899
2nd Edition - 1901
3rd Edition - 1905
4th Edition - 1911
5th Edition - 1934
7th Edition - 1940
8th Edition - 1950
9th Edition - 1950
10th Edition - 1961
11th Edition - 1966
12th Edition - 1972
13th Edition - 1977

FOREWORD

Under the wise direction of Charles E. Lyght, M.D., who was Editor from 1947 to 1966, The Merck Manual became established as one of the world's most widely used medical textbooks. The tradition, quality, and success of the book were upheld in the Twelfth Edition under the direction of David N. Holvey, M.D., who guided the initial processes of this edition until his untimely accidental death in

1 973. The Thirteenth Edition is respectfully dedicated to Dr. Holvey.

MERCK'S MANUAL OF THE MATERIA MEDICA first appeared in 1899 as a slender 262-page text. It was expressly designed to meet the needs of general practitioners in selecting medications, noting that "memory is treacherous" and even the most thoroughly informed physician needs a reminder "to make him at once master of the situation and enable him to prescribe exactly what his judgment tells him is needed for the occasion." By the Sixth Edition (1934) the book was a 1379-page text widely used and known as The Merck Manual of Therapeutics and Materia Medica. Since the Eighth Edition (1950), the title has been The Merck Manual of Diagnosis and Therapy. In order to keep pace with new knowledge and changing needs, much more than the name of the book has changed. However, its purpose remains the same—to provide useful information to practicing physicians.

Today, fewer physicians attempt to manage the whole range of medical disorders that can occur in infants, children, and adults, but those who do must have available a broad spectrum of current and accurate information. Further, the more specialized physician requires precise information about subjects outside his area of greatest expertise. All physicians need ever more information, and review of large areas of subject matter covered succinctly and completely is increasingly required. The Merck Manual continues to try to meet these needs, excluding

mainly details of surgical procedures.

This edition of The Merck Manual follows the basic format of its immediate predecessor, but it has been almost completely rewritten and the content has been increased by more than 50%. While emphasis remains on diagnosis and treatment, the discussions of basic physiologic, pathologic, and other factors essential to rational diagnostic reasoning and effective therapy have been enriched. More discussions of symptoms and signs have been added, as have suggestions for approaching the problems that patients present to their doctors. Almost every section is larger (e.g., the Cardiovascular Disorders section has twice the content of the Twelfth Edition and the Pediatrics and Genetics section has been more than doubled). A new section has been added to reflect advances in Clinical Pharmacology, and some sections, such as Immunology and Allergic Disorders, have been totally redone and greatly expanded.

Owing to the extensive subject matter covered and a successful tradition, the style and organization of The Merck Manual differ somewhat from most other texts. Many readers are not fully aware of either the scope of the symptoms, disorders, tests, reference tables, etc. that are covered or their interrelationships. Therefore, to expedite and enhance consultation of the book, readers are urged to spend a few minutes reviewing the Guide for Readers (p. viii), the table of contents

at the beginning of each section, and the index (p. 2081).

By definition, a "manual" is a small book—one that can be carried in the hand. By implication, it should be a book that one wishes to carry about and use frequently. Although managing the size of the Thirteenth Edition has been a challenge, the book is only a fraction of an inch taller, broader, and thicker than its predecessor. There are approximately 200 additional pages, but the type is slightly larger than in the last edition.

More important than the quantitative aspects of the book are those relating to quality. We have had contributions from more than 250 authors from the United States, Canada, England, and other countries, as well as guidance and review by an outstanding editorial board. Our debt of gratitude cannot be fully paid, but, for the first time, contributors have been identified and are listed in the front of the book. I wish also to express appreciation and pay special tribute to my Consulting Editor, John H. Talbott, M.D., to my Senior Manuscript Editor, Gloria R. Hamilton, and to my other manuscript editors—Mariam A. Cohen, Doris C. Ferguson, Ruth M. Heckler, Miriam P. Kepner, Frank E. Manson, and Barbara D. Markey—all of whom have worked hard and long with devotion and skill to create this book. Finally, our entire effort could not have succeeded without the experience, patience, and remarkable skills of my secretary, Catherine J. Humber, and the cooperation and proficiency of my format coordinator, Sandra K. Vitale.

We hope that this edition of THE MERCK MANUAL will be a welcome visitor to you, our readers—cordial to your needs and worthy of frequent return invitations. Discussions relating to the next edition have begun and suggestions for improve-

ment or additions will be warmly welcomed and carefully considered.

Robert Berkow, M.D., *Editor*MERCK SHARP & DOHME RESEARCH LABORATORIES
WEST POINT, PA. 19486

GUIDE FOR READERS

- The Contents (p. vii) shows the pages where readers will find names of contributors, abbreviations and symbols, titles of sections (groupings of related chapters), and the index. Thumb-tabs with appropriate abbreviations and section numbers mark each section and the index.
- Each Section, designated by the symbol §, begins with its own table of contents, listing the chapters and subchapters in that section.
- Chapters are not numbered serially from the beginning to the end of the book;
 rather, each chapter is numbered according to its order in each section.
- The Index contains many cross-entries; page numbers in bold type signify
 major discussions of the topics. In addition, the text in The Manual gives
 numerous cross-references to other sections and chapters.
- Each Page Head carries (1) the page number (page numbers run serially from the beginning to the end of the book); (2) if space permits, the titles of the relevant chapter and the last subchapter on that page; and (3) the section identification number (on left-hand pages) or chapter number (on right-hand pages).
- Abbreviations and Symbols, used liberally as essential space savers, are listed on pp. ix and x.
- The Tables and Figures found throughout the text are referenced appropriately in the index but are not listed in a table of contents.
- Commonly used Clinical Procedures and an extensive discussion of Laboratory Medicine, as well as Ready Reference Guides, are found in the section under the thumb-tab REF.
- Drugs are designated in the text by generic (nonproprietary) names. In the last chapter of the Clinical Pharmacology section, most of the drugs mentioned in the book are listed alphabetically with each generic term followed by one or more trademarks.
- The authors, reviewers, editors, and publisher of this book have made extensive efforts to ensure that treatments, drugs, and dosage regimens are accurate and conform to the standards accepted at the time of publication. However, constant changes in information resulting from continuing research and clinical experience, reasonable differences in opinions among authorities, unique aspects of individual clinical situations, and the possibility of human error in preparing such an extensive text require that the reader exercise individual judgment when making a clinical decision and, if necessary, consult and compare information from other sources. In particular, the reader is advised to check the product information included in each package of drug before prescribing or administering it, especially if the drug is unfamiliar or is used infrequently.

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ABBREVIATIONS AND SYMBOLS

ACTH adrenocorticotropic hormone antidiuretic hormone antidiuretic hormone antidiuretic hormone adenosine diphosphate adenosine diphosphate antistreptolysin O (titer) adenosine triphosphate antist				
ADH ADP Adenosine diphosphate ASO ATP Acaenosine triphosphate BCG Bacillus Calmette-Guerin (vaccine) b.i.d. 2 times a day BMR basal metabolic rate BP blood pressure BSA body surface area BSP sulfobromophthalein BUN blood urea nitrogen C centigrade CBC complete blood count cF cii curie Cii curie Cii chloride, chlorine crn centimeter(s) CINS central nervous system CCO carbon monoxide CCPc carbon dioxide CCPc cardiovascular accident CVS cardiovascular system D & C DDT dilation and curettage DDT dilation and curettage Chlorocybenothane (dichlorodiphenyl- trichloroethane) dilation and curettage CDT DD/W deciliter(s) DD/W deciliter(s) DD/W deciliter(s) DD/W deciliter(s) DD/W deciliter(s) DD/W deciliter(s) CCG celectrocardiogram EEG electrocardiogram EEG electrocardiogram ENT ear, nose, and throat ESR erythrocyte sedimentation rate F Fahrenheit FDA U.S. Food and Drug Administration FEV ASO GPD GGPD glucose-6-phosphate dehydrogenase genitourinary h hour(s) hemagglutination, inhibition, inhibiting hertz (cycles/second) immunoglobulin A, etc. intravenous pyelogram kalical curvettage lupus erythematosus mcter(s) NP intravenous pyelogram kalical chloroted acid dehydrogenase kal chlorophenothane (dichlorociphenyl- trichlorocthane) lb pound(s) latic dehydrogenase lect dehydrogenase lect dehydrogenase lupus erythematosus mcter(s) mcl, mc mcl,	ACTH	adrenocorticotropic	ft	foot; feet (measure)
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FDA U.S. Food and Drug mg milligram(s) Administration Mg magnesium minute(s)			mEq	milliequivalent(s)
FEV forced expiratory volume min minute(s)	FDA		mg	
introduction in the contraction in the contra			Mg	magnesium
Fr French (catheter size) mlU milli-international unit(s)		forced expiratory volume	min	minute(s)
	Fr	French (catheter size)	mIU	milli-international unit(s)

x	Abbe	eviations	and	Sumbale
X	MDDI	eviations	ana	Sympols

ml	milliliter(s)	Sao2	arterial oxygen saturation
MLD	minimum lethal dose	SBE	subacute bacterial
mm	millimeter(s)		endocarditis
mM	millimole(s)	s.c.	subcutaneously
mo	month(s)	SGOT	serum glutamic
mol wt	molecular weight		oxaloacetic
mOsm	milliosmole(s)		transaminase
N	nitrogen; normal (strength	SGPT	serum glutamic pyruvic
	of solution)	our i	transaminase
ng	nanogram	SLE	systemic lupus
	(= millimicrogram)	OLL	erythematosus
nm	nanometer (= millimicron)	sp gr	specific gravity
NPH	neutral protein Hagedorn	sp gr	
The state of the s	(insulin)	sq m	square
17-OHCS	17-hydroxycorticosteroids	STS	square meter
OZ OITOS	ounce(s)	313	serologic test(s) for
P	phosphorus, pressure	TB	syphilis
P _{CO2}	carbon dioxide pressure		tuberculosis
CO2		tbsp	tablespoon(s)
Po2	(or tension)	t.i.d.	3 times a day
102	oxygen pressure (or	tsp	teaspoon(s)
Do.	tension)	u.	unit(s)
Paco ₂	arterial carbon dioxide	URI	upper respiratory infection
Do	pressure	USPHS	United States Public
Pa ₀₂	arterial oxygen pressure	MIDO	Health Service
PA ₀₂	alveolar oxygen pressure	WBC	white blood cell
PBI	protein-bound iodine	wk	week(s)
pg	picogram	wt	weight
gamita	(= micromicrogram)	yr	year(s)
pH	hydrogen-ion	μ	micro-, micron(s)
	concentration	mμ	millimicron(s)
po	orally		(=nanometer)
PPD	Purified Protein	μСί, μς	microcurie(s)
	Derivative (tuberculin)	μg, mcg	microgram(s)
ppm	parts per million	mμg	millimicrogram(s)
p.r.n.	as needed		(= nanogram)
psi	pounds per square inch	µµg	micromicrogram(s)
PSP	phenolsulfonphthalein	yna	(=picogram)
pt	pint(s)	μmol	micromole(s)
q	every	μOsm	micro-osmole(s)
q 4 h, etc.	every 4 hours, etc.	1	per
q.i.d.	4 times a day	<	less than
qt	quart(s)	>	more than
R, r	roentgen(s)	<	equal to or less than
RA	rheumatoid arthritis	≤ (onin ≥	equal to or more than
RBC	red blood cell	~	approximately equal
RF	rheumatoid factor	±	plus or minus
RNA	ribonucleic acid	8	section
		0	DOUGHOIL

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