

ATYPICAL PNEUMONIA

A MEDICAL DICTIONARY, BIBLIOGRAPHY,
AND ANNOTATED RESEARCH GUIDE TO
INTERNET REFERENCES



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FORWARD

In March 2001, the National Institutes of Health issued the following warning: "The number of Web sites offering health-related resources grows every day. Many sites provide valuable information, while others may have information that is unreliable or misleading."¹ Furthermore, because of the rapid increase in Internet-based information, many hours can be wasted searching, selecting, and printing. Since only the smallest fraction of information dealing with atypical pneumonia is indexed in search engines, such as **www.google.com** or others, a non-systematic approach to Internet research can be not only time consuming, but also incomplete. This book was created for medical professionals, students, and members of the general public who want to know as much as possible about atypical pneumonia, using the most advanced research tools available and spending the least amount of time doing so.

In addition to offering a structured and comprehensive bibliography, the pages that follow will tell you where and how to find reliable information covering virtually all topics related to atypical pneumonia, from the essentials to the most advanced areas of research. Public, academic, government, and peer-reviewed research studies are emphasized. Various abstracts are reproduced to give you some of the latest official information available to date on atypical pneumonia. Abundant guidance is given on how to obtain free-of-charge primary research results via the Internet. **While this book focuses on the field of medicine, when some sources provide access to non-medical information relating to atypical pneumonia, these are noted in the text.**

E-book and electronic versions of this book are fully interactive with each of the Internet sites mentioned (clicking on a hyperlink automatically opens your browser to the site indicated). If you are using the hard copy version of this book, you can access a cited Web site by typing the provided Web address directly into your Internet browser. You may find it useful to refer to synonyms or related terms when accessing these Internet databases. **NOTE:** At the time of publication, the Web addresses were functional. However, some links may fail due to URL address changes, which is a common occurrence on the Internet.

For readers unfamiliar with the Internet, detailed instructions are offered on how to access electronic resources. For readers unfamiliar with medical terminology, a comprehensive glossary is provided. For readers without access to Internet resources, a directory of medical libraries, that have or can locate references cited here, is given. We hope these resources will prove useful to the widest possible audience seeking information on atypical pneumonia.

The Editors

¹ From the NIH, National Cancer Institute (NCI): <http://www.cancer.gov/cancerinfo/ten-things-to-know>.

CHAPTER 1. STUDIES ON ATYPICAL PNEUMONIA

Overview

In this chapter, we will show you how to locate peer-reviewed references and studies on atypical pneumonia.

Federally Funded Research on Atypical Pneumonia

The U.S. Government supports a variety of research studies relating to atypical pneumonia. These studies are tracked by the Office of Extramural Research at the National Institutes of Health.² CRISP (Computerized Retrieval of Information on Scientific Projects) is a searchable database of federally funded biomedical research projects conducted at universities, hospitals, and other institutions.

Search the CRISP Web site at http://crisp.cit.nih.gov/crisp/crisp_query.generate_screen. You will have the option to perform targeted searches by various criteria, including geography, date, and topics related to atypical pneumonia.

For most of the studies, the agencies reporting into CRISP provide summaries or abstracts. As opposed to clinical trial research using patients, many federally funded studies use animals or simulated models to explore atypical pneumonia.

E-Journals: PubMed Central³

PubMed Central (PMC) is a digital archive of life sciences journal literature developed and managed by the National Center for Biotechnology Information (NCBI) at the U.S. National

² Healthcare projects are funded by the National Institutes of Health (NIH), Substance Abuse and Mental Health Services (SAMHSA), Health Resources and Services Administration (HRSA), Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDCP), Agency for Healthcare Research and Quality (AHRQ), and Office of Assistant Secretary of Health (OASH).

³ Adapted from the National Library of Medicine: <http://www.pubmedcentral.nih.gov/about/intro.html>.

Library of Medicine (NLM).⁴ Access to this growing archive of e-journals is free and unrestricted.⁵ To search, go to <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Pmc>, and type “atypical pneumonia” (or synonyms) into the search box. This search gives you access to full-text articles. The following is a sample of items found for atypical pneumonia in the PubMed Central database:

- **Analysis of Complement Fixation and Commercial Enzyme Immunoassays for Detection of Antibodies to *Mycoplasma pneumoniae* in Human Serum.** by Thacker WL, Talkington DF.; 2000 Sep;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=95955>
- **Animal Model of *Mycoplasma pneumoniae* Infection Using Germfree Mice.** by Hayakawa M, Taguchi H, Kamiya S, Fujioka Y, Watanabe H, Kawai S, Kobayashi H.; 2002 May;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=119980>
- **Characterization of a *Mycoplasma pneumoniae* hmw3 Mutant: Implications for Attachment Organelle Assembly.** by Willby MJ, Krause DC.; 2002 Jun;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=135052>
- **Clinical features of culture-proven *Mycoplasma pneumoniae* infections at King Abdulaziz University Hospital, Jeddah, Saudi Arabia.** by Madani TA, Al-Ghamdi AA.; 2001;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&artid=35282>
- **Diagnosis of *Mycoplasma pneumoniae* Infection in Autopsy and Open-Lung Biopsy Tissues by Nested PCR.** by Talkington DF, Thacker WL, Keller DW, Jensen JS.; 1998 Apr;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=104711>
- **Diagnosis of *Mycoplasma pneumoniae* Pneumonia in Children.** by Waris ME, Toikka P, Saarinen T, Nikkari S, Meurman O, Vainionpaa R, Mertsola J, Ruuskanen O.; 1998 Nov;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=105292>
- **Effects of Respiratory *Mycoplasma pneumoniae* Infection on Allergen-Induced Bronchial Hyperresponsiveness and Lung Inflammation in Mice.** by Chu HW, Honour JM, Rawlinson CA, Harbeck RJ, Martin RJ.; 2003 Mar;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=148884>
- **Evaluation of Four Commercial Immunoglobulin G (IgG)- and IgM-Specific Enzyme Immunoassays for Diagnosis of *Mycoplasma pneumoniae* Infections.** by Petitjean J, Vabret A, Gouarin S, Freymuth F.; 2002 Jan;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&artid=120121>

⁴ With PubMed Central, NCBI is taking the lead in preservation and maintenance of open access to electronic literature, just as NLM has done for decades with printed biomedical literature. PubMed Central aims to become a world-class library of the digital age.

⁵ The value of PubMed Central, in addition to its role as an archive, lies in the availability of data from diverse sources stored in a common format in a single repository. Many journals already have online publishing operations, and there is a growing tendency to publish material online only, to the exclusion of print.

- **Genotyping of *Mycoplasma pneumoniae* Clinical Isolates Reveals Eight P1 Subtypes within Two Genomic Groups.** by Dorigo-Zetsma JW, Dankert J, Zaat SA.; 2000 Mar; <http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=86314>
- **Identification of a New Variable Sequence in the P1 Cytadhesin Gene of *Mycoplasma pneumoniae*: Evidence for the Generation of Antigenic Variation by DNA Recombination between Repetitive Sequences.** by Kenri T, Taniguchi R, Sasaki Y, Okazaki N, Narita M, Izumikawa K, Umetsu M, Sasaki T.; 1999 Sep; <http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=96778>
- **In Vitro Activities of Quinupristin-Dalfopristin and the Streptogramin RPR 106972 against *Mycoplasma pneumoniae*.** by Izumikawa K, Hirakata Y, Yamaguchi T, Yoshida R, Tanaka H, Takemura H, Maesaki S, Tomono K, Kaku M, Izumikawa KI, Kamihira S, Kohno S.; 1998 Mar; <http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=105521>
- **In Vitro Activity of Telithromycin (HMR3647), a New Ketolide, against Clinical Isolates of *Mycoplasma pneumoniae* in Japan.** by Yamaguchi T, Hirakata Y, Izumikawa K, Miyazaki Y, Maesaki S, Tomono K, Yamada Y, Kamihira S, Kohno S.; 2000 May; <http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=89878>
- **In Vitro and In Vivo Efficacies of T-3811ME (BMS-284756) against *Mycoplasma pneumoniae*.** by Takahata M, Shimakura M, Hori R, Kizawa K, Todo Y, Minami S, Watanabe Y, Narita H.; 2001 Jan; <http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=90281>
- **Incidence of Upper Respiratory Tract *Mycoplasma pneumoniae* Infections among Outpatients in Rhone-Alpes, France, during Five Successive Winter Periods.** by Layani-Milon MP, Gras I, Valette M, Luciani J, Stagnara J, Aymard M, Lina B.; 1999 Jun; <http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=84933>
- **Indirect Enzyme-Linked Immunosorbent Assay for Detection of Immunoglobulin G Reactive with a Recombinant Protein Expressed from the Gene Encoding the 116-Kilodalton Protein of *Mycoplasma pneumoniae*.** by Duffy MF, Whithear KG, Noormohammadi AH, Markham PF, Catton M, Leydon J, Browning GF.; 1999 Apr; <http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=88644>
- **Loss of HMW1 and HMW3 in noncytadhering mutants of *Mycoplasma pneumoniae* occurs post-translationally.** by Popham PL, Hahn TW, Krebs KA, Krause DC.; 1997 Dec 9; <http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&artid=28418>
- ***Mycoplasma pneumoniae* Protein P30 Is Required for Cytadherence and Associated with Proper Cell Development.** by Romero-Arroyo CE, Jordan J, Peacock SJ, Willby MJ, Farmer MA, Krause DC.; 1999 Feb 15; <http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=93483>

- **Rapid-Cycle PCR for Detection and Typing of *Mycoplasma pneumoniae* in Clinical Specimens.** by Kong F, Gordon S, Gilbert GL.; 2000 Nov;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=87576>
- **Regulation of Proinflammatory Cytokines in Human Lung Epithelial Cells Infected with *Mycoplasma pneumoniae*.** by Yang J, Hooper WC, Phillips DJ, Talkington DF.; 2002 Jul;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=128054>
- **Stability of *Mycoplasma pneumoniae* Cytoadherence-Accessory Protein HMW1 Correlates with Its Association with the Triton Shell.** by Balish MF, Hahn TW, Popham PL, Krause DC.; 2001 Jun 15;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=95245>
- **Transcriptional Analysis of the hmw Gene Cluster of *Mycoplasma pneumoniae*.** by Waldo RH III, Popham PL, Romero-Arroyo CE, Mothershed EA, Lee KK, Krause DC.; 1999 Aug 15;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=93987>

The National Library of Medicine: PubMed

One of the quickest and most comprehensive ways to find academic studies in both English and other languages is to use PubMed, maintained by the National Library of Medicine.⁶ The advantage of PubMed over previously mentioned sources is that it covers a greater number of domestic and foreign references. It is also free to use. If the publisher has a Web site that offers full text of its journals, PubMed will provide links to that site, as well as to sites offering other related data. User registration, a subscription fee, or some other type of fee may be required to access the full text of articles in some journals.

To generate your own bibliography of studies dealing with atypical pneumonia, simply go to the PubMed Web site at <http://www.ncbi.nlm.nih.gov/pubmed>. Type "atypical pneumonia" (or synonyms) into the search box, and click "Go." The following is the type of output you can expect from PubMed for atypical pneumonia (hyperlinks lead to article summaries):

- **A case of atypical pneumonia presenting with severe headache and disorientation. Diagnosis: Q fever (*Coxiella burnetti*).**
Author(s): Julius P, Kutscha A, Ullmer E, Matthys H, Hamm H.
Source: Respiration; International Review of Thoracic Diseases. 1999; 66(3): 283-6.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10364749&dopt=Abstract

⁶ PubMed was developed by the National Center for Biotechnology Information (NCBI) at the National Library of Medicine (NLM) at the National Institutes of Health (NIH). The PubMed database was developed in conjunction with publishers of biomedical literature as a search tool for accessing literature citations and linking to full-text journal articles at Web sites of participating publishers. Publishers that participate in PubMed supply NLM with their citations electronically prior to or at the time of publication.

- **A case of primary atypical pneumonia complicated with severe thrombocytopenia.**
 Author(s): Tsai YM, Lee PP, Liu CH.
 Source: Taiwan Yi Xue Hui Za Zhi. 1985 June; 84(6): 742-6. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3863890&dopt=Abstract
- **A clinical approach to the choice of antimicrobial agents, case number 10: atypical pneumonia.**
 Author(s): Barnwell PA, Raff MJ, Melo JC.
 Source: J Ky Med Assoc. 1979 October; 77(10): 515-7. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=114597&dopt=Abstract
- **A pattern-oriented approach to chest radiographs in atypical pneumonia syndromes.**
 Author(s): Lynch DA, Armstrong JD 2nd.
 Source: Clinics in Chest Medicine. 1991 June; 12(2): 203-22. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1855367&dopt=Abstract
- **A prospective study of infections with atypical pneumonia organisms in acute exacerbations of chronic bronchitis.**
 Author(s): Goh SK, Johan A, Cheong TH, Wang YT.
 Source: Ann Acad Med Singapore. 1999 July; 28(4): 476-80.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10561756&dopt=Abstract
- **A woman with "atypical" atypical pneumonia.**
 Author(s): Koretz B, Long J, Blanc P.
 Source: Hosp Pract (Off Ed). 1996 July 15; 31(7): 161-2, 167-8. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8682882&dopt=Abstract
- **Acute respiratory distress syndrome in Mycoplasma pneumonia: a case report and review.**
 Author(s): Chian CF, Chang FY.
 Source: J Microbiol Immunol Infect. 1999 March; 32(1): 52-6. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11561570&dopt=Abstract
- **Acute respiratory failure due to atypical pneumonia. Case report.**
 Author(s): Sutherland GE, Schlichtig R.
 Source: Mo Med. 1983 March; 80(3): 144-5. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6843544&dopt=Abstract

- **Adenovirus complement-fixing antibody in atypical pneumonia and difference in antibody titer among adenovirus types used as antigen.**
Author(s): Niitu Y, Handa T.
Source: Sci Rep Res Inst Tohoku Univ [med]. 1965 September; 12(2): 171-98. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4287542&dopt=Abstract
- **An atypical case of atypical pneumonia.**
Author(s): Lawrence IG, Dalby RJ, Lad NR, Shepherd RJ.
Source: Br J Clin Pract. 1996 September; 50(6): 346-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8983327&dopt=Abstract
- **An elderly patient with hemophagocytic syndrome due to severe mycoplasma pneumonia with marked hypercytokinemia.**
Author(s): Mizukane R, Kadota Ji J, Yamaguchi T, Kiya T, Fukushima H, Nakatomi M, Kohno S.
Source: Respiration; International Review of Thoracic Diseases. 2002; 69(1): 87-91.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11844970&dopt=Abstract
- **Antibody response to a major human Pneumocystis carinii surface antigen in patients without evidence of immunosuppression and in patients with suspected atypical pneumonia.**
Author(s): Lundgren B, Lebech M, Lind K, Nielsen JO, Lundgren JD.
Source: European Journal of Clinical Microbiology & Infectious Diseases : Official Publication of the European Society of Clinical Microbiology. 1993 February; 12(2): 105-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8500476&dopt=Abstract
- **Appropriateness of laboratory tests: requests for atypical pneumonia serology in a teaching hospital.**
Author(s): Jackson LM, Shanahan F, Cryan B, Bredin CP, Cronin CC.
Source: Ir J Med Sci. 1996 April-June; 165(2): 93-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8698563&dopt=Abstract
- **Association of Mycoplasma pneumoniae infection with primary atypical pneumonia.**
Author(s): Griffin JP, Crawford YE.
Source: Am Rev Respir Dis. 1969 August; 100(2): 206-12. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5805263&dopt=Abstract
- **Atypical Mycoplasma pneumonia.**
Author(s): Stallings MW, Archer SB.
Source: Am J Dis Child. 1973 December; 126(6): 837-8. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4759371&dopt=Abstract

- **Atypical pneumonia and an unexpected pathogen.**
 Author(s): Bergman MM, Gleckman RA.
 Source: Hosp Pract (Off Ed). 1987 May 15; 22(5): 29, 32-3. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3106380&dopt=Abstract

- **Atypical pneumonia and environmental factors. Where have you been and what have you done?**
 Author(s): Casey KR.
 Source: Clinics in Chest Medicine. 1991 June; 12(2): 285-302. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1855372&dopt=Abstract

- **Atypical pneumonia and the Armed Forces Epidemiological Board.**
 Author(s): Denny FW.
 Source: The Journal of Infectious Diseases. 1981 March; 143(3): 305-16.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6785362&dopt=Abstract

- **Atypical pneumonia caused by dual infection with Legionella pneumophila and Mycoplasma pneumoniae.**
 Author(s): Nunn C, Cheresky A, Pearce JL.
 Source: N Z Med J. 1990 October 24; 103(900): 512-3. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2122336&dopt=Abstract

- **Atypical pneumonia due to Chlamydia pneumoniae: a case report.**
 Author(s): Cheong YM, Wong WK, Ngeow YF.
 Source: Singapore Med J. 1993 August; 34(4): 352-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8266214&dopt=Abstract

- **'Atypical pneumonia' due to parakeet sensitivity: bird fancier's lung in a 10-year-old girl.**
 Author(s): Barker PM, Warner JO.
 Source: Br J Dis Chest. 1984 October; 78(4): 404-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6487532&dopt=Abstract

- **Atypical pneumonia in children.**
 Author(s): Salaria M, Singh M.
 Source: Indian Pediatrics. 2002 March; 39(3): 259-66.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11910135&dopt=Abstract

- **Atypical pneumonia in old age.**
 Author(s): Reimann HA.
 Source: Geriatrics. 1968 March; 23(3): 173-82.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5639687&dopt=Abstract

- **Atypical pneumonia in the critically ill obstetric patient.**
Author(s): Hodges J, Huzel P, Lyons M, Miedema MJ, Thomassen C.
Source: Dimensions of Critical Care Nursing : Dccn. 1996 March-April; 15(2): 82-90.
Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8697948&dopt=Abstract
- **Atypical pneumonia in the Nordic countries: aetiology and clinical results of a trial comparing fleroxacin and doxycycline. Nordic Atypical Pneumonia Study Group.**
Author(s): Ragnar Norrby S.
Source: The Journal of Antimicrobial Chemotherapy. 1997 April; 39(4): 499-508.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9145823&dopt=Abstract
- **Atypical pneumonia in young men with rhinovirus infections.**
Author(s): George RB, Mogabgab WJ.
Source: Annals of Internal Medicine. 1969 December; 71(6): 1073-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4311894&dopt=Abstract
- **Atypical pneumonia syndrome.**
Author(s): File TM Jr, Tan JS, Murphy DP.
Source: Primary Care. 1981 December; 8(4): 673-94.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6915590&dopt=Abstract
- **Atypical pneumonia.**
Author(s): Martin RE, Bates JH.
Source: Infectious Disease Clinics of North America. 1991 September; 5(3): 585-601.
Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1955701&dopt=Abstract
- **Atypical pneumonia.**
Author(s): Schriener RD, Morgan HJ.
Source: J Tenn Med Assoc. 1989 May; 82(5): 252-3. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2716319&dopt=Abstract
- **Atypical pneumonia.**
Author(s): Grant S, Khoo M, Knowlden P, Tinning R.
Source: The Medical Journal of Australia. 1989 February 6; 150(3): 168.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2716595&dopt=Abstract
- **Atypical pneumonia.**
Author(s): Roche JV.
Source: The Medical Journal of Australia. 1987 November 2; 147(9): 471.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3670206&dopt=Abstract

- **Atypical pneumonia.**
Author(s): Turnidge J.
Source: Aust Fam Physician. 1987 May; 16(5): 574, 579-80. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3606494&dopt=Abstract
- **Atypical pneumonia. Extrapulmonary clues guide the way to diagnosis.**
Author(s): Cunha BA, Ortega AM.
Source: Postgraduate Medicine. 1996 January; 99(1): 123-8, 131-2. Review. Erratum In: Postgrad Med 1996 April; 99(4): 64.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8539198&dopt=Abstract
- **'Atypical pneumonia'. Why this term may be better left unsaid.**
Author(s): Sarosi GA.
Source: Postgraduate Medicine. 1999 April; 105(4): 131-2, 135-8. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10223092&dopt=Abstract
- **Atypical pneumonia: recognition and treatment.**
Author(s): Yung AP, Newton-John HF, Stanley PA.
Source: The Medical Journal of Australia. 1987 August 3; 147(3): 132-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3600471&dopt=Abstract
- **Atypical pneumonias in children.**
Author(s): Hammerschlag MR.
Source: Adv Pediatr Infect Dis. 1995; 10: 1-39. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7718203&dopt=Abstract
- **Atypical pneumonias.**
Author(s): Ellis C.
Source: The Practitioner. 1993 February; 237(1523): 176-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7784323&dopt=Abstract
- **Atypical pneumonias.**
Author(s): Murray HW, Tuazon C.
Source: The Medical Clinics of North America. 1980 May; 64(3): 507-27. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6993813&dopt=Abstract
- **Atypical pneumonias. Clinical and extrapulmonary features of Chlamydia, Mycoplasma, and Legionella infections.**
Author(s): Johnson DH, Cunha BA.
Source: Postgraduate Medicine. 1993 May 15; 93(7): 69-72, 75-6, 79-82. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8493198&dopt=Abstract

- **Atypical pneumonias. Clinical diagnosis and empirical treatment.**
Author(s): Cunha BA.
Source: Postgraduate Medicine. 1991 October; 90(5): 89-90, 95-8, 101.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1924018&dopt=Abstract
- **Azithromycin: single 1.5 g dose in the treatment of patients with atypical pneumonia syndrome--a randomized study.**
Author(s): Schonwald S, Kuzman I, Oreskovic K, Burek V, Skerk V, Car V, Bozinovic D, Culig J, Radosevic S.
Source: Infection. 1999 May-June; 27(3): 198-202.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10378132&dopt=Abstract
- **Causes of atypical pneumonia: results of a 1-year prospective study.**
Author(s): Marrie TJ, Haldane EV, Noble MA, Faulkner RS, Martin RS, Lee SH.
Source: Can Med Assoc J. 1981 November 15; 125(10): 1118-23.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6275975&dopt=Abstract
- **Clinical and epidemiologic studies on primary atypical pneumonia in the suburbs of Maizuru-city.**
Author(s): Oshima S, Kobayashi T, Gima Y.
Source: Acta Tuberc Jpn. 1966 September; 16(1): 1-8. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5976307&dopt=Abstract
- **Coccidioidomycosis as imported atypical pneumonia in Sweden.**
Author(s): Fohlman J, Sjolín J, Bennich H, Chryssanthou E, Von Rosen M, Petrini B.
Source: Scandinavian Journal of Infectious Diseases. 2000; 32(4): 440-1.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10959663&dopt=Abstract
- **Community acquired acute bacterial and atypical pneumonia in Saudi Arabia.**
Author(s): Kurashi NY, al-Hamdan A, Ibrahim EM, al-Idrissi HY, al-Bayari TH.
Source: Thorax. 1992 February; 47(2): 115-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1549819&dopt=Abstract
- **Comparison of azithromycin and erythromycin in the treatment of atypical pneumonias.**
Author(s): Schonwald S, Gunjaca M, Kolacny-Babic L, Car V, Gosev M.
Source: The Journal of Antimicrobial Chemotherapy. 1990 January; 25 Suppl A: 123-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2154431&dopt=Abstract

- **Comparison of three-day and five-day courses of azithromycin in the treatment of atypical pneumonia.**
 Author(s): Schonwald S, Skerk V, Petricevic I, Car V, Majerus-Misic L, Gunjaca M.
 Source: European Journal of Clinical Microbiology & Infectious Diseases : Official Publication of the European Society of Clinical Microbiology. 1991 October; 10(10): 877-80.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1662637&dopt=Abstract
- **Complement fixation to pleuropneumonia-like organism and cold hemagglutination titers in children with primary atypical pneumonia.**
 Author(s): Fukushima H, Kimura T.
 Source: Yonago Acta Med. 1976 August; 20(2): 147-50. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1025933&dopt=Abstract
- **Corticosteroid therapy for hemolytic anemia and respiratory failure due to Mycoplasma pneumoniae pneumonia.**
 Author(s): Tsuruta R, Kawamura Y, Inoue T, Kasaoka S, Sadamitsu D, Maekawa T.
 Source: Intern Med. 2002 March; 41(3): 229-32.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11929187&dopt=Abstract
- **Culturally verified Mycoplasma pneumoniae pneumonia in Japan: a long-term observation from 1979-99.**
 Author(s): Ito I, Ishida T, Osawa M, Arita M, Hashimoto T, Hongo T, Mishima M.
 Source: Epidemiology and Infection. 2001 October; 127(2): 365-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11693516&dopt=Abstract
- **Diagnosing and treating atypical pneumonia.**
 Author(s): Smith G, Hosker H.
 Source: The Practitioner. 2001 September; 245(1626): 736-40, 742, 746. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11584587&dopt=Abstract
- **Frequency of Mycoplasma pneumoniae among atypical pneumonia of childhood.**
 Author(s): Oguz F, Unuvar E, Aydin D, Yilmaz K, Sidal M.
 Source: Turk J Pediatr. 2002 October-December; 44(4): 283-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12458801&dopt=Abstract
- **Generalized pustular rash associated with primary atypical pneumonia.**
 Author(s): Matsubara M, Ueda K, Kishimoto S, Yasuno H, Ikada J, Sakagami S, Morioka Y.
 Source: The Journal of Dermatology. 1982 June; 9(3): 197-202.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6752233&dopt=Abstract

- **Impact of *Pneumocystis carinii* and cytomegalovirus on the course and outcome of atypical pneumonia in advanced human immunodeficiency virus disease.**
Author(s): Bozzette SA, Arcia J, Bartok AE, McGlynn LM, McCutchan JA, Richman DD, Spector SA.
Source: The Journal of Infectious Diseases. 1992 January; 165(1): 93-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1309375&dopt=Abstract
- **Infectious atypical pneumonia in the intensive care unit.**
Author(s): Gurman G, Alkan M.
Source: Isr J Med Sci. 1991 July; 27(7): 408-15. Review. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2071382&dopt=Abstract
- **Isolation of *Mycoplasma pneumoniae* (eaton agent) from patients with primary atypical pneumonia.**
Author(s): Lind K.
Source: Acta Pathol Microbiol Scand. 1966; 66(1): 124-34. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5950671&dopt=Abstract
- **Isolation of *Mycoplasma pneumoniae* from human primary atypical pneumonia.**
Author(s): Stipkovits L, Varga L, Bory E, Szabo I.
Source: Acta Microbiol Acad Sci Hung. 1973 February; 20(2): 103-7. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4590546&dopt=Abstract
- **Isolation of non-haemolytic streptococci from patients with primary atypical pneumonia.**
Author(s): Lind K, Perch B.
Source: Acta Pathol Microbiol Scand. 1968; 73(2): 229-36. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5662497&dopt=Abstract
- **Laboratory diagnosis of atypical pneumonia.**
Author(s): Hindiyeh M, Carroll KC.
Source: Seminars in Respiratory Infections. 2000 June; 15(2): 101-13. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10983928&dopt=Abstract
- **Landmark article Dec 24,1938: An acute infection of the respiratory tract with atypical pneumonia. A disease entity probably caused by a filtrable virus. By Hobart A. Reimann.**
Author(s): Reimann HA.
Source: Jama : the Journal of the American Medical Association. 1984 February 17; 251(7): 936-44.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6363732&dopt=Abstract

- **Landmark perspective: The atypical pneumonia syndrome.**
 Author(s): Levin S.
 Source: *Jama : the Journal of the American Medical Association*. 1984 February 17; 251(7): 945-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6363733&dopt=Abstract
- **Legionella and mycoplasma pneumonia--a community hospital experience with atypical pneumonias.**
 Author(s): Cotton EM, Strampfer MJ, Cunha BA.
 Source: *Clinics in Chest Medicine*. 1987 September; 8(3): 441-53.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3665401&dopt=Abstract
- **Legionnaires' disease: an atypical pneumonia.**
 Author(s): Komansky HJ, Gordon R, Giudice JC.
 Source: *Postgraduate Medicine*. 1980 January; 67(1): 183-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7350560&dopt=Abstract
- **Leptospirosis presenting as atypical pneumonia, respiratory failure and pyogenic meningitis.**
 Author(s): Alani FS, Mahoney MP, Ormerod LP, Wright PA, Garrues M.
 Source: *The Journal of Infection*. 1993 November; 27(3): 281-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8308321&dopt=Abstract
- **Liver involvement with Mycoplasma pneumoniae community-acquired pneumonia.**
 Author(s): Cunha BA.
 Source: *Journal of Clinical Microbiology*. 2003 July; 41(7): 3456; Author Reply 3456-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12843123&dopt=Abstract
- **Management of atypical pneumonias in view of the new entity "Legionnaire's disease".**
 Author(s): Roland FP.
 Source: *R I Med J*. 1978 July; 61(7): 270-2. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=276901&dopt=Abstract
- **Moraxella catarrhalis bacteraemia associated with Mycoplasma pneumoniae infection and pneumonia.**
 Author(s): Bodasing N, Kennedy D.
 Source: *Scandinavian Journal of Infectious Diseases*. 2002; 34(11): 851-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12578160&dopt=Abstract

- **Mycoplasma and adenovirus pneumonias. Comparison with other atypical pneumonias in a military population.**
Author(s): George RB, Ziskind MM, Rasch JR, Mogabgab WJ.
Source: Annals of Internal Medicine. 1966 November; 65(5): 931-42.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4288546&dopt=Abstract
- **Mycoplasma pneumoniae associated organising pneumonia in a 10 year old boy.**
Author(s): Wachowski O, Demirakca S, Muller KM, Scheurlen W.
Source: Archives of Disease in Childhood. 2003 March; 88(3): 270-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12598403&dopt=Abstract
- **Mycoplasma pneumoniae causes over 50% of community-acquired pneumonia in school-aged children.**
Author(s): Korppi M, Heiskanen-Kosma T, Kleemola M.
Source: Scandinavian Journal of Infectious Diseases. 2003; 35(4): 294.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12839167&dopt=Abstract
- **Mycoplasma pneumoniae community-acquired pneumonia at three hospitals in Bangkok.**
Author(s): Chaoprasong C, Chanthadisai N, Buasap U, Tirawatnpong S, Wattanathum A.
Source: J Med Assoc Thai. 2002 June; 85(6): 643-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12322835&dopt=Abstract
- **Mycoplasma pneumoniae in children with pneumonia at Mbagathi District Hospital, Nairobi.**
Author(s): Bii CC, Yamaguchi H, Kai M, Nagai K, Sugiura Y, Taguchi H, Chakaya JM, Mbugua GG, Kamiya H.
Source: East Afr Med J. 2002 June; 79(6): 317-22.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12643233&dopt=Abstract
- **Mycoplasma pneumoniae infection in atypical pneumonia in the Tokyo area.**
Author(s): Kitamoto O, Nakamura S, Ebisawa I, Sato T.
Source: Jpn J Exp Med. 1966 June; 36(3): 291-9. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5330470&dopt=Abstract
- **Neurological complications of primary atypical pneumonia.**
Author(s): Sangster G.
Source: Br J Clin Pract. 1966 February; 20(2): 89-92. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5903161&dopt=Abstract

- **Pleural effusions in the atypical pneumonias.**
 Author(s): Sahn SA.
 Source: Seminars in Respiratory Infections. 1988 December; 3(4): 322-34. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3062725&dopt=Abstract
- **Pneumonia due to *Mycoplasma pneumoniae* with transient proteinuria.**
 Author(s): Kumar PD.
 Source: Southern Medical Journal. 2002 November; 95(11): 1329-30.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12540002&dopt=Abstract
- **Prevalence of *Legionella pneumophila* infection in children and its role in pediatric community-acquired atypical pneumonia.**
 Author(s): Hsu CM, Huang LM, Kao YF, Chin TW, Lee PI, Lin YJ, Chang LY, Chiu HH, Lee CY.
 Source: Zhonghua Min Guo Xiao Er Ke Yi Xue Hui Za Zhi. 1996 May-June; 37(3): 188-92.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8755173&dopt=Abstract
- **Primary atypical pneumonia (*Mycoplasma pneumoniae*): a microbiologic and clinical radiologic correlation.**
 Author(s): Gianforte EM.
 Source: J Am Osteopath Assoc. 1980 May; 79(9): 589-90. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7380680&dopt=Abstract
- **Primary atypical pneumonia due to *Mycoplasma pneumoniae* complicated by haemorrhagic pleural effusion, haemolytic anaemia and myocarditis.**
 Author(s): Feizi O, Grubb C, Skinner JL, Constantinidou M, Henderson WG.
 Source: Br J Clin Pract. 1973 March; 27(3): 99-101. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4726886&dopt=Abstract
- **Primary atypical pneumonia in children.**
 Author(s): John TJ.
 Source: Indian Pediatrics. 2002 November; 39(11): 1059-61; Author Reply 1061-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12466582&dopt=Abstract
- **Primary atypical pneumonia: an epidemic caused by *Mycoplasma pneumoniae*.**
 Author(s): Cordero L, Cuadrado R, Hall CB, Horstmann DM.
 Source: The Journal of Pediatrics. 1967 July; 71(1): 1-12.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4226112&dopt=Abstract

- **Role of interleukin-18 and T-helper type 1 cytokines in the development of Mycoplasma pneumoniae pneumonia in adults.**
Author(s): Tanaka H, Narita M, Teramoto S, Saikai T, Oashi K, Igarashi T, Abe S.
Source: Chest. 2002 May; 121(5): 1493-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12006434&dopt=Abstract
- **Roles of Mycoplasma pneumoniae and respiratory viruses in atypical pneumonia in the Tokyo area.**
Author(s): Kitamoto O, Ebisawa I, Nakamura S.
Source: Jpn J Tuberc Chest Dis. 1968 December; 15(1): 5-9. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5309129&dopt=Abstract
- **Search for agents causing atypical pneumonia in HIV-positive patients by inhibitor-controlled PCR assays.**
Author(s): Tarp B, Jensen JS, Ostergaard L, Andersen PL.
Source: The European Respiratory Journal : Official Journal of the European Society for Clinical Respiratory Physiology. 1999 January; 13(1): 175-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10836344&dopt=Abstract
- **Serum levels of granulocyte-colony stimulating factor (G-CSF) in bacterial and viral infections, and in atypical pneumonia.**
Author(s): Pauksen K, Elfman L, Ulfgren AK, Venge P.
Source: British Journal of Haematology. 1994 October; 88(2): 256-60.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7528531&dopt=Abstract
- **Severe diffuse interstitial pneumonia due to Mycoplasma pneumoniae in a patient with respiratory insufficiency.**
Author(s): de Boer J, Aerdts SJ, Groeneveld PH.
Source: The Netherlands Journal of Medicine. 2003 March; 61(3): 91-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12765231&dopt=Abstract
- **Studies on the infection of Mycoplasma pneumoniae. I. Application of immunofluorescent antibody method to serodiagnosis of primary atypical pneumonia.**
Author(s): Honda H.
Source: Kumamoto Med J. 1970 September 30; 23(3): 92-102. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4929706&dopt=Abstract
- **The atypical pneumonias: a diagnostic and therapeutic approach.**
Author(s): Cunha BA, Quintiliani R.
Source: Postgraduate Medicine. 1979 September; 66(3): 95-102.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=471855&dopt=Abstract

- **The problem patient: atypical pneumonia in an uncooperative patient.**
 Author(s): Greenberg S.
 Source: Hosp Pract. 1980 June; 15(6): 21. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7399481&dopt=Abstract
- **The problems of treating atypical pneumonia.**
 Author(s): Schlick W.
 Source: The Journal of Antimicrobial Chemotherapy. 1993 March; 31 Suppl C: 111-20. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8478302&dopt=Abstract
- **The treatment of primary atypical pneumonia with intravenous doxycycline: a report of clinical observations.**
 Author(s): Coll J, Cabrer B, Cano JF, Vivancos J, Balcells A.
 Source: Infection. 1976; 4(1 Suppl): 53-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=955702&dopt=Abstract
- **Three-day azithromycin compared with ten-day roxithromycin treatment of atypical pneumonia.**
 Author(s): Schonwald S, Barsic B, Klinar I, Gunjaca M.
 Source: Scandinavian Journal of Infectious Diseases. 1994; 26(6): 706-10.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7747094&dopt=Abstract
- **Time course of lung function changes in atypical pneumonia.**
 Author(s): Benusiglio LN, Stalder H, Junod AF.
 Source: Thorax. 1980 August; 35(8): 586-92.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7444825&dopt=Abstract
- **Treatment of atypical pneumonia with azithromycin: comparison of a 5-day and a 3-day course.**
 Author(s): Socan M.
 Source: Journal of Chemotherapy (Florence, Italy). 1998 February; 10(1): 64-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9531077&dopt=Abstract
- **Treatment of atypical pneumonia.**
 Author(s): Lengeling RW, Helms CM.
 Source: J Iowa Med Soc. 1981 June; 71(6): 258-60. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7264404&dopt=Abstract

- **Tuberculosis and the atypical pneumonia syndrome.**
Author(s): Mangura BT, Mangura CT, Reichman LB.
Source: Clinics in Chest Medicine. 1991 June; 12(2): 349-62. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1855376&dopt=Abstract
- **Unusual complications of primary atypical pneumonia due to M. pneumoniae.**
Author(s): Feizi O, Grubb C, Skinner JI, Constandou M, Henderson WG.
Source: British Medical Journal. 1971 December 18; 4(789): 751.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5129638&dopt=Abstract
- **Unusual course of nephrotic syndrome associated with atypical pneumonia.**
Author(s): Imgrund M, Rohrbach R, Oksuz MO, Grotz W.
Source: Nephrology, Dialysis, Transplantation : Official Publication of the European Dialysis and Transplant Association - European Renal Association. 2002 August; 17(8): 1530-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12147809&dopt=Abstract
- **Viral and atypical pneumonias.**
Author(s): Latham-Sadler BA, Morell VW.
Source: Primary Care. 1996 December; 23(4): 837-48. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8890147&dopt=Abstract
- **Which atypical pneumonia?**
Author(s): Barton K, Nicholls DP, Stanford CF, Connolly JH, Wilson TS.
Source: The Journal of Infection. 1989 November; 19(3): 294-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2600450&dopt=Abstract

CHAPTER 2. BOOKS ON ATYPICAL PNEUMONIA

Overview

This chapter provides bibliographic book references relating to atypical pneumonia. In addition to online booksellers such as www.amazon.com and www.bn.com, excellent sources for book titles on atypical pneumonia include the Combined Health Information Database and the National Library of Medicine. Your local medical library also may have these titles available for loan.

Book Summaries: Online Booksellers

Commercial Internet-based booksellers, such as Amazon.com and Barnes&Noble.com, offer summaries which have been supplied by each title's publisher. Some summaries also include customer reviews. Your local bookseller may have access to in-house and commercial databases that index all published books (e.g. Books in Print®). **IMPORTANT NOTE:** Online booksellers typically produce search results for medical and non-medical books. When searching for "atypical pneumonia" at online booksellers' Web sites, you may discover non-medical books that use the generic term "atypical pneumonia" (or a synonym) in their titles. The following is indicative of the results you might find when searching for "atypical pneumonia" (sorted alphabetically by title; follow the hyperlink to view more details at Amazon.com):

- **2003 Essential Medical Guide to SARS (Severe Acute Respiratory Syndrome) and Atypical Pneumonia, Influenza (Flu), Antiviral Drugs, Respiratory and Lung Diseases, Infection Control, Coronavirus - Authoritative Federal Information from the CDC, FDA, and NIH for Health Care Providers, Physicians, and Patients (Two CD-ROM Set)** by PM Medical Health News; ISBN: 1592482163;
<http://www.amazon.com/exec/obidos/ASIN/1592482163/icongroupinterna>
- **21st Century Collection Centers for Disease Control (CDC) Emerging Infectious Diseases (EID) ; Guide to SARS (Severe Acute Respiratory Syndrome) and Atypical Pneumonia, Influenza (Flu), Antiviral Drugs, Respiratory and Lung Diseases, Infection Control, Coronavirus ; Authoritative Information from the CDC, FDA, WHO, and NIH for Health Care Providers, Physicians, and Patients (Two CD-ROM Set)** by PM Medical Health News; ISBN: 1592482317;
<http://www.amazon.com/exec/obidos/ASIN/1592482317/icongroupinterna>

The National Library of Medicine Book Index

The National Library of Medicine at the National Institutes of Health has a massive database of books published on healthcare and biomedicine. Go to the following Internet site, <http://locatorplus.gov/>, and then select "Search LOCATORplus." Once you are in the search area, simply type "atypical pneumonia" (or synonyms) into the search box, and select "books only." From there, results can be sorted by publication date, author, or relevance. The following was recently catalogued by the National Library of Medicine:⁷

- **Mycoplasma pneumoniae infection; serological, aetiological and epidemiological studies.** Author: Lind, Klaus.; Year: 2003; København, F. A. D. L. s forlag [c1973]; ISBN: 0877437306
- **The identification and mode of action of Miyagawanella as related to trachoma, atypical pneumonia and other clinical disorders including the therapeutic implications there of [by] Toshio Goto.** Author: Sagamihara. Kokuritsu Sagamihara Byōin.; Year: 1832; [Tokyo, 1960]

Chapters on Atypical Pneumonia

In order to find chapters that specifically relate to atypical pneumonia, an excellent source of abstracts is the Combined Health Information Database. You will need to limit your search to book chapters and atypical pneumonia using the "Detailed Search" option. Go to the following hyperlink: <http://chid.nih.gov/detail/detail.html>. To find book chapters, use the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer, and the format option "Book Chapter." Type "atypical pneumonia" (or synonyms) into the "For these words:" box.

⁷ In addition to LOCATORPlus, in collaboration with authors and publishers, the National Center for Biotechnology Information (NCBI) is currently adapting biomedical books for the Web. The books may be accessed in two ways: (1) by searching directly using any search term or phrase (in the same way as the bibliographic database PubMed), or (2) by following the links to PubMed abstracts. Each PubMed abstract has a "Books" button that displays a facsimile of the abstract in which some phrases are hypertext links. These phrases are also found in the books available at NCBI. Click on hyperlinked results in the list of books in which the phrase is found. Currently, the majority of the links are between the books and PubMed. In the future, more links will be created between the books and other types of information, such as gene and protein sequences and macromolecular structures. See <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Books>.

CHAPTER 3. MULTIMEDIA ON ATYPICAL PNEUMONIA

Overview

In this chapter, we show you how to keep current on multimedia sources of information on atypical pneumonia. We start with sources that have been summarized by federal agencies, and then show you how to find bibliographic information catalogued by the National Library of Medicine.

Bibliography: Multimedia on Atypical Pneumonia

The National Library of Medicine is a rich source of information on healthcare-related multimedia productions including slides, computer software, and databases. To access the multimedia database, go to the following Web site: <http://locatorplus.gov/>. Select "Search LOCATORplus." Once in the search area, simply type in atypical pneumonia (or synonyms). Then, in the option box provided below the search box, select "Audiovisuals and Computer Files." From there, you can choose to sort results by publication date, author, or relevance. The following multimedia has been indexed on atypical pneumonia:

- **Atypical pneumonias [videorecording]** Source: presented by Department of Medicine, Emory University, School of Medicine; Year: 1983; Format: Videorecording; Atlanta, Ga.: Emory Medical Television Network, 1983

CHAPTER 4. PERIODICALS AND NEWS ON ATYPICAL PNEUMONIA

Overview

In this chapter, we suggest a number of news sources and present various periodicals that cover atypical pneumonia.

News Services and Press Releases

One of the simplest ways of tracking press releases on atypical pneumonia is to search the news wires. In the following sample of sources, we will briefly describe how to access each service. These services only post recent news intended for public viewing.

PR Newswire

To access the PR Newswire archive, simply go to <http://www.prnewswire.com/>. Select your country. Type “atypical pneumonia” (or synonyms) into the search box. You will automatically receive information on relevant news releases posted within the last 30 days. The search results are shown by order of relevance.

Reuters Health

The Reuters’ Medical News and Health eLine databases can be very useful in exploring news archives relating to atypical pneumonia. While some of the listed articles are free to view, others are available for purchase for a nominal fee. To access this archive, go to <http://www.reutershealth.com/en/index.html> and search by “atypical pneumonia” (or synonyms). The following was recently listed in this archive for atypical pneumonia:

- **Patients with atypical pneumonia may have multiple-pathogen infection**
Source: Reuters Medical News
Date: September 12, 2002

The NIH

Within MEDLINEplus, the NIH has made an agreement with the New York Times Syndicate, the AP News Service, and Reuters to deliver news that can be browsed by the public. Search news releases at http://www.nlm.nih.gov/medlineplus/alphanews_a.html. MEDLINEplus allows you to browse across an alphabetical index. Or you can search by date at the following Web page: <http://www.nlm.nih.gov/medlineplus/newsbydate.html>. Often, news items are indexed by MEDLINEplus within its search engine.

Business Wire

Business Wire is similar to PR Newswire. To access this archive, simply go to <http://www.businesswire.com/>. You can scan the news by industry category or company name.

Market Wire

Market Wire is more focused on technology than the other wires. To browse the latest press releases by topic, such as alternative medicine, biotechnology, fitness, healthcare, legal, nutrition, and pharmaceuticals, access Market Wire's Medical/Health channel at http://www.marketwire.com/mw/release_index?channel=MedicalHealth. Or simply go to Market Wire's home page at <http://www.marketwire.com/mw/home>, type "atypical pneumonia" (or synonyms) into the search box, and click on "Search News." As this service is technology oriented, you may wish to use it when searching for press releases covering diagnostic procedures or tests.

Search Engines

Medical news is also available in the news sections of commercial Internet search engines. See the health news page at Yahoo (http://dir.yahoo.com/Health/News_and_Media/), or you can use this Web site's general news search page at <http://news.yahoo.com/>. Type in "atypical pneumonia" (or synonyms). If you know the name of a company that is relevant to atypical pneumonia, you can go to any stock trading Web site (such as <http://www.etrade.com/>) and search for the company name there. News items across various news sources are reported on indicated hyperlinks. Google offers a similar service at <http://news.google.com/>.

BBC

Covering news from a more European perspective, the British Broadcasting Corporation (BBC) allows the public free access to their news archive located at <http://www.bbc.co.uk/>. Search by "atypical pneumonia" (or synonyms).

Academic Periodicals covering Atypical Pneumonia

Numerous periodicals are currently indexed within the National Library of Medicine's PubMed database that are known to publish articles relating to atypical pneumonia. In addition to these sources, you can search for articles covering atypical pneumonia that have been published by any of the periodicals listed in previous chapters. To find the latest studies published, go to <http://www.ncbi.nlm.nih.gov/pubmed>, type the name of the periodical into the search box, and click "Go."

If you want complete details about the historical contents of a journal, you can also visit the following Web site: <http://www.ncbi.nlm.nih.gov/entrez/jrbrowser.cgi>. Here, type in the name of the journal or its abbreviation, and you will receive an index of published articles. At <http://locatorplus.gov/>, you can retrieve more indexing information on medical periodicals (e.g. the name of the publisher). Select the button "Search LOCATORplus." Then type in the name of the journal and select the advanced search option "Journal Title Search."

APPENDICES

APPENDIX A. PHYSICIAN RESOURCES

Overview

In this chapter, we focus on databases and Internet-based guidelines and information resources created or written for a professional audience.

NIH Guidelines

Commonly referred to as “clinical” or “professional” guidelines, the National Institutes of Health publish physician guidelines for the most common diseases. Publications are available at the following by relevant Institute⁸:

- Office of the Director (OD); guidelines consolidated across agencies available at <http://www.nih.gov/health/consumer/conkey.htm>
- National Institute of General Medical Sciences (NIGMS); fact sheets available at <http://www.nigms.nih.gov/news/facts/>
- National Library of Medicine (NLM); extensive encyclopedia (A.D.A.M., Inc.) with guidelines: <http://www.nlm.nih.gov/medlineplus/healthtopics.html>
- National Cancer Institute (NCI); guidelines available at <http://www.cancer.gov/cancerinfo/list.aspx?viewid=5f35036e-5497-4d86-8c2c-714a9f7c8d25>
- National Eye Institute (NEI); guidelines available at <http://www.nei.nih.gov/order/index.htm>
- National Heart, Lung, and Blood Institute (NHLBI); guidelines available at <http://www.nhlbi.nih.gov/guidelines/index.htm>
- National Human Genome Research Institute (NHGRI); research available at <http://www.genome.gov/page.cfm?pageID=10000375>
- National Institute on Aging (NIA); guidelines available at <http://www.nia.nih.gov/health/>

⁸ These publications are typically written by one or more of the various NIH Institutes.

- National Institute on Alcohol Abuse and Alcoholism (NIAAA); guidelines available at <http://www.niaaa.nih.gov/publications/publications.htm>
- National Institute of Allergy and Infectious Diseases (NIAID); guidelines available at <http://www.niaid.nih.gov/publications/>
- National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS); fact sheets and guidelines available at <http://www.niams.nih.gov/hi/index.htm>
- National Institute of Child Health and Human Development (NICHD); guidelines available at <http://www.nichd.nih.gov/publications/pubskey.cfm>
- National Institute on Deafness and Other Communication Disorders (NIDCD); fact sheets and guidelines at <http://www.nidcd.nih.gov/health/>
- National Institute of Dental and Craniofacial Research (NIDCR); guidelines available at <http://www.nidr.nih.gov/health/>
- National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK); guidelines available at <http://www.niddk.nih.gov/health/health.htm>
- National Institute on Drug Abuse (NIDA); guidelines available at <http://www.nida.nih.gov/DrugAbuse.html>
- National Institute of Environmental Health Sciences (NIEHS); environmental health information available at <http://www.niehs.nih.gov/external/facts.htm>
- National Institute of Mental Health (NIMH); guidelines available at <http://www.nimh.nih.gov/practitioners/index.cfm>
- National Institute of Neurological Disorders and Stroke (NINDS); neurological disorder information pages available at http://www.ninds.nih.gov/health_and_medical/disorder_index.htm
- National Institute of Nursing Research (NINR); publications on selected illnesses at <http://www.nih.gov/ninr/news-info/publications.html>
- National Institute of Biomedical Imaging and Bioengineering; general information at http://grants.nih.gov/grants/becon/becon_info.htm
- Center for Information Technology (CIT); referrals to other agencies based on keyword searches available at http://kb.nih.gov/www_query_main.asp
- National Center for Complementary and Alternative Medicine (NCCAM); health information available at <http://nccam.nih.gov/health/>
- National Center for Research Resources (NCRR); various information directories available at <http://www.ncrr.nih.gov/publications.asp>
- Office of Rare Diseases; various fact sheets available at http://rarediseases.info.nih.gov/html/resources/rep_pubs.html
- Centers for Disease Control and Prevention; various fact sheets on infectious diseases available at <http://www.cdc.gov/publications.htm>

NIH Databases

In addition to the various Institutes of Health that publish professional guidelines, the NIH has designed a number of databases for professionals.⁹ Physician-oriented resources provide a wide variety of information related to the biomedical and health sciences, both past and present. The format of these resources varies. Searchable databases, bibliographic citations, full-text articles (when available), archival collections, and images are all available. The following are referenced by the National Library of Medicine:¹⁰

- **Bioethics:** Access to published literature on the ethical, legal, and public policy issues surrounding healthcare and biomedical research. This information is provided in conjunction with the Kennedy Institute of Ethics located at Georgetown University, Washington, D.C.: http://www.nlm.nih.gov/databases/databases_bioethics.html
- **HIV/AIDS Resources:** Describes various links and databases dedicated to HIV/AIDS research: <http://www.nlm.nih.gov/pubs/factsheets/aidsinfs.html>
- **NLM Online Exhibitions:** Describes “Exhibitions in the History of Medicine”: <http://www.nlm.nih.gov/exhibition/exhibition.html>. Additional resources for historical scholarship in medicine: <http://www.nlm.nih.gov/hmd/hmd.html>
- **Biotechnology Information:** Access to public databases. The National Center for Biotechnology Information conducts research in computational biology, develops software tools for analyzing genome data, and disseminates biomedical information for the better understanding of molecular processes affecting human health and disease: <http://www.ncbi.nlm.nih.gov/>
- **Population Information:** The National Library of Medicine provides access to worldwide coverage of population, family planning, and related health issues, including family planning technology and programs, fertility, and population law and policy: http://www.nlm.nih.gov/databases/databases_population.html
- **Cancer Information:** Access to cancer-oriented databases: http://www.nlm.nih.gov/databases/databases_cancer.html
- **Profiles in Science:** Offering the archival collections of prominent twentieth-century biomedical scientists to the public through modern digital technology: <http://www.profiles.nlm.nih.gov/>
- **Chemical Information:** Provides links to various chemical databases and references: <http://sis.nlm.nih.gov/Chem/ChemMain.html>
- **Clinical Alerts:** Reports the release of findings from the NIH-funded clinical trials where such release could significantly affect morbidity and mortality: http://www.nlm.nih.gov/databases/alerts/clinical_alerts.html
- **Space Life Sciences:** Provides links and information to space-based research (including NASA): http://www.nlm.nih.gov/databases/databases_space.html
- **MEDLINE:** Bibliographic database covering the fields of medicine, nursing, dentistry, veterinary medicine, the healthcare system, and the pre-clinical sciences: http://www.nlm.nih.gov/databases/databases_medline.html

⁹ Remember, for the general public, the National Library of Medicine recommends the databases referenced in MEDLINEplus (<http://medlineplus.gov/> or <http://www.nlm.nih.gov/medlineplus/databases.html>).

¹⁰ See <http://www.nlm.nih.gov/databases/databases.html>.

- **Toxicology and Environmental Health Information (TOXNET):** Databases covering toxicology and environmental health: <http://sis.nlm.nih.gov/Tox/ToxMain.html>
- **Visible Human Interface:** Anatomically detailed, three-dimensional representations of normal male and female human bodies:
http://www.nlm.nih.gov/research/visible/visible_human.html

The NLM Gateway¹¹

The NLM (National Library of Medicine) Gateway is a Web-based system that lets users search simultaneously in multiple retrieval systems at the U.S. National Library of Medicine (NLM). It allows users of NLM services to initiate searches from one Web interface, providing one-stop searching for many of NLM's information resources or databases.¹² To use the NLM Gateway, simply go to the search site at <http://gateway.nlm.nih.gov/gw/Cmd>. Type "atypical pneumonia" (or synonyms) into the search box and click "Search." The results will be presented in a tabular form, indicating the number of references in each database category.

Results Summary

Category	Items Found
Journal Articles	1753
Books / Periodicals / Audio Visual	10
Consumer Health	840
Meeting Abstracts	76
Other Collections	0
Total	2679

HSTAT¹³

HSTAT is a free, Web-based resource that provides access to full-text documents used in healthcare decision-making.¹⁴ These documents include clinical practice guidelines, quick-reference guides for clinicians, consumer health brochures, evidence reports and technology assessments from the Agency for Healthcare Research and Quality (AHRQ), as well as AHRQ's Put Prevention Into Practice.¹⁵ Simply search by "atypical pneumonia" (or synonyms) at the following Web site: <http://text.nlm.nih.gov>.

¹¹ Adapted from NLM: <http://gateway.nlm.nih.gov/gw/Cmd?Overview.x>.

¹² The NLM Gateway is currently being developed by the Lister Hill National Center for Biomedical Communications (LHNCBC) at the National Library of Medicine (NLM) of the National Institutes of Health (NIH).

¹³ Adapted from HSTAT: <http://www.nlm.nih.gov/pubs/factsheets/hstat.html>.

¹⁴ The HSTAT URL is <http://hstat.nlm.nih.gov/>.

¹⁵ Other important documents in HSTAT include: the National Institutes of Health (NIH) Consensus Conference Reports and Technology Assessment Reports; the HIV/AIDS Treatment Information Service (ATIS) resource documents; the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (SAMHSA/CSAT) Treatment Improvement Protocols (TIP) and Center for Substance Abuse Prevention (SAMHSA/CSAP) Prevention Enhancement Protocols System (PEPS); the Public Health Service (PHS) Preventive Services Task Force's *Guide to Clinical Preventive Services*; the independent, nonfederal Task Force on Community Services' *Guide to Community Preventive Services*; and the Health Technology Advisory Committee (HTAC) of the Minnesota Health Care Commission (MHCC) health technology evaluations.

Coffee Break: Tutorials for Biologists¹⁶

Coffee Break is a general healthcare site that takes a scientific view of the news and covers recent breakthroughs in biology that may one day assist physicians in developing treatments. Here you will find a collection of short reports on recent biological discoveries. Each report incorporates interactive tutorials that demonstrate how bioinformatics tools are used as a part of the research process. Currently, all Coffee Breaks are written by NCBI staff.¹⁷ Each report is about 400 words and is usually based on a discovery reported in one or more articles from recently published, peer-reviewed literature.¹⁸ This site has new articles every few weeks, so it can be considered an online magazine of sorts. It is intended for general background information. You can access the Coffee Break Web site at the following hyperlink: <http://www.ncbi.nlm.nih.gov/Coffeebreak/>.

Other Commercial Databases

In addition to resources maintained by official agencies, other databases exist that are commercial ventures addressing medical professionals. Here are some examples that may interest you:

- **CliniWeb International:** Index and table of contents to selected clinical information on the Internet; see <http://www.ohsu.edu/clinweb/>.
- **Medical World Search:** Searches full text from thousands of selected medical sites on the Internet; see <http://www.mwsearch.com/>.

¹⁶ Adapted from <http://www.ncbi.nlm.nih.gov/Coffeebreak/Archive/FAQ.html>.

¹⁷ The figure that accompanies each article is frequently supplied by an expert external to NCBI, in which case the source of the figure is cited. The result is an interactive tutorial that tells a biological story.

¹⁸ After a brief introduction that sets the work described into a broader context, the report focuses on how a molecular understanding can provide explanations of observed biology and lead to therapies for diseases. Each vignette is accompanied by a figure and hypertext links that lead to a series of pages that interactively show how NCBI tools and resources are used in the research process.

APPENDIX B. PATIENT RESOURCES

Overview

Official agencies, as well as federally funded institutions supported by national grants, frequently publish a variety of guidelines written with the patient in mind. These are typically called “Fact Sheets” or “Guidelines.” They can take the form of a brochure, information kit, pamphlet, or flyer. Often they are only a few pages in length. Since new guidelines on atypical pneumonia can appear at any moment and be published by a number of sources, the best approach to finding guidelines is to systematically scan the Internet-based services that post them.

Patient Guideline Sources

The remainder of this chapter directs you to sources which either publish or can help you find additional guidelines on topics related to atypical pneumonia. Due to space limitations, these sources are listed in a concise manner. Do not hesitate to consult the following sources by either using the Internet hyperlink provided, or, in cases where the contact information is provided, contacting the publisher or author directly.

The National Institutes of Health

The NIH gateway to patients is located at <http://health.nih.gov/>. From this site, you can search across various sources and institutes, a number of which are summarized below.

Topic Pages: MEDLINEplus

The National Library of Medicine has created a vast and patient-oriented healthcare information portal called MEDLINEplus. Within this Internet-based system are “health topic pages” which list links to available materials relevant to atypical pneumonia. To access this system, log on to <http://www.nlm.nih.gov/medlineplus/healthtopics.html>. From there you can either search using the alphabetical index or browse by broad topic areas. Recently, MEDLINEplus listed the following when searched for “atypical pneumonia”:

- Guides on atypical pneumonia

Pneumonia

<http://www.nlm.nih.gov/medlineplus/pneumonia.html>

- Other guides

Bronchitis

<http://www.nlm.nih.gov/medlineplus/bronchitis.html>

Carcinoid Tumors

<http://www.nlm.nih.gov/medlineplus/carcinoidtumors.html>

COPD

<http://www.nlm.nih.gov/medlineplus/copdchronicobstructivepulmonarydisease.html>

Diabetes

<http://www.nlm.nih.gov/medlineplus/diabetes.html>

Emphysema

<http://www.nlm.nih.gov/medlineplus/emphysema.html>

Immune System and Disorders

<http://www.nlm.nih.gov/medlineplus/immunesystemanddisorders.html>

Influenza

<http://www.nlm.nih.gov/medlineplus/influenza.html>

Meningitis

<http://www.nlm.nih.gov/medlineplus/meningitis.html>

Respiratory Diseases

<http://www.nlm.nih.gov/medlineplus/respiratorydiseases.html>

Seniors' Health Issues

<http://www.nlm.nih.gov/medlineplus/seniorshealthissues.html>

You may also choose to use the search utility provided by MEDLINEplus at the following Web address: <http://www.nlm.nih.gov/medlineplus/>. Simply type a keyword into the search box and click "Search." This utility is similar to the NIH search utility, with the exception that it only includes materials that are linked within the MEDLINEplus system (mostly patient-oriented information). It also has the disadvantage of generating unstructured results. We recommend, therefore, that you use this method only if you have a very targeted search.

Healthfinder™

Healthfinder™ is sponsored by the U.S. Department of Health and Human Services and offers links to hundreds of other sites that contain healthcare information. This Web site is located at <http://www.healthfinder.gov>. Again, keyword searches can be used to find guidelines. The following was recently found in this database:

- **Severe Acute Respiratory Syndrome (SARS) Information from WHO**

Summary: Severe Acute Respiratory Syndrome (SARS), an atypical pneumonia of unknown etiology, was recognized at the end of February 2003.

Source: World Health Organization

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=7349>

The NIH Search Utility

The NIH search utility allows you to search for documents on over 100 selected Web sites that comprise the NIH-WEB-SPACE. Each of these servers is “crawled” and indexed on an ongoing basis. Your search will produce a list of various documents, all of which will relate in some way to atypical pneumonia. The drawbacks of this approach are that the information is not organized by theme and that the references are often a mix of information for professionals and patients. Nevertheless, a large number of the listed Web sites provide useful background information. We can only recommend this route, therefore, for relatively rare or specific disorders, or when using highly targeted searches. To use the NIH search utility, visit the following Web page: <http://search.nih.gov/index.html>.

Additional Web Sources

A number of Web sites are available to the public that often link to government sites. These can also point you in the direction of essential information. The following is a representative sample:

- AOL: <http://search.aol.com/cat.adp?id=168&layer=&from=subcats>
- Family Village: <http://www.familyvillage.wisc.edu/specific.htm>
- Google: http://directory.google.com/Top/Health/Conditions_and_Diseases/
- Med Help International: <http://www.medhelp.org/HealthTopics/A.html>
- Open Directory Project: http://dmoz.org/Health/Conditions_and_Diseases/
- Yahoo.com: http://dir.yahoo.com/Health/Diseases_and_Conditions/
- WebMD®Health: http://my.webmd.com/health_topics

Finding Associations

There are several Internet directories that provide lists of medical associations with information on or resources relating to atypical pneumonia. By consulting all of associations listed in this chapter, you will have nearly exhausted all sources for patient associations concerned with atypical pneumonia.

The National Health Information Center (NHIC)

The National Health Information Center (NHIC) offers a free referral service to help people find organizations that provide information about atypical pneumonia. For more

information, see the NHIC's Web site at <http://www.health.gov/NHIC/> or contact an information specialist by calling 1-800-336-4797.

Directory of Health Organizations

The Directory of Health Organizations, provided by the National Library of Medicine Specialized Information Services, is a comprehensive source of information on associations. The Directory of Health Organizations database can be accessed via the Internet at <http://www.sis.nlm.nih.gov/Dir/DirMain.html>. It is composed of two parts: DIRLINE and Health Hotlines.

The DIRLINE database comprises some 10,000 records of organizations, research centers, and government institutes and associations that primarily focus on health and biomedicine. To access DIRLINE directly, go to the following Web site: <http://dirline.nlm.nih.gov/>. Simply type in "atypical pneumonia" (or a synonym), and you will receive information on all relevant organizations listed in the database.

Health Hotlines directs you to toll-free numbers to over 300 organizations. You can access this database directly at <http://www.sis.nlm.nih.gov/hotlines/>. On this page, you are given the option to search by keyword or by browsing the subject list. When you have received your search results, click on the name of the organization for its description and contact information.

The Combined Health Information Database

Another comprehensive source of information on healthcare associations is the Combined Health Information Database. Using the "Detailed Search" option, you will need to limit your search to "Organizations" and "atypical pneumonia". Type the following hyperlink into your Web browser: <http://chid.nih.gov/detail/detail.html>. To find associations, use the drop boxes at the bottom of the search page where "You may refine your search by." For publication date, select "All Years." Then, select your preferred language and the format option "Organization Resource Sheet." Type "atypical pneumonia" (or synonyms) into the "For these words:" box. You should check back periodically with this database since it is updated every three months.

The National Organization for Rare Disorders, Inc.

The National Organization for Rare Disorders, Inc. has prepared a Web site that provides, at no charge, lists of associations organized by health topic. You can access this database at the following Web site: <http://www.rarediseases.org/search/orgsearch.html>. Type "atypical pneumonia" (or a synonym) into the search box, and click "Submit Query."

APPENDIX C. FINDING MEDICAL LIBRARIES

Overview

In this Appendix, we show you how to quickly find a medical library in your area.

Preparation

Your local public library and medical libraries have interlibrary loan programs with the National Library of Medicine (NLM), one of the largest medical collections in the world. According to the NLM, most of the literature in the general and historical collections of the National Library of Medicine is available on interlibrary loan to any library. If you would like to access NLM medical literature, then visit a library in your area that can request the publications for you.¹⁹

Finding a Local Medical Library

The quickest method to locate medical libraries is to use the Internet-based directory published by the National Network of Libraries of Medicine (NN/LM). This network includes 4626 members and affiliates that provide many services to librarians, health professionals, and the public. To find a library in your area, simply visit <http://nnlm.gov/members/adv.html> or call 1-800-338-7657.

Medical Libraries in the U.S. and Canada

In addition to the NN/LM, the National Library of Medicine (NLM) lists a number of libraries with reference facilities that are open to the public. The following is the NLM's list and includes hyperlinks to each library's Web site. These Web pages can provide information on hours of operation and other restrictions. The list below is a small sample of

¹⁹ Adapted from the NLM: <http://www.nlm.nih.gov/psd/cas/interlibrary.html>.

libraries recommended by the National Library of Medicine (sorted alphabetically by name of the U.S. state or Canadian province where the library is located)²⁰:

- **Alabama:** Health InfoNet of Jefferson County (Jefferson County Library Cooperative, Lister Hill Library of the Health Sciences), <http://www.uab.edu/infonet/>
- **Alabama:** Richard M. Scrushy Library (American Sports Medicine Institute)
- **Arizona:** Samaritan Regional Medical Center: The Learning Center (Samaritan Health System, Phoenix, Arizona), <http://www.samaritan.edu/library/bannerlibs.htm>
- **California:** Kris Kelly Health Information Center (St. Joseph Health System, Humboldt), <http://www.humboldt1.com/~kkhic/index.html>
- **California:** Community Health Library of Los Gatos, <http://www.healthlib.org/orgresources.html>
- **California:** Consumer Health Program and Services (CHIPS) (County of Los Angeles Public Library, Los Angeles County Harbor-UCLA Medical Center Library) - Carson, CA, <http://www.colapublib.org/services/chips.html>
- **California:** Gateway Health Library (Sutter Gould Medical Foundation)
- **California:** Health Library (Stanford University Medical Center), <http://www-med.stanford.edu/healthlibrary/>
- **California:** Patient Education Resource Center - Health Information and Resources (University of California, San Francisco), <http://sfguide.ucsf.edu/barnett/PERC/default.asp>
- **California:** Redwood Health Library (Petaluma Health Care District), <http://www.phcd.org/rdwlib.html>
- **California:** Los Gatos PlaneTree Health Library, <http://planetreesanjose.org/>
- **California:** Sutter Resource Library (Sutter Hospitals Foundation, Sacramento), <http://suttermedicalcenter.org/library/>
- **California:** Health Sciences Libraries (University of California, Davis), <http://www.lib.ucdavis.edu/healthsci/>
- **California:** ValleyCare Health Library & Ryan Comer Cancer Resource Center (ValleyCare Health System, Pleasanton), <http://gaelnet.stmarys-ca.edu/other.libs/gbal/east/vchl.html>
- **California:** Washington Community Health Resource Library (Fremont), <http://www.healthlibrary.org/>
- **Colorado:** William V. Gervasini Memorial Library (Exempla Healthcare), <http://www.saintjosephdenver.org/yourhealth/libraries/>
- **Connecticut:** Hartford Hospital Health Science Libraries (Hartford Hospital), <http://www.harthosp.org/library/>
- **Connecticut:** Healthnet: Connecticut Consumer Health Information Center (University of Connecticut Health Center, Lyman Maynard Stowe Library), <http://library.uchc.edu/departm/hnet/>

²⁰ Abstracted from <http://www.nlm.nih.gov/medlineplus/libraries.html>.

- **Connecticut:** Waterbury Hospital Health Center Library (Waterbury Hospital, Waterbury), <http://www.waterburyhospital.com/library/consumer.shtml>
- **Delaware:** Consumer Health Library (Christiana Care Health System, Eugene du Pont Preventive Medicine & Rehabilitation Institute, Wilmington), http://www.christianacare.org/health_guide/health_guide_pmri_health_info.cfm
- **Delaware:** Lewis B. Flinn Library (Delaware Academy of Medicine, Wilmington), <http://www.delamed.org/chls.html>
- **Georgia:** Family Resource Library (Medical College of Georgia, Augusta), http://cmc.mcg.edu/kids_families/fam_resources/fam_res_lib/frl.htm
- **Georgia:** Health Resource Center (Medical Center of Central Georgia, Macon), <http://www.mccg.org/hrc/hrchome.asp>
- **Hawaii:** Hawaii Medical Library: Consumer Health Information Service (Hawaii Medical Library, Honolulu), <http://hml.org/CHIS/>
- **Idaho:** DeArmond Consumer Health Library (Kootenai Medical Center, Coeur d'Alene), <http://www.nicon.org/DeArmond/index.htm>
- **Illinois:** Health Learning Center of Northwestern Memorial Hospital (Chicago), http://www.nmh.org/health_info/hlc.html
- **Illinois:** Medical Library (OSF Saint Francis Medical Center, Peoria), <http://www.osfsaintfrancis.org/general/library/>
- **Kentucky:** Medical Library - Services for Patients, Families, Students & the Public (Central Baptist Hospital, Lexington), <http://www.centralbap.com/education/community/library.cfm>
- **Kentucky:** University of Kentucky - Health Information Library (Chandler Medical Center, Lexington), <http://www.mc.uky.edu/PatientEd/>
- **Louisiana:** Alton Ochsner Medical Foundation Library (Alton Ochsner Medical Foundation, New Orleans), <http://www.ochsner.org/library/>
- **Louisiana:** Louisiana State University Health Sciences Center Medical Library-Shreveport, <http://lib-sh.lsuhscc.edu/>
- **Maine:** Franklin Memorial Hospital Medical Library (Franklin Memorial Hospital, Farmington), <http://www.fchn.org/fmh/lib.htm>
- **Maine:** Gerrish-True Health Sciences Library (Central Maine Medical Center, Lewiston), <http://www.cmmc.org/library/library.html>
- **Maine:** Hadley Parrot Health Science Library (Eastern Maine Healthcare, Bangor), <http://www.emh.org/hll/hpl/guide.htm>
- **Maine:** Maine Medical Center Library (Maine Medical Center, Portland), <http://www.mmc.org/library/>
- **Maine:** Parkview Hospital (Brunswick), <http://www.parkviewhospital.org/>
- **Maine:** Southern Maine Medical Center Health Sciences Library (Southern Maine Medical Center, Biddeford), <http://www.smmc.org/services/service.php3?choice=10>
- **Maine:** Stephens Memorial Hospital's Health Information Library (Western Maine Health, Norway), <http://www.wmhcc.org/Library/>

- **Manitoba, Canada:** Consumer & Patient Health Information Service (University of Manitoba Libraries), <http://www.umanitoba.ca/libraries/units/health/reference/chis.html>
- **Manitoba, Canada:** J.W. Crane Memorial Library (Deer Lodge Centre, Winnipeg), http://www.deerlodge.mb.ca/crane_library/about.asp
- **Maryland:** Health Information Center at the Wheaton Regional Library (Montgomery County, Dept. of Public Libraries, Wheaton Regional Library), <http://www.mont.lib.md.us/healthinfo/hic.asp>
- **Massachusetts:** Baystate Medical Center Library (Baystate Health System), <http://www.baystatehealth.com/1024/>
- **Massachusetts:** Boston University Medical Center Alumni Medical Library (Boston University Medical Center), <http://med-libwww.bu.edu/library/lib.html>
- **Massachusetts:** Lowell General Hospital Health Sciences Library (Lowell General Hospital, Lowell), <http://www.lowellgeneral.org/library/HomePageLinks/WWW.htm>
- **Massachusetts:** Paul E. Woodard Health Sciences Library (New England Baptist Hospital, Boston), http://www.nebh.org/health_lib.asp
- **Massachusetts:** St. Luke's Hospital Health Sciences Library (St. Luke's Hospital, Southcoast Health System, New Bedford), <http://www.southcoast.org/library/>
- **Massachusetts:** Treadwell Library Consumer Health Reference Center (Massachusetts General Hospital), <http://www.mgh.harvard.edu/library/chrcindex.html>
- **Massachusetts:** UMass HealthNet (University of Massachusetts Medical School, Worcester), <http://healthnet.umassmed.edu/>
- **Michigan:** Botsford General Hospital Library - Consumer Health (Botsford General Hospital, Library & Internet Services), <http://www.botsfordlibrary.org/consumer.htm>
- **Michigan:** Helen DeRoy Medical Library (Providence Hospital and Medical Centers), <http://www.providence-hospital.org/library/>
- **Michigan:** Marquette General Hospital - Consumer Health Library (Marquette General Hospital, Health Information Center), <http://www.mgh.org/center.html>
- **Michigan:** Patient Education Resource Center - University of Michigan Cancer Center (University of Michigan Comprehensive Cancer Center, Ann Arbor), <http://www.cancer.med.umich.edu/learn/leares.htm>
- **Michigan:** Sladen Library & Center for Health Information Resources - Consumer Health Information (Detroit), <http://www.henryford.com/body.cfm?id=39330>
- **Montana:** Center for Health Information (St. Patrick Hospital and Health Sciences Center, Missoula)
- **National:** Consumer Health Library Directory (Medical Library Association, Consumer and Patient Health Information Section), <http://caphis.mlanet.org/directory/index.html>
- **National:** National Network of Libraries of Medicine (National Library of Medicine) - provides library services for health professionals in the United States who do not have access to a medical library, <http://nnlm.gov/>
- **National:** NN/LM List of Libraries Serving the Public (National Network of Libraries of Medicine), <http://nnlm.gov/members/>

- **Nevada:** Health Science Library, West Charleston Library (Las Vegas-Clark County Library District, Las Vegas), http://www.lvcld.org/special_collections/medical/index.htm
- **New Hampshire:** Dartmouth Biomedical Libraries (Dartmouth College Library, Hanover), <http://www.dartmouth.edu/~biomed/resources.html#conshealth.html#d/>
- **New Jersey:** Consumer Health Library (Rahway Hospital, Rahway), <http://www.rahwayhospital.com/library.htm>
- **New Jersey:** Dr. Walter Phillips Health Sciences Library (Englewood Hospital and Medical Center, Englewood), <http://www.englewoodhospital.com/links/index.htm>
- **New Jersey:** Meland Foundation (Englewood Hospital and Medical Center, Englewood), <http://www.geocities.com/ResearchTriangle/9360/>
- **New York:** Choices in Health Information (New York Public Library) - NLM Consumer Pilot Project participant, <http://www.nypl.org/branch/health/links.html>
- **New York:** Health Information Center (Upstate Medical University, State University of New York, Syracuse), <http://www.upstate.edu/library/hic/>
- **New York:** Health Sciences Library (Long Island Jewish Medical Center, New Hyde Park), <http://www.lij.edu/library/library.html>
- **New York:** ViaHealth Medical Library (Rochester General Hospital), <http://www.nyam.org/library/>
- **Ohio:** Consumer Health Library (Akron General Medical Center, Medical & Consumer Health Library), <http://www.akrongeneral.org/hwlibrary.htm>
- **Oklahoma:** The Health Information Center at Saint Francis Hospital (Saint Francis Health System, Tulsa), <http://www.sfh-tulsa.com/services/healthinfo.asp>
- **Oregon:** Planetree Health Resource Center (Mid-Columbia Medical Center, The Dalles), <http://www.mcmc.net/phrc/>
- **Pennsylvania:** Community Health Information Library (Milton S. Hershey Medical Center, Hershey), <http://www.hmc.psu.edu/commhealth/>
- **Pennsylvania:** Community Health Resource Library (Geisinger Medical Center, Danville), <http://www.geisinger.edu/education/commlib.shtml>
- **Pennsylvania:** HealthInfo Library (Moses Taylor Hospital, Scranton), <http://www.mth.org/healthwellness.html>
- **Pennsylvania:** Hopwood Library (University of Pittsburgh, Health Sciences Library System, Pittsburgh), http://www.hsls.pitt.edu/guides/chi/hopwood/index_html
- **Pennsylvania:** Koop Community Health Information Center (College of Physicians of Philadelphia), <http://www.collphyphil.org/kooppg1.shtml>
- **Pennsylvania:** Learning Resources Center - Medical Library (Susquehanna Health System, Williamsport), <http://www.shscares.org/services/lrc/index.asp>
- **Pennsylvania:** Medical Library (UPMC Health System, Pittsburgh), <http://www.upmc.edu/passavant/library.htm>
- **Quebec, Canada:** Medical Library (Montreal General Hospital), <http://www.mghlib.mcgill.ca/>

- **South Dakota:** Rapid City Regional Hospital Medical Library (Rapid City Regional Hospital), <http://www.rcrh.org/Services/Library/Default.asp>
- **Texas:** Houston HealthWays (Houston Academy of Medicine-Texas Medical Center Library), <http://hhw.library.tmc.edu/>
- **Washington:** Community Health Library (Kittitas Valley Community Hospital), <http://www.kvch.com/>
- **Washington:** Southwest Washington Medical Center Library (Southwest Washington Medical Center, Vancouver), <http://www.swmedicalcenter.com/body.cfm?id=72>

ONLINE GLOSSARIES

The Internet provides access to a number of free-to-use medical dictionaries. The National Library of Medicine has compiled the following list of online dictionaries:

- ADAM Medical Encyclopedia (A.D.A.M., Inc.), comprehensive medical reference:
<http://www.nlm.nih.gov/medlineplus/encyclopedia.html>
- MedicineNet.com Medical Dictionary (MedicineNet, Inc.):
<http://www.medterms.com/Script/Main/hp.asp>
- Merriam-Webster Medical Dictionary (Inteli-Health, Inc.):
<http://www.intelihealth.com/IH/>
- Multilingual Glossary of Technical and Popular Medical Terms in Eight European Languages (European Commission) - Danish, Dutch, English, French, German, Italian, Portuguese, and Spanish: <http://allserv.rug.ac.be/~rvdstich/eugloss/welcome.html>
- On-line Medical Dictionary (CancerWEB): <http://cancerweb.ncl.ac.uk/omd/>
- Rare Diseases Terms (Office of Rare Diseases):
<http://ord.aspensys.com/asp/diseases/diseases.asp>
- Technology Glossary (National Library of Medicine) - Health Care Technology:
<http://www.nlm.nih.gov/nichsr/ta101/ta10108.htm>

Beyond these, MEDLINEplus contains a very patient-friendly encyclopedia covering every aspect of medicine (licensed from A.D.A.M., Inc.). The ADAM Medical Encyclopedia can be accessed at <http://www.nlm.nih.gov/medlineplus/encyclopedia.html>. ADAM is also available on commercial Web sites such as drkoop.com (<http://www.drkoop.com/>) and Web MD (http://my.webmd.com/adam/asset/adam_disease_articles/a_to_z/a). The NIH suggests the following Web sites in the ADAM Medical Encyclopedia when searching for information on atypical pneumonia:

- **Basic Guidelines for Atypical Pneumonia**

Atypical pneumonia

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000079.htm>

Chlamydia

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/001345.htm>

COPD

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000091.htm>

Mycoplasma pneumonia

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000082.htm>

Qfever

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/001337.htm>

- **Signs & Symptoms for Atypical Pneumonia**

Breathing, rapid

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003071.htm>

Chest pain

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003079.htm>

Chills

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003091.htm>

Cough

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003072.htm>

Earache

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003046.htm>

Enlarged lymph nodes

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003097.htm>

Excessive sweating

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003218.htm>

Eye pain

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003032.htm>

Fever

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003090.htm>

Headache

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003024.htm>

Joint pain

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003261.htm>

Joint stiffness

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003261.htm>

Muscle aches

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003178.htm>

Muscular stiffness

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003178.htm>

Neck lump

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003098.htm>

Rash

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003220.htm>

Shortness of breath

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003075.htm>

Skin lesions

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003220.htm>

Skin rashes

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003220.htm>

Sore throat

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003053.htm>

Weakness

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003174.htm>

- **Diagnostics and Tests for Atypical Pneumonia**

Chest X-ray

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003804.htm>

Cold agglutinins

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003549.htm>

Pulse

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003399.htm>

Sputum culture

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003723.htm>

X-ray

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003337.htm>

- **Nutrition for Atypical Pneumonia**

Bullous myringitis

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/001369.htm>

- **Background Topics for Atypical Pneumonia**

Auscultation

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002226.htm>

Physical examination

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002274.htm>

Respiratory

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002290.htm>

Symptomatic

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002293.htm>

Online Dictionary Directories

The following are additional online directories compiled by the National Library of Medicine, including a number of specialized medical dictionaries:

- Medical Dictionaries: Medical & Biological (World Health Organization):
<http://www.who.int/hlt/virtuallibrary/English/diction.htm#Medical>
- MEL-Michigan Electronic Library List of Online Health and Medical Dictionaries (Michigan Electronic Library): **<http://mel.lib.mi.us/health/health-dictionaries.html>**
- Patient Education: Glossaries (DMOZ Open Directory Project):
http://dmoz.org/Health/Education/Patient_Education/Glossaries/
- Web of Online Dictionaries (Bucknell University):
<http://www.yourdictionary.com/diction5.html#medicine>

ATYPICAL PNEUMONIA DICTIONARY

The definitions below are derived from official public sources, including the National Institutes of Health [NIH] and the European Union [EU].

Adenovirus: A group of viruses that cause respiratory tract and eye infections. Adenoviruses used in gene therapy are altered to carry a specific tumor-fighting gene. [NIH]

Aetiology: Study of the causes of disease. [EU]

Agglutinins: Substances, usually of biological origin, that cause cells or other organic particles to aggregate and stick to each other. They also include those antibodies which cause aggregation or agglutination of a particulate or insoluble antigen. [NIH]

Algorithms: A procedure consisting of a sequence of algebraic formulas and/or logical steps to calculate or determine a given task. [NIH]

Alternative medicine: Practices not generally recognized by the medical community as standard or conventional medical approaches and used instead of standard treatments. Alternative medicine includes the taking of dietary supplements, megadose vitamins, and herbal preparations; the drinking of special teas; and practices such as massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

Amino Acids: Organic compounds that generally contain an amino (-NH₂) and a carboxyl (-COOH) group. Twenty alpha-amino acids are the subunits which are polymerized to form proteins. [NIH]

Amino Acids: Organic compounds that generally contain an amino (-NH₂) and a carboxyl (-COOH) group. Twenty alpha-amino acids are the subunits which are polymerized to form proteins. [NIH]

Anaemia: A reduction below normal in the number of erythrocytes per cu. mm., in the quantity of haemoglobin, or in the volume of packed red cells per 100 ml. of blood which occurs when the equilibrium between blood loss (through bleeding or destruction) and blood production is disturbed. [EU]

Anaerobic: 1. Lacking molecular oxygen. 2. Growing, living, or occurring in the absence of molecular oxygen; pertaining to an anaerobe. [EU]

Anal: Having to do with the anus, which is the posterior opening of the large bowel. [NIH]

Anaphylatoxins: The family of peptides C3a, C4a, C5a, and C5a des-arginine produced in the serum during complement activation. They produce smooth muscle contraction, mast cell histamine release, affect platelet aggregation, and act as mediators of the local inflammatory process. The order of anaphylatoxin activity from strongest to weakest is C5a, C3a, C4a, and C5a des-arginine. The latter is the so-called "classical" anaphylatoxin but shows no spasmogenic activity though it contains some chemotactic ability. [NIH]

Anemia: A reduction in the number of circulating erythrocytes or in the quantity of hemoglobin. [NIH]

Antibacterial: A substance that destroys bacteria or suppresses their growth or reproduction. [EU]

Antibiotic: A drug used to treat infections caused by bacteria and other microorganisms. [NIH]

Antibodies: Immunoglobulin molecules having a specific amino acid sequence by virtue of which they interact only with the antigen that induced their synthesis in cells of the

lymphoid series (especially plasma cells), or with an antigen closely related to it. [NIH]

Antibody: A type of protein made by certain white blood cells in response to a foreign substance (antigen). Each antibody can bind to only a specific antigen. The purpose of this binding is to help destroy the antigen. Antibodies can work in several ways, depending on the nature of the antigen. Some antibodies destroy antigens directly. Others make it easier for white blood cells to destroy the antigen. [NIH]

Antigen: Any substance which is capable, under appropriate conditions, of inducing a specific immune response and of reacting with the products of that response, that is, with specific antibody or specifically sensitized T-lymphocytes, or both. Antigens may be soluble substances, such as toxins and foreign proteins, or particulate, such as bacteria and tissue cells; however, only the portion of the protein or polysaccharide molecule known as the antigenic determinant (q.v.) combines with antibody or a specific receptor on a lymphocyte. Abbreviated Ag. [EU]

Antigen-Antibody Complex: The complex formed by the binding of antigen and antibody molecules. The deposition of large antigen-antibody complexes leading to tissue damage causes immune complex diseases. [NIH]

Antimicrobial: Killing microorganisms, or suppressing their multiplication or growth. [EU]

Arterial: Pertaining to an artery or to the arteries. [EU]

Arteries: The vessels carrying blood away from the heart. [NIH]

Atypical: Irregular; not conformable to the type; in microbiology, applied specifically to strains of unusual type. [EU]

Azithromycin: A semi-synthetic macrolide antibiotic structurally related to erythromycin. It has been used in the treatment of *Mycobacterium avium* intracellulare infections, toxoplasmosis, and cryptosporidiosis. [NIH]

Bacteraemia: The presence of bacteria in the blood. [EU]

Bacteria: Unicellular prokaryotic microorganisms which generally possess rigid cell walls, multiply by cell division, and exhibit three principal forms: round or coccid, rodlike or bacillary, and spiral or spirochetal. [NIH]

Bacteriostatic: 1. Inhibiting the growth or multiplication of bacteria. 2. An agent that inhibits the growth or multiplication of bacteria. [EU]

Bacterium: Microscopic organism which may have a spherical, rod-like, or spiral unicellular or non-cellular body. Bacteria usually reproduce through asexual processes. [NIH]

Base: In chemistry, the nonacid part of a salt; a substance that combines with acids to form salts; a substance that dissociates to give hydroxide ions in aqueous solutions; a substance whose molecule or ion can combine with a proton (hydrogen ion); a substance capable of donating a pair of electrons (to an acid) for the formation of a coordinate covalent bond. [EU]

Benign: Not cancerous; does not invade nearby tissue or spread to other parts of the body. [NIH]

Biotechnology: Body of knowledge related to the use of organisms, cells or cell-derived constituents for the purpose of developing products which are technically, scientifically and clinically useful. Alteration of biologic function at the molecular level (i.e., genetic engineering) is a central focus; laboratory methods used include transfection and cloning technologies, sequence and structure analysis algorithms, computer databases, and gene and protein structure function analysis and prediction. [NIH]

Bird Fancier's Lung: A respiratory disorder due to an acquired hypersensitivity to the dust of bird droppings. [NIH]

Blood Platelets: Non-nucleated disk-shaped cells formed in the megakaryocyte and found in the blood of all mammals. They are mainly involved in blood coagulation. [NIH]

Blood vessel: A tube in the body through which blood circulates. Blood vessels include a network of arteries, arterioles, capillaries, venules, and veins. [NIH]

Branch: Most commonly used for branches of nerves, but applied also to other structures. [NIH]

Bronchi: The larger air passages of the lungs arising from the terminal bifurcation of the trachea. [NIH]

Bronchitis: Inflammation (swelling and reddening) of the bronchi. [NIH]

Calcium: A basic element found in nearly all organized tissues. It is a member of the alkaline earth family of metals with the atomic symbol Ca, atomic number 20, and atomic weight 40. Calcium is the most abundant mineral in the body and combines with phosphorus to form calcium phosphate in the bones and teeth. It is essential for the normal functioning of nerves and muscles and plays a role in blood coagulation (as factor IV) and in many enzymatic processes. [NIH]

Carbon Dioxide: A colorless, odorless gas that can be formed by the body and is necessary for the respiration cycle of plants and animals. [NIH]

Case report: A detailed report of the diagnosis, treatment, and follow-up of an individual patient. Case reports also contain some demographic information about the patient (for example, age, gender, ethnic origin). [NIH]

Causal: Pertaining to a cause; directed against a cause. [EU]

Cell: The individual unit that makes up all of the tissues of the body. All living things are made up of one or more cells. [NIH]

Central Nervous System: The main information-processing organs of the nervous system, consisting of the brain, spinal cord, and meninges. [NIH]

Central Nervous System Infections: Pathogenic infections of the brain, spinal cord, and meninges. DNA virus infections; RNA virus infections; bacterial infections; mycoplasma infections; Spirochaetales infections; fungal infections; protozoan infections; helminthiasis; and prion diseases may involve the central nervous system as a primary or secondary process. [NIH]

Chemotactic Factors: Chemical substances that attract or repel cells or organisms. The concept denotes especially those factors released as a result of tissue injury, invasion, or immunologic activity, that attract leukocytes, macrophages, or other cells to the site of infection or insult. [NIH]

Chronic: A disease or condition that persists or progresses over a long period of time. [NIH]

Clinical trial: A research study that tests how well new medical treatments or other interventions work in people. Each study is designed to test new methods of screening, prevention, diagnosis, or treatment of a disease. [NIH]

Cloning: The production of a number of genetically identical individuals; in genetic engineering, a process for the efficient replication of a great number of identical DNA molecules. [NIH]

Cofactor: A substance, microorganism or environmental factor that activates or enhances the action of another entity such as a disease-causing agent. [NIH]

Cohort Studies: Studies in which subsets of a defined population are identified. These groups may or may not be exposed to factors hypothesized to influence the probability of the occurrence of a particular disease or other outcome. Cohorts are defined populations

which, as a whole, are followed in an attempt to determine distinguishing subgroup characteristics. [NIH]

Complement: A term originally used to refer to the heat-labile factor in serum that causes immune cytolysis, the lysis of antibody-coated cells, and now referring to the entire functionally related system comprising at least 20 distinct serum proteins that is the effector not only of immune cytolysis but also of other biologic functions. Complement activation occurs by two different sequences, the classic and alternative pathways. The proteins of the classic pathway are termed 'components of complement' and are designated by the symbols C1 through C9. C1 is a calcium-dependent complex of three distinct proteins C1q, C1r and C1s. The proteins of the alternative pathway (collectively referred to as the properdin system) and complement regulatory proteins are known by semisystematic or trivial names. Fragments resulting from proteolytic cleavage of complement proteins are designated with lower-case letter suffixes, e.g., C3a. Inactivated fragments may be designated with the suffix 'i', e.g. C3bi. Activated components or complexes with biological activity are designated by a bar over the symbol e.g. C1 or C4b,2a. The classic pathway is activated by the binding of C1 to classic pathway activators, primarily antigen-antibody complexes containing IgM, IgG1, IgG3; C1q binds to a single IgM molecule or two adjacent IgG molecules. The alternative pathway can be activated by IgA immune complexes and also by nonimmunologic materials including bacterial endotoxins, microbial polysaccharides, and cell walls. Activation of the classic pathway triggers an enzymatic cascade involving C1, C4, C2 and C3; activation of the alternative pathway triggers a cascade involving C3 and factors B, D and P. Both result in the cleavage of C5 and the formation of the membrane attack complex. Complement activation also results in the formation of many biologically active complement fragments that act as anaphylatoxins, opsonins, or chemotactic factors. [EU]

Computational Biology: A field of biology concerned with the development of techniques for the collection and manipulation of biological data, and the use of such data to make biological discoveries or predictions. This field encompasses all computational methods and theories applicable to molecular biology and areas of computer-based techniques for solving biological problems including manipulation of models and datasets. [NIH]

Confusion: A mental state characterized by bewilderment, emotional disturbance, lack of clear thinking, and perceptual disorientation. [NIH]

Conjunctiva: The mucous membrane that lines the inner surface of the eyelids and the anterior part of the sclera. [NIH]

Connective Tissue: Tissue that supports and binds other tissues. It consists of connective tissue cells embedded in a large amount of extracellular matrix. [NIH]

Connective Tissue: Tissue that supports and binds other tissues. It consists of connective tissue cells embedded in a large amount of extracellular matrix. [NIH]

Contraindications: Any factor or sign that it is unwise to pursue a certain kind of action or treatment, e. g. giving a general anesthetic to a person with pneumonia. [NIH]

Cornea: The transparent part of the eye that covers the iris and the pupil and allows light to enter the inside. [NIH]

Coronary: Encircling in the manner of a crown; a term applied to vessels; nerves, ligaments, etc. The term usually denotes the arteries that supply the heart muscle and, by extension, a pathologic involvement of them. [EU]

Coronary Thrombosis: Presence of a thrombus in a coronary artery, often causing a myocardial infarction. [NIH]

Cranial: Pertaining to the cranium, or to the anterior (in animals) or superior (in humans) end of the body. [EU]

Craniocerebral Trauma: Traumatic injuries involving the cranium and intracranial structures (i.e., brain; cranial nerves; meninges; and other structures). Injuries may be classified by whether or not the skull is penetrated (i.e., penetrating vs. nonpenetrating) or whether there is an associated hemorrhage. [NIH]

Cross-Sectional Studies: Studies in which the presence or absence of disease or other health-related variables are determined in each member of the study population or in a representative sample at one particular time. This contrasts with longitudinal studies which are followed over a period of time. [NIH]

Cryptosporidiosis: Parasitic intestinal infection with severe diarrhea caused by a protozoan, *Cryptosporidium*. It occurs in both animals and humans. [NIH]

Cytokines: Non-antibody proteins secreted by inflammatory leukocytes and some non-leukocytic cells, that act as intercellular mediators. They differ from classical hormones in that they are produced by a number of tissue or cell types rather than by specialized glands. They generally act locally in a paracrine or autocrine rather than endocrine manner. [NIH]

Cytomegalovirus: A genus of the family Herpesviridae, subfamily Betaherpesvirinae, infecting the salivary glands, liver, spleen, lungs, eyes, and other organs, in which they produce characteristically enlarged cells with intranuclear inclusions. Infection with Cytomegalovirus is also seen as an opportunistic infection in AIDS. [NIH]

Cytotoxic: Cell-killing. [NIH]

Databases, Bibliographic: Extensive collections, reputedly complete, of references and citations to books, articles, publications, etc., generally on a single subject or specialized subject area. Databases can operate through automated files, libraries, or computer disks. The concept should be differentiated from factual databases which is used for collections of data and facts apart from bibliographic references to them. [NIH]

Diagnostic procedure: A method used to identify a disease. [NIH]

Diaphragm: The musculofibrous partition that separates the thoracic cavity from the abdominal cavity. Contraction of the diaphragm increases the volume of the thoracic cavity aiding inspiration. [NIH]

Direct: 1. Straight; in a straight line. 2. Performed immediately and without the intervention of subsidiary means. [EU]

Disorientation: The loss of proper bearings, or a state of mental confusion as to time, place, or identity. [EU]

Doxycycline: A synthetic tetracycline derivative with a range of antimicrobial activity and mode of action similar to that of tetracycline, but more effective against many species. Animal studies suggest that it may cause less tooth staining than other tetracyclines. [NIH]

Dura mater: The outermost, toughest, and most fibrous of the three membranes (meninges) covering the brain and spinal cord; called also pachymeninx. [EU]

Edema: Excessive amount of watery fluid accumulated in the intercellular spaces, most commonly present in subcutaneous tissue. [NIH]

Effector: It is often an enzyme that converts an inactive precursor molecule into an active second messenger. [NIH]

Emphysema: A pathological accumulation of air in tissues or organs. [NIH]

Empirical: A treatment based on an assumed diagnosis, prior to receiving confirmatory laboratory test results. [NIH]

Emulsion: A preparation of one liquid distributed in small globules throughout the body of a second liquid. The dispersed liquid is the discontinuous phase, and the dispersion

medium is the continuous phase. When oil is the dispersed liquid and an aqueous solution is the continuous phase, it is known as an oil-in-water emulsion, whereas when water or aqueous solution is the dispersed phase and oil or oleaginous substance is the continuous phase, it is known as a water-in-oil emulsion. Pharmaceutical emulsions for which official standards have been promulgated include cod liver oil emulsion, cod liver oil emulsion with malt, liquid petrolatum emulsion, and phenolphthalein in liquid petrolatum emulsion. [EU]

Endotoxins: Toxins closely associated with the living cytoplasm or cell wall of certain microorganisms, which do not readily diffuse into the culture medium, but are released upon lysis of the cells. [NIH]

Environmental Health: The science of controlling or modifying those conditions, influences, or forces surrounding man which relate to promoting, establishing, and maintaining health. [NIH]

Enzymatic: Phase where enzyme cuts the precursor protein. [NIH]

Epidemic: Occurring suddenly in numbers clearly in excess of normal expectancy; said especially of infectious diseases but applied also to any disease, injury, or other health-related event occurring in such outbreaks. [EU]

Epidemiologic Studies: Studies designed to examine associations, commonly, hypothesized causal relations. They are usually concerned with identifying or measuring the effects of risk factors or exposures. The common types of analytic study are case-control studies, cohort studies, and cross-sectional studies. [NIH]

Epidemiological: Relating to, or involving epidemiology. [EU]

Epidermis: Nonvascular layer of the skin. It is made up, from within outward, of five layers: 1) basal layer (stratum basale epidermidis); 2) spinous layer (stratum spinosum epidermidis); 3) granular layer (stratum granulosum epidermidis); 4) clear layer (stratum lucidum epidermidis); and 5) horny layer (stratum corneum epidermidis). [NIH]

Erythrocytes: Red blood cells. Mature erythrocytes are non-nucleated, biconcave disks containing hemoglobin whose function is to transport oxygen. [NIH]

Erythromycin: A bacteriostatic antibiotic substance produced by *Streptomyces erythreus*. Erythromycin A is considered its major active component. In sensitive organisms, it inhibits protein synthesis by binding to 50S ribosomal subunits. This binding process inhibits peptidyl transferase activity and interferes with translocation of amino acids during translation and assembly of proteins. [NIH]

Eye Infections: Infection, moderate to severe, caused by bacteria, fungi, or viruses, which occurs either on the external surface of the eye or intraocularly with probable inflammation, visual impairment, or blindness. [NIH]

Family Planning: Programs or services designed to assist the family in controlling reproduction by either improving or diminishing fertility. [NIH]

Fixation: 1. The act or operation of holding, suturing, or fastening in a fixed position. 2. The condition of being held in a fixed position. 3. In psychiatry, a term with two related but distinct meanings : (1) arrest of development at a particular stage, which like regression (return to an earlier stage), if temporary is a normal reaction to setbacks and difficulties but if protracted or frequent is a cause of developmental failures and emotional problems, and (2) a close and suffocating attachment to another person, especially a childhood figure, such as one's mother or father. Both meanings are derived from psychoanalytic theory and refer to 'fixation' of libidinal energy either in a specific erogenous zone, hence fixation at the oral, anal, or phallic stage, or in a specific object, hence mother or father fixation. 4. The use of a fixative (q.v.) to preserve histological or cytological specimens. 5. In chemistry, the process whereby a substance is removed from the gaseous or solution phase and localized, as in

carbon dioxide fixation or nitrogen fixation. 6. In ophthalmology, direction of the gaze so that the visual image of the object falls on the fovea centralis. 7. In film processing, the chemical removal of all undeveloped salts of the film emulsion, leaving only the developed silver to form a permanent image. [EU]

Fleroxacin: A third-generation fluoroquinolone derivative with a broad antimicrobial spectrum. The drug strongly inhibits the DNA-supercoiling activity of DNA gyrase which may account for its antibacterial activity. [NIH]

Fovea: The central part of the macula that provides the sharpest vision. [NIH]

Gas: Air that comes from normal breakdown of food. The gases are passed out of the body through the rectum (flatus) or the mouth (burp). [NIH]

Gas exchange: Primary function of the lungs; transfer of oxygen from inhaled air into the blood and of carbon dioxide from the blood into the lungs. [NIH]

Gene: The functional and physical unit of heredity passed from parent to offspring. Genes are pieces of DNA, and most genes contain the information for making a specific protein. [NIH]

Genital: Pertaining to the genitalia. [EU]

Gland: An organ that produces and releases one or more substances for use in the body. Some glands produce fluids that affect tissues or organs. Others produce hormones or participate in blood production. [NIH]

Governing Board: The group in which legal authority is vested for the control of health-related institutions and organizations. [NIH]

Gram-negative: Losing the stain or decolorized by alcohol in Gram's method of staining, a primary characteristic of bacteria having a cell wall composed of a thin layer of peptidoglycan covered by an outer membrane of lipoprotein and lipopolysaccharide. [EU]

Growth: The progressive development of a living being or part of an organism from its earliest stage to maturity. [NIH]

Gyrase: An enzyme that causes negative supercoiling of E. coli DNA during replication. [NIH]

Headache: Pain in the cranial region that may occur as an isolated and benign symptom or as a manifestation of a wide variety of conditions including subarachnoid hemorrhage; craniocerebral trauma; central nervous system infections; intracranial hypertension; and other disorders. In general, recurrent headaches that are not associated with a primary disease process are referred to as headache disorders (e.g., migraine). [NIH]

Headache Disorders: Common conditions characterized by persistent or recurrent headaches. Headache syndrome classification systems may be based on etiology (e.g., vascular headache, post-traumatic headaches, etc.), temporal pattern (e.g., cluster headache, paroxysmal hemicrania, etc.), and precipitating factors (e.g., cough headache). [NIH]

Hemoglobin: One of the fractions of glycosylated hemoglobin A1c. Glycosylated hemoglobin is formed when linkages of glucose and related monosaccharides bind to hemoglobin A and its concentration represents the average blood glucose level over the previous several weeks. HbA1c levels are used as a measure of long-term control of plasma glucose (normal, 4 to 6 percent). In controlled diabetes mellitus, the concentration of glycosylated hemoglobin A is within the normal range, but in uncontrolled cases the level may be 3 to 4 times the normal concentration. Generally, complications are substantially lower among patients with Hb levels of 7 percent or less than in patients with HbA1c levels of 9 percent or more. [NIH]

Hemolytic: A disease that affects the blood and blood vessels. It destroys red blood cells,

cells that cause the blood to clot, and the lining of blood vessels. HUS is often caused by the *Escherichia coli* bacterium in contaminated food. People with HUS may develop acute renal failure. [NIH]

Hemorrhage: Bleeding or escape of blood from a vessel. [NIH]

Heredity: 1. The genetic transmission of a particular quality or trait from parent to offspring. 2. The genetic constitution of an individual. [EU]

Hormones: Chemical substances having a specific regulatory effect on the activity of a certain organ or organs. The term was originally applied to substances secreted by various endocrine glands and transported in the bloodstream to the target organs. It is sometimes extended to include those substances that are not produced by the endocrine glands but that have similar effects. [NIH]

Hypersensitivity: Altered reactivity to an antigen, which can result in pathologic reactions upon subsequent exposure to that particular antigen. [NIH]

Hypertension: Persistently high arterial blood pressure. Currently accepted threshold levels are 140 mm Hg systolic and 90 mm Hg diastolic pressure. [NIH]

Id: The part of the personality structure which harbors the unconscious instinctive desires and strivings of the individual. [NIH]

Immune response: The activity of the immune system against foreign substances (antigens). [NIH]

Immunity: Nonsusceptibility to the invasive or pathogenic effects of foreign microorganisms or to the toxic effect of antigenic substances. [NIH]

Immunodeficiency: The decreased ability of the body to fight infection and disease. [NIH]

In vitro: In the laboratory (outside the body). The opposite of *in vivo* (in the body). [NIH]

Indicative: That indicates; that points out more or less exactly; that reveals fairly clearly. [EU]

Induction: The act or process of inducing or causing to occur, especially the production of a specific morphogenetic effect in the developing embryo through the influence of evocators or organizers, or the production of anaesthesia or unconsciousness by use of appropriate agents. [EU]

Infarction: A pathological process consisting of a sudden insufficient blood supply to an area, which results in necrosis of that area. It is usually caused by a thrombus, an embolus, or a vascular torsion. [NIH]

Infection: 1. Invasion and multiplication of microorganisms in body tissues, which may be clinically unapparent or result in local cellular injury due to competitive metabolism, toxins, intracellular replication, or antigen-antibody response. The infection may remain localized, subclinical, and temporary if the body's defensive mechanisms are effective. A local infection may persist and spread by extension to become an acute, subacute, or chronic clinical infection or disease state. A local infection may also become systemic when the microorganisms gain access to the lymphatic or vascular system. 2. An infectious disease. [EU]

Inflammation: A pathological process characterized by injury or destruction of tissues caused by a variety of cytologic and chemical reactions. It is usually manifested by typical signs of pain, heat, redness, swelling, and loss of function. [NIH]

Influenza: An acute viral infection involving the respiratory tract. It is marked by inflammation of the nasal mucosa, the pharynx, and conjunctiva, and by headache and severe, often generalized, myalgia. [NIH]

Intensive Care: Advanced and highly specialized care provided to medical or surgical patients whose conditions are life-threatening and require comprehensive care and constant

monitoring. It is usually administered in specially equipped units of a health care facility. [NIH]

Interleukin-1: A soluble factor produced by monocytes, macrophages, and other cells which activates T-lymphocytes and potentiates their response to mitogens or antigens. IL-1 consists of two distinct forms, IL-1 alpha and IL-1 beta which perform the same functions but are distinct proteins. The biological effects of IL-1 include the ability to replace macrophage requirements for T-cell activation. The factor is distinct from interleukin-2. [NIH]

Interleukin-18: Cytokine which resembles IL-1 structurally and IL-12 functionally. It enhances the cytotoxic activity of NK cells and CTLs, and appears to play a role both as neuroimmunomodulator and in the induction of mucosal immunity. [NIH]

Interleukin-2: Chemical mediator produced by activated T lymphocytes and which regulates the proliferation of T cells, as well as playing a role in the regulation of NK cell activity. [NIH]

Interstitial: Pertaining to or situated between parts or in the interspaces of a tissue. [EU]

Intestine: A long, tube-shaped organ in the abdomen that completes the process of digestion. There is both a large intestine and a small intestine. Also called the bowel. [NIH]

Intracellular: Inside a cell. [NIH]

Intravenous: IV. Into a vein. [NIH]

Kb: A measure of the length of DNA fragments, 1 Kb = 1000 base pairs. The largest DNA fragments are up to 50 kilobases long. [NIH]

Labile: 1. Gliding; moving from point to point over the surface; unstable; fluctuating. 2. Chemically unstable. [EU]

Leukocytes: White blood cells. These include granular leukocytes (basophils, eosinophils, and neutrophils) as well as non-granular leukocytes (lymphocytes and monocytes). [NIH]

Library Services: Services offered to the library user. They include reference and circulation. [NIH]

Liquor: 1. A liquid, especially an aqueous solution containing a medicinal substance. 2. A general term used in anatomical nomenclature for certain fluids of the body. [EU]

Liver: A large, glandular organ located in the upper abdomen. The liver cleanses the blood and aids in digestion by secreting bile. [NIH]

Localized: Cancer which has not metastasized yet. [NIH]

Lymph: The almost colorless fluid that travels through the lymphatic system and carries cells that help fight infection and disease. [NIH]

Lymph node: A rounded mass of lymphatic tissue that is surrounded by a capsule of connective tissue. Also known as a lymph gland. Lymph nodes are spread out along lymphatic vessels and contain many lymphocytes, which filter the lymphatic fluid (lymph). [NIH]

Lymphatic: The tissues and organs, including the bone marrow, spleen, thymus, and lymph nodes, that produce and store cells that fight infection and disease. [NIH]

Lymphatic system: The tissues and organs that produce, store, and carry white blood cells that fight infection and other diseases. This system includes the bone marrow, spleen, thymus, lymph nodes and a network of thin tubes that carry lymph and white blood cells. These tubes branch, like blood vessels, into all the tissues of the body. [NIH]

Lymphocyte: A white blood cell. Lymphocytes have a number of roles in the immune system, including the production of antibodies and other substances that fight infection and diseases. [NIH]

Macrophage: A type of white blood cell that surrounds and kills microorganisms, removes dead cells, and stimulates the action of other immune system cells. [NIH]

MEDLINE: An online database of MEDLARS, the computerized bibliographic Medical Literature Analysis and Retrieval System of the National Library of Medicine. [NIH]

Membrane: A very thin layer of tissue that covers a surface. [NIH]

Meninges: The three membranes that cover and protect the brain and spinal cord. [NIH]

Meningitis: Inflammation of the meninges. When it affects the dura mater, the disease is termed pachymeningitis; when the arachnoid and pia mater are involved, it is called leptomeningitis, or meningitis proper. [EU]

MI: Myocardial infarction. Gross necrosis of the myocardium as a result of interruption of the blood supply to the area; it is almost always caused by atherosclerosis of the coronary arteries, upon which coronary thrombosis is usually superimposed. [NIH]

Microbiology: The study of microorganisms such as fungi, bacteria, algae, archaea, and viruses. [NIH]

Microorganism: An organism that can be seen only through a microscope. Microorganisms include bacteria, protozoa, algae, and fungi. Although viruses are not considered living organisms, they are sometimes classified as microorganisms. [NIH]

Molecular: Of, pertaining to, or composed of molecules : a very small mass of matter. [EU]

Molecule: A chemical made up of two or more atoms. The atoms in a molecule can be the same (an oxygen molecule has two oxygen atoms) or different (a water molecule has two hydrogen atoms and one oxygen atom). Biological molecules, such as proteins and DNA, can be made up of many thousands of atoms. [NIH]

Monocytes: Large, phagocytic mononuclear leukocytes produced in the vertebrate bone marrow and released into the blood; contain a large, oval or somewhat indented nucleus surrounded by voluminous cytoplasm and numerous organelles. [NIH]

Myalgia: Pain in a muscle or muscles. [EU]

Mycoplasma: A genus of gram-negative, facultatively anaerobic bacteria bounded by a plasma membrane only. Its organisms are parasites and pathogens, found on the mucous membranes of humans, animals, and birds. [NIH]

Myocarditis: Inflammation of the myocardium; inflammation of the muscular walls of the heart. [EU]

Myocardium: The muscle tissue of the heart composed of striated, involuntary muscle known as cardiac muscle. [NIH]

Nasal Mucosa: The mucous membrane lining the nasal cavity. [NIH]

Necrosis: A pathological process caused by the progressive degradative action of enzymes that is generally associated with severe cellular trauma. It is characterized by mitochondrial swelling, nuclear flocculation, uncontrolled cell lysis, and ultimately cell death. [NIH]

Need: A state of tension or dissatisfaction felt by an individual that impels him to action toward a goal he believes will satisfy the impulse. [NIH]

Nephrosis: Descriptive histopathologic term for renal disease without an inflammatory component. [NIH]

Nephrotic: Pertaining to, resembling, or caused by nephrosis. [EU]

Nephrotic Syndrome: Clinical association of heavy proteinuria, hypoalbuminemia, and generalized edema. [NIH]

Nitrogen: An element with the atomic symbol N, atomic number 7, and atomic weight 14.

Nitrogen exists as a diatomic gas and makes up about 78% of the earth's atmosphere by volume. It is a constituent of proteins and nucleic acids and found in all living cells. [NIH]

Ophthalmology: A surgical specialty concerned with the structure and function of the eye and the medical and surgical treatment of its defects and diseases. [NIH]

Pachymeningitis: Inflammation of the dura mater of the brain, the spinal cord or the optic nerve. [NIH]

Parietal: 1. Of or pertaining to the walls of a cavity. 2. Pertaining to or located near the parietal bone, as the parietal lobe. [EU]

Pathogen: Any disease-producing microorganism. [EU]

Phallic: Pertaining to the phallus, or penis. [EU]

Pharmacologic: Pertaining to pharmacology or to the properties and reactions of drugs. [EU]

Pharynx: The hollow tube about 5 inches long that starts behind the nose and ends at the top of the trachea (windpipe) and esophagus (the tube that goes to the stomach). [NIH]

Plasma: The clear, yellowish, fluid part of the blood that carries the blood cells. The proteins that form blood clots are in plasma. [NIH]

Pleura: The thin serous membrane enveloping the lungs and lining the thoracic cavity. [NIH]

Pleural: A circumscribed area of hyaline whorled fibrous tissue which appears on the surface of the parietal pleura, on the fibrous part of the diaphragm or on the pleura in the interlobar fissures. [NIH]

Pleural cavity: A space enclosed by the pleura (thin tissue covering the lungs and lining the interior wall of the chest cavity). It is bound by thin membranes. [NIH]

Pleural Effusion: Presence of fluid in the pleural cavity resulting from excessive transudation or exudation from the pleural surfaces. It is a sign of disease and not a diagnosis in itself. [NIH]

Polysaccharide: A type of carbohydrate. It contains sugar molecules that are linked together chemically. [NIH]

Post-translational: The cleavage of signal sequence that directs the passage of the protein through a cell or organelle membrane. [NIH]

Potentiates: A degree of synergism which causes the exposure of the organism to a harmful substance to worsen a disease already contracted. [NIH]

Practice Guidelines: Directions or principles presenting current or future rules of policy for the health care practitioner to assist him in patient care decisions regarding diagnosis, therapy, or related clinical circumstances. The guidelines may be developed by government agencies at any level, institutions, professional societies, governing boards, or by the convening of expert panels. The guidelines form a basis for the evaluation of all aspects of health care and delivery. [NIH]

Prospective study: An epidemiologic study in which a group of individuals (a cohort), all free of a particular disease and varying in their exposure to a possible risk factor, is followed over a specific amount of time to determine the incidence rates of the disease in the exposed and unexposed groups. [NIH]

Protein S: The vitamin K-dependent cofactor of activated protein C. Together with protein C, it inhibits the action of factors VIIIa and Va. A deficiency in protein S can lead to recurrent venous and arterial thrombosis. [NIH]

Proteins: Polymers of amino acids linked by peptide bonds. The specific sequence of amino acids determines the shape and function of the protein. [NIH]

Proteinuria: The presence of protein in the urine, indicating that the kidneys are not working properly. [NIH]

Proteolytic: 1. Pertaining to, characterized by, or promoting proteolysis. 2. An enzyme that promotes proteolysis (= the splitting of proteins by hydrolysis of the peptide bonds with formation of smaller polypeptides). [EU]

Psychiatry: The medical science that deals with the origin, diagnosis, prevention, and treatment of mental disorders. [NIH]

Public Policy: A course or method of action selected, usually by a government, from among alternatives to guide and determine present and future decisions. [NIH]

Publishing: "The business or profession of the commercial production and issuance of literature" (Webster's 3d). It includes the publisher, publication processes, editing and editors. Production may be by conventional printing methods or by electronic publishing. [NIH]

Pustular: Pertaining to or of the nature of a pustule; consisting of pustules (= a visible collection of pus within or beneath the epidermis). [EU]

Pyogenic: Producing pus; pyopoietic (= liquid inflammation product made up of cells and a thin fluid called liquor puris). [EU]

Randomized: Describes an experiment or clinical trial in which animal or human subjects are assigned by chance to separate groups that compare different treatments. [NIH]

Receptor: A molecule inside or on the surface of a cell that binds to a specific substance and causes a specific physiologic effect in the cell. [NIH]

Red blood cells: RBCs. Cells that carry oxygen to all parts of the body. Also called erythrocytes. [NIH]

Refer: To send or direct for treatment, aid, information, de decision. [NIH]

Respiratory distress syndrome: A lung disease that occurs primarily in premature infants; the newborn must struggle for each breath and blueing of its skin reflects the baby's inability to get enough oxygen. [NIH]

Respiratory failure: Inability of the lungs to conduct gas exchange. [NIH]

Rhinovirus: A genus of Picornaviridae inhabiting primarily the respiratory tract of mammalian hosts. It includes the human strains associated with common colds. [NIH]

Risk factor: A habit, trait, condition, or genetic alteration that increases a person's chance of developing a disease. [NIH]

Roxithromycin: Semisynthetic derivative of erythromycin. It is concentrated by human phagocytes and is bioactive intracellularly. While the drug is active against a wide spectrum of pathogens, it is particularly effective in the treatment of respiratory and genital tract infections. [NIH]

Salivary: The duct that convey saliva to the mouth. [NIH]

Salivary glands: Glands in the mouth that produce saliva. [NIH]

Screening: Checking for disease when there are no symptoms. [NIH]

Serology: The study of serum, especially of antigen-antibody reactions in vitro. [NIH]

Serum: The clear liquid part of the blood that remains after blood cells and clotting proteins have been removed. [NIH]

Specialist: In medicine, one who concentrates on 1 special branch of medical science. [NIH]

Species: A taxonomic category subordinate to a genus (or subgenus) and superior to a subspecies or variety, composed of individuals possessing common characters

distinguishing them from other categories of individuals of the same taxonomic level. In taxonomic nomenclature, species are designated by the genus name followed by a Latin or Latinized adjective or noun. [EU]

Spectrum: A charted band of wavelengths of electromagnetic vibrations obtained by refraction and diffraction. By extension, a measurable range of activity, such as the range of bacteria affected by an antibiotic (antibacterial s.) or the complete range of manifestations of a disease. [EU]

Spleen: An organ that is part of the lymphatic system. The spleen produces lymphocytes, filters the blood, stores blood cells, and destroys old blood cells. It is located on the left side of the abdomen near the stomach. [NIH]

Streptococci: A genus of spherical Gram-positive bacteria occurring in chains or pairs. They are widely distributed in nature, being important pathogens but often found as normal commensals in the mouth, skin, and intestine of humans and other animals. [NIH]

Subacute: Somewhat acute; between acute and chronic. [EU]

Subarachnoid: Situated or occurring between the arachnoid and the pia mater. [EU]

Subclinical: Without clinical manifestations; said of the early stage(s) of an infection or other disease or abnormality before symptoms and signs become apparent or detectable by clinical examination or laboratory tests, or of a very mild form of an infection or other disease or abnormality. [EU]

Substance P: An eleven-amino acid neurotransmitter that appears in both the central and peripheral nervous systems. It is involved in transmission of pain, causes rapid contractions of the gastrointestinal smooth muscle, and modulates inflammatory and immune responses. [NIH]

Systemic: Affecting the entire body. [NIH]

Tetracycline: An antibiotic originally produced by *Streptomyces viridifaciens*, but used mostly in synthetic form. It is an inhibitor of aminoacyl-tRNA binding during protein synthesis. [NIH]

Thrombocytopenia: A decrease in the number of blood platelets. [NIH]

Thrombosis: The formation or presence of a blood clot inside a blood vessel. [NIH]

Tissue: A group or layer of cells that are alike in type and work together to perform a specific function. [NIH]

Toxic: Having to do with poison or something harmful to the body. Toxic substances usually cause unwanted side effects. [NIH]

Toxicology: The science concerned with the detection, chemical composition, and pharmacologic action of toxic substances or poisons and the treatment and prevention of toxic manifestations. [NIH]

Toxins: Specific, characterizable, poisonous chemicals, often proteins, with specific biological properties, including immunogenicity, produced by microbes, higher plants, or animals. [NIH]

Toxoplasmosis: The acquired form of infection by *Toxoplasma gondii* in animals and man. [NIH]

Trachoma: A chronic infection of the conjunctiva and cornea caused by *Chlamydia trachomatis*. [NIH]

Transfection: The uptake of naked or purified DNA into cells, usually eukaryotic. It is analogous to bacterial transformation. [NIH]

Translation: The process whereby the genetic information present in the linear sequence of

ribonucleotides in mRNA is converted into a corresponding sequence of amino acids in a protein. It occurs on the ribosome and is unidirectional. [NIH]

Translational: The cleavage of signal sequence that directs the passage of the protein through a cell or organelle membrane. [NIH]

Translocation: The movement of material in solution inside the body of the plant. [NIH]

Unconscious: Experience which was once conscious, but was subsequently rejected, as the "personal unconscious". [NIH]

Urine: Fluid containing water and waste products. Urine is made by the kidneys, stored in the bladder, and leaves the body through the urethra. [NIH]

Vaccines: Suspensions of killed or attenuated microorganisms (bacteria, viruses, fungi, protozoa, or rickettsiae), antigenic proteins derived from them, or synthetic constructs, administered for the prevention, amelioration, or treatment of infectious and other diseases. [NIH]

Vascular: Pertaining to blood vessels or indicative of a copious blood supply. [EU]

Vein: Vessel-carrying blood from various parts of the body to the heart. [NIH]

Venous: Of or pertaining to the veins. [EU]

Veterinary Medicine: The medical science concerned with the prevention, diagnosis, and treatment of diseases in animals. [NIH]

Viral: Pertaining to, caused by, or of the nature of virus. [EU]

Virus: Submicroscopic organism that causes infectious disease. In cancer therapy, some viruses may be made into vaccines that help the body build an immune response to, and kill, tumor cells. [NIH]

White blood cell: A type of cell in the immune system that helps the body fight infection and disease. White blood cells include lymphocytes, granulocytes, macrophages, and others. [NIH]

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