

1: Dr. Scott Tenner, MD – Brooklyn, NY | Gastroenterology

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This article has been cited by other articles in PMC. Abstract Eponyms are a long-standing tradition in medicine. Eponyms usually involve honoring a prominent physician scientist who played a major role in the identification of the disease. Under the right circumstances, a disease becomes well known through the name of this individual. There are no rules on eponym development. It may take an extraordinary period of time, be different in different languages and cultures, and evolve as more is known about the physician or the disease. It is often easier to remember a disease by its eponym than by the more scientific pathologic description; for example, which name is better known, Hodgkins disease or any of its five types, to wit, nodular sclerosing, mixed cellularity, lymphocyte depleted, lymphocyte rich, and nodular lymphocyte-predominant? The naming process usually begins when popular attention is drawn to an entity, not necessarily for the first time. In fact, the physician scientist whose name becomes the eponym is often distinguishable from other parallel observers for reasons other than being first. Sometimes luck plays a major role. How many medical eponyms are there? There are medical eponyms for physical signs, tendons, reflexes, palsies, cysts, choreas, aneurisms, contractures, and many others. Some have estimated more than 8, 1. There are single name eponyms and multiple individual eponyms. There are possessive and non-possessive forms 2. When there are multiple names to the eponym, it is often interesting to assess how the order was adopted. It may be individual prestige, departmental seniority and, no doubt, could involve some bullying. Or it may be as simple as drawing straws or the famous Watson – Crick coin flip – won by Watson. Eponyms can take decades to be commonly accepted, which is not necessarily a bad thing. Eponyms often reflect the dominance of scientific cultures and languages at the time. Eponyms flourished from the late 19th to early 20th centuries when the leading scientific languages were English and German. A good example of the eponym process is the entity of acute adrenal failure secondary to meningococemia, referred to as adrenal apoplexy. In , British physician Rupert Waterhouse published in Lancet, the leading English language journal at the time, a fulminant fatal case report 4. In and , Carl Friderichsen published two cases and a review of the literature in Danish and German 5. In , Eduard Glanzmann, in a clinical review, gave it the name of Waterhouse – Friderichsen syndrome 6. In the remainder of this perspective, we will review 10 eponymous medical diseases or syndromes. I believe eight are here to stay. The last name alone suffices, often not needing a word-like syndrome or disease to clarify. Two others are famous, if not infamous, and not only are fading away but there are active campaigns to erase them from memory, demonstrating that the slow approach may be the wise way to go, not unlike the rule that a player is not eligible to be elected to the Baseball Hall of Fame until 5 years after retirement. Open in a separate window James Parkinson was born in London in His initial professional interests were primarily in politics. He was an anti-Pitt government activist and was even questioned as part of the investigation of a rumored conspiracy to assassinate King George III after America was victorious in its war of independence. After turning to medicine, he became known for his observational skills and clarity of writing style. Parkinson was 62 when he published this paper. He would die 7 years later.

2: Thomas M. Masterson (Author of EKG Pocket Survival Guide)

The Pocket Guide to Eponyms and Subtle Signs of Disease by Scott M. Tenner, Thomas M., M.D. Masterson 1 edition - first published in Oncology The Intern Pocket Survival Guide.

Read on to learn about nine early lung cancer symptoms, and how early screening may help people at high risk for the disease. A cough associated with a cold or respiratory infection will go away in a week or two, but a persistent cough that lingers can be a symptom of lung cancer. See your doctor right away. They will listen to your lungs and may order an X-ray or other tests. Change in a cough Pay attention to any changes in a chronic cough, particularly if you smoke. Breathing changes Shortness of breath or becoming easily winded are also possible symptoms of lung cancer. Changes in breathing can occur if lung cancer blocks or narrows an airway, or if fluid from a lung tumor builds up in the chest. Make a point of noticing when you feel winded or short of breath. Pain in the chest area Lung cancer may produce pain in the chest, shoulders, or back. An aching feeling may not be associated with coughing. When lung cancer causes chest pain, the discomfort may result from enlarged lymph nodes or metastasis to the chest wall, the lining around the lungs, called pleura, or the ribs. Wheezing When airways become constricted, blocked, or inflamed, the lungs produce a wheezing or whistling sound when you breathe. Wheezing can be associated with multiple causes, some of which are benign and easily treatable. Have your doctor confirm the cause. Raspy, hoarse voice If you hear a significant change in your voice, or if someone else points out that your voice sounds deeper, hoarse, or raspier, get checked out by your doctor. Hoarseness can be caused by a simple cold, but this symptom may point to something more serious when it persists for more than two weeks. Hoarseness related to lung cancer can occur when the tumor affects the nerve that controls the larynx, or voice box. Drop in weight An unexplained weight loss of 10 pounds or more may be associated with lung cancer or another type of cancer. When cancer is present, this drop in weight may result from cancer cells using energy. It could also result from shifts in the way the body uses energy from food. It may be a clue to a change in your health. Bone pain Lung cancer that has spread to the bones may produce pain in the back or in other areas of the body. This pain may worsen at night while resting on the back. It may be difficult to differentiate between bone and muscle pain. Bone pain is often worse at night and increases with movement. Additionally, lung cancer is sometimes associated with shoulder, arm, or neck pain, although this is less common. Be attentive to your aches and pains, and discuss them with your doctor. Headache Headaches may be a sign that lung cancer has spread to the brain. However, not all headaches are associated with brain metastases. Sometimes, a lung tumor may create pressure on the superior vena cava. This is the large vein that moves blood from the upper body to the heart. The pressure can also trigger headaches, or in more severe cases, migraines. Easy screening may help Chest X-rays are not effective in detecting early stage lung cancer. However, low-dose CT scans have been shown to reduce lung cancer mortality by 20 percent, according to a study. In the study, 53, people at high risk for lung cancer were randomly assigned either a low-dose CT scan or an X-ray. The low-dose CT scans detected more instances of lung cancer. There were also significantly fewer deaths from the disease in the low-dose CT group. The study prompted the U. Preventive Services Task Force to issue a draft recommendation that people at high risk for lung cancer receive low-dose CT screenings. The recommendation applies to people who: In about 40 percent of people diagnosed with lung cancer, the diagnosis is made after the disease has advanced. In one-third of those diagnosed, the cancer has reached stage 3. Receiving a low-dose CT screening could prove to be a very beneficial measure.

3: Dr. Thomas Masterson, MD – Clinton, MD | Internal Medicine

Pocket Guide to Eponyms and Subtle Signs of Disease it was amazing avg rating – 1 rating – published

Abnormalities of the jugular venous pressure JVP. Palpation Before auscultation, inspection of the precordium can be a useful indicator of previous surgery – eg, midline sternotomy suggests previous bypass, lateral thoracotomy suggests previous mitral valve or minimally invasive bypass surgery left internal mammary artery to left anterior descending coronary artery. Locate the apex beat – the furthest point laterally and inferiorly where you can clearly feel the apex usually the fifth intercostal space in the midclavicular line. There are many different descriptions for abnormal apex beats. One scheme distinguishes heaving high afterload, eg, aortic stenosis from thrusting high preload, eg, aortic regurgitation. The apex may also be "tapping", but this reflects a loud first heart sound. In addition, you should place your left hand over the sternum and feel for any significant ventricular heave right ventricular hypertrophy or thrill tight aortic stenosis, ventricular septal defect. Auscultation Held by many as the key to physical examination, the importance of auscultation remains, but is diminished in an age of increasingly portable echocardiography. Listen over the aortic second right intercostal space and pulmonary second left intercostal space areas and at the left lower sternal edge with the diaphragm of your stethoscope better for higher pitches, then use the bell for the apex better for lower pitches. If in doubt, use both. Press lightly with the bell. If you hear an abnormality over the aortic or pulmonary areas, you should listen over the carotids. If you hear an abnormality at the apex, listen in the axilla. Start with the heart sounds – ignore everything else. Heart sound variations When listening to heart sounds, note their volume normal, diminished, loud and whether physiological splitting is present see Figure 3. Figure 3 Relative positions of heart sounds and added sounds in auscultation. Sounds in red are high pitched. Physiological splitting of the second heart sound is when the sound of aortic valve closure A2 occurs earlier than that of pulmonary valve closure P2. It occurs in inspiration and is more common in the young. It is caused by increased venous return and negative intrathoracic pressure. This delays right ventricular emptying and pulmonary valve closure, at the same time that pooling of blood in the pulmonary capillary bed hastens left ventricular emptying and aortic valve closure. Reverse splitting of the second heart sound can occur in conditions where aortic valve closure is delayed, such as left bundle branch block or paced right ventricle, or where pulmonary valve closure occurs early, such as in the B form of Wolff-Parkinson-White syndrome. Wide fixed splitting of the second heart sound occurs in atrial septal defect. A third heart sound may be heard soon after the second heart sound. It is thought to be due to rapid, high-volume filling of the left ventricle. As such, it is found in pathological left ventricular failure as well as physiological athletic heart, pregnancy states. A fourth heart sound may be heard just before the first sound. This is caused by atrial contraction filling a stiff left ventricle, eg, hypertensive heart or diastolic heart failure. Murmurs When you have considered these heart sound variations, move on to consider the gaps between the heart sounds. If you hear a murmur, first establish whether it occurs in systole or diastole time against the carotid pulse if necessary. Then determine its length and, if short, its exact position early, mid, or late; systole or diastole see Figure 3. Added sounds An opening snap occurring after the second heart sound represents a diseased mitral valve opening to a stenotic position. An ejection click soon after the first heart sound occurs in aortic stenosis and pulmonary stenosis. A mid systolic click is heard in mitral valve prolapse. After listening to the heart Listen to the base of the lungs for the fine inspiratory crackles of pulmonary edema. If you suspect right-sided cardiac pathology, palpate the liver, which will be enlarged, congested, and possibly pulsatile in cases of right ventricular failure or tricuspid valve disease. Table 6 outlines common associations in cardiovascular clinical examination. Common associations in cardiovascular clinical examination. In addition, noting the findings of a full examination will greatly facilitate specialist referral. In an age of high technology, skilled clinical examination has yet to be surpassed in terms of convenience, safety, and value for money. History and Examination at a Glance. Physical Examination of the Heart and Circulation, 3rd edn. Lecture Notes on Clinical Skills, 3rd edn.

4: A Pocket Guide to: Poultry Health and Disease

Lexicographic Perspective on the English Language Havard, C., *Medical Eponyms: Diseases, Syndromes and Signs*
Barry Rose Law *The Pocket Guide to Eponyms and Subtle Signs of Disease.*

Our study, relying on lexicographic products, is so devised as to focus on eponyms, a category of words shared both by jargons and the general vocabulary within the framework of the English language. Aim s of the study This approach is intended to outline the richness of the English eponymic heritage in the lexicographic bibliographies. It also aims to reveal the abundance of lexicographic products which describe eponyms. Materials and method The term eponym was introduced in the English vocabulary in the mid- 19th century Collins Millennium In spite of its long presence in the English wordstock, eponym was not included in the title of the first dictionary Edwards compiled with the specific purpose of presenting the story of some words obviously originating in names of literary heroes. Nevertheless, very few years after this dictionary, Hendrickson authors the first lexicographic product to bear this label. With only two exceptions Wolk , Ehrlich , all the other such works dictionaries, encyclopedias, handbooks and pocket guides within their titles lay an emphasis on the category of words they account for i. The corpus tailored for the currently described research includes lexicographic paperback and online works The materials representing the research background were selected on the basis of a well-defined purpose, namely to meet the two following requirements: The methods applied in performing the research are the traditional ones and involve the corpus analysis on structural and comparative principles, on chronology and on content analysis. Since English eponyms emerge against a well-defined cultural background, they are born with a high degree of cultural specificity. The 50 lexicographic products see the annex introducing eponyms may be roughly divided into general dictionaries of eponyms 15 in number and specialist dictionaries of eponyms The former category further subdivides into: In fact, they are merely general dictionaries which advertize for the brand of their publishing house. The latter category further distinguishes works to cover: Our previous research in the field of eponyms leads to the following observations: In other words, eponymists of fame in the Anglo-Saxon and North American worlds may mean or say next to nothing to members of other cultures less conversant with Anglo- American vocabularies. Hence, translation problems may occur in the exchange of ideas characterizing our globalized society. The following example was extracted from such a source: Lexicographers do show a particular interest in approaching eponyms and, as a consequence, very many useful instruments have been compiled so far. Although there have been produced specialist for other fields of activity, the most numerous of the dictionaries dedicated to eponyms are circumscribed to the medical jargon. Dictionary of Dermatology Lippincott Williams Eponyms. Clive Bingley Berrios, G. Hungry Dictionary of Eponyms Minds Inc. How Proper New York: G, Dictionary of Medical Eponyms. A Pocket Guide Jablonski, S. Wysteria ed and Mnemonics Publishing Kanne, J. Eponyms Wordsworth Reference Manser, M. Gustav Eponyms Fischer Petrov, V. Dictionary and Biographical Greenwood Press Sourcebook. Merriam-Webster, Incorporated, MDL Abstract Professional or amateur English and American lexicographers have taken steady interest in the study and popularization of eponyms, mainly created in specialist vocabularies which gradually integrate in the word stock. Since English eponyms have been the topic of 50 paperback and electronic dictionaries, they do enjoy a special status among the other directions in lexicographical approaches foreignisms, abbreviations, etc. This paper originates in a larger project intended to cover a wide range of aspects regarding eponyms suc as their creation and popularization, classification, usage, migration from one science to another, translation difficulties and last but not least, ethical problems. Purely lexicographic in its perspective, the current approach constitutes a state-of-the-art reflection of eponyms as they appear mainly in English and American lexicographies. The classification of dictionaries of eponyms envisaged in this presentation invites to investigating eponyms in fields yet uncovered and to compiling such works for theoretical and practical reasons. This paper is published in Bejan, D.

5: Results for Scott-M-Tenner | Book Depository

Scott M Tenner. Filter your search Pocket Guide to Eponyms and Subtle Signs of Disease. TENNER. Notify me. Oncology Intern Pocket Survival Guide. Thomas M.

The app is easy to navigate and use, although with simple and outdated design 62 pts The app lacks any multimedia; it would benefit from adding images for certain eponyms 60 pts Real World Usability Handy reference guide for medical students, interns and nurses, but not for residents or seasoned physicians 72 pts Eponyms or eponymous medical signs are names given to diseases, clinical findings, anatomical structures, etc. Eponyms are usually named after a person or persons who first discovered or described disease, or pioneered the treatment, but they could be also occasionally named after the famous patient with the signs. In medical practice, eponyms can be used to summarize or communicate a complex abnormality or injury with your peers. But the problem is that there are thousands of eponyms, and no matter how good your ability to remember names might be you could have trouble remembering them all. This could lead to an inappropriate use, and inappropriate use of an eponym may lead to potentially dangerous miscommunication. While you may be familiar with some, such as Aaron sign that indicates appendicitis or Brudzinski reflex and signs used to diagnose meningitis, others may leave you puzzled about what they mean or how they affect your patient. You can however, pull your phone out of your pocket, type in these eponyms, and quickly learn that the first eponym is the exaggerated drop in diastolic central venous pressure manifested as abrupt collapse of the neck veins and seen in constrictive pericarditis, the second is a common clinical sign found in patients with aortic stenosis, and that the last one is no longer used for diagnosing spinal stenosis. Eponyms app for iPhone and Android is a great tool for this, allowing you to have a better understanding of a disease or a sign you had never heard of before in just few seconds. Eponyms app is a comprehensive database of, as its name suggests, medical eponyms. The database currently contains more than 1, eponyms that could help medical students, junior interns, nurses, but also seasoned residents learn more about common and obscure medical conditions, signs, tests, and other procedures hidden behind complex eponyms. It organizes a big database of medical eponyms based on specialty. This makes the app easy to navigate and use, allowing users you get to the eponyms as fast as possible. Additionally, the eponyms may be searched by categories that cover main specialties of medicine, from Anatomy and Cardiovascular, to Pediatrics and Urology. To use it, you need to tap on specific category, because search bar is not available on the home screen. However, keep in mind that you can only search for specific eponyms in their particular category. To avoid this, you can simply select All Eponyms and start your search from there. Eponyms are listed in their particular categories in alphabetical order. Explanations are very brief and do not provide much detail or links to resources used for the information provided in the app. Also, some specialties would benefit from adding visual content, particularly the images of the certain examinations and procedures, for example the images that explain abdominal examinations, orthopedic procedures, etc. Due to its lack of detailed information and reference links, Eponyms app may not be particularly useful to physicians, orthopedic surgeons and other medical providers as a point-of-care tool. However for medical students on a rotation, it can be a very handy reference guide. The app may be particularly useful to medical students and interns, as well as nurses.

6: Cardiovascular examination - Cardiology Explained - NCBI Bookshelf

Professional or amateur English and American lexicographers have taken steady interest in the study and popularization of eponyms, mainly created in specialist vocabularies which gradually integrate in the word stock.

7: Thomas M., M.D. Masterson | Open Library

Commonly Tested Physical Exam Signs and Eponyms Casey Johnston M4 March 22, Throughout medical school, students are asked many classic questions on tests and during rounds. Some of the more common questions have to do

with physical exam findings and associated diseases.

8: Medical eponyms

Eponyms or eponymous medical signs are names given to diseases, clinical findings, anatomical structures, etc. Eponyms are usually named after a person or persons who first discovered or described disease, or pioneered the treatment, but they could be also occasionally named after the famous patient with the signs.

9: Results for MD-Masterson | Book Depository

The Pocket Book of Eponyms and Subtle Signs of Disease Tenner SM, Masterson TM International Medical Publishing, McLean, VA The PALS Pocket Survival Guide.

Picturesque tour in Spain, Portugal, and along the coast of Africa, from Tangiers to Tetuan Sheldon Jacobs Guide to Successful No-Load Fund Investing The lease-purchase decision The future of research on prejudice, stereotyping, and discrimination Susan T. Fiske, Lasana T. Harris, T An unusual algebra Land mobile radio systems Seven String Quartets International flows of invisibles Dragon quest 3 strategy guide Writer in the garden Halsey, W. F. I turn North. Broadcast News Writing, Reporting, and Producing Theory of elementary particles Touch Of Masters Hand Touchpoints: Birth to 3 Advances in the biochemistry and physiology of plant lipids The hospitalized patient Going round in circles Im the One Standing Next to the Ox The tax way to make 500 in america today Long week-end, 1897-1919 Practical guide to athletic training The 1945 Constitution : a human creation General, Organic, and Biochemistry (Study Guide) 200 and more nmr experiments a practical course The First Symphony The development of deans as leaders How I Lost 500 Pounds The Best American Sports Writing 1999 (The Best American Series) Practical time series forecasting with r Watershed development in india Indonesias rich culture Two years in the life of an adult protection co-ordinator Peter Sadler Other peoples accomplishments. The BankLine Quick Reference Flipchart Record keeping guidelines and regulations Everymans classic puzzles Faith in a changing culture Putting it together Charles Van Riper. Poems About Water (The Elements in Poetry)