

Racial Hygiene Medicine Under The Nazis

The Patient Will See You Now Under the Medical Gaze To Err Is Human Medicine in Denial China Rx The Medical Book Making Medicines Affordable Medicine on Trial Medicine in Art Complementary and Alternative Medicine in the United States The Role of Telehealth in an Evolving Health Care Environment Conflict of Interest in Medical Research, Education, and Practice Botanical Medicine in Clinical Practice MoneyBall Medicine The Laws of Medicine Unequal Treatment Black Man in a White Coat Medicine in the Twentieth Century Improving Diagnosis in Health Care The Medical Book Medicine in the English Middle Ages The Rise And Fall Of Modern Medicine The Future of the Public's Health in the 21st Century Principles of Medicine in Africa Medicine in the Meantime The Way of Medicine Relieving Pain in America The Principles and Practice of Narrative Medicine Health Professions Education Animals and the Shaping of Modern Medicine Herbal Medicine Medicine in the Talmud The Future of Public Health Medicine Under Sail Measurement in Medicine Finding What Works in Health Care Diagnosis in Chinese Medicine Merchants of Medicines Deep Medicine A Physician's Guide to Clinical Forensic Medicine

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The Patient Will See You Now Oct 28 2022 The essential guide by one of America's leading doctors to how digital technology enables all of us to take charge of our health A trip to the doctor is almost a guarantee of misery. You'll make an appointment months in advance. You'll probably wait for several hours until you hear "the doctor will see you now"-but only for fifteen minutes! Then you'll wait even longer for lab tests, the results of which you'll likely never see, unless they indicate further (and more invasive) tests, most of which will probably prove unnecessary (much like physicals themselves). And your bill will be astronomical. In The Patient Will See You Now, Eric Topol, one of the nation's top physicians, shows why medicine does not have to be that way. Instead, you could use your smartphone to get rapid test results from one drop of blood, monitor your vital signs both day and night, and use an artificially intelligent algorithm to receive a diagnosis without having to see a doctor, all at a small fraction of the cost imposed by our modern healthcare system. The change is powered by what Topol calls medicine's "Gutenberg moment." Much as the printing press took learning out of the hands of a priestly class, the mobile internet is doing the same for medicine, giving us unprecedented control over our healthcare. With smartphones in hand, we are no longer beholden to an impersonal and paternalistic system in which "doctor knows best." Medicine has been digitized, Topol argues; now it will be democratized. Computers will replace physicians for many diagnostic tasks, citizen science will give rise to citizen medicine, and enormous data sets will give us new means to attack conditions that have long been incurable. Massive, open, online medicine, where diagnostics are done by Facebook-like comparisons of medical profiles, will enable real-time, real-world research on massive populations. There's no doubt the path forward will be complicated: the medical establishment will resist these changes, and digitized medicine inevitably raises serious issues surrounding privacy. Nevertheless, the result-better, cheaper, and more human health care-will be worth it. Provocative and engrossing, The Patient Will See You Now is essential reading for anyone who thinks they deserve better health care. That is, for all of us.

The Rise And Fall Of Modern Medicine Jan 07 2021 The medical achievements of the post-war years rank as one of the supreme epochs of human endeavour. Advances in surgical technique, new ideas

about the nature of disease and huge innovations in drug manufacture vanquished most common causes of early death, But, since the mid-1970s the rate of development has slowed, and the future of medicine is uncertain. How has this happened? James Le Fanu's hugely acclaimed survey of the 'twelve definitive moments' of modern medicine and the intellectual vacuum which followed them has been fully revised and updated for this edition. *The Rise and Fall of Modern Medicine* is both riveting drama and a clarion call for change.

The Medical Book May 23 2022 Chronologically documents two hundred and fifty medical milestones from 10,000 B.C. to modern times, including the history of separating conjoined twins, the discovery of viruses, and the Human Genome Project.

The Laws of Medicine Aug 14 2021 Essential, required reading for doctors and patients alike: A Pulitzer Prize-winning author and one of the world's premiere cancer researchers reveals an urgent philosophy on the little-known principles that govern medicine—and how understanding these principles can empower us all. Over a decade ago, when Siddhartha Mukherjee was a young, exhausted, and isolated medical resident, he discovered a book that would forever change the way he understood the medical profession. The book, *The Youngest Science*, forced Dr. Mukherjee to ask himself an urgent, fundamental question: Is medicine a "science"? Sciences must have laws—statements of truth based on repeated experiments that describe some universal attribute of nature. But does medicine have laws like other sciences? Dr. Mukherjee has spent his career pondering this question—a question that would ultimately produce some of most serious thinking he would do around the tenets of his discipline—culminating in *The Laws of Medicine*. In this important treatise, he investigates the most perplexing and illuminating cases of his career that ultimately led him to identify the three key principles that govern medicine. Brimming with fascinating historical details and modern medical wonders, this important book is a fascinating glimpse into the struggles and Eureka! moments that people outside of the medical profession rarely see. Written with Dr. Mukherjee's signature eloquence and passionate prose, *The Laws of Medicine* is a critical read, not just for those in the medical profession, but for everyone who is moved to better understand how their health and well-being is being treated. Ultimately, this book lays the groundwork for a new way of understanding medicine, now and into the future.

Deep Medicine Jul 21 2019 One of America's top doctors reveals how AI will empower physicians and revolutionize patient care Medicine has become inhuman, to disastrous effect. The doctor-patient relationship--the heart of medicine--is broken: doctors are too distracted and overwhelmed to truly connect with their patients, and medical errors and misdiagnoses abound. In *Deep Medicine*, leading physician Eric Topol reveals how artificial intelligence can help. AI has the potential to transform everything doctors do, from notetaking and medical scans to diagnosis and treatment, greatly cutting down the cost of medicine and reducing human mortality. By freeing physicians from the tasks that interfere with human connection, AI will create space for the real healing that takes place between a doctor who can listen and a patient who needs to be heard. Innovative, provocative, and hopeful, *Deep Medicine* shows us how the awesome power of AI can make medicine better, for all the humans involved.

Measurement in Medicine Nov 24 2019 The success of the Apgar score demonstrates the astounding power of an appropriate clinical instrument. This down-to-earth book provides practical advice, underpinned by theoretical principles, on developing and evaluating measurement instruments in all fields of medicine. It equips you to choose the most appropriate instrument for specific purposes. The book covers measurement theories, methods and criteria for evaluating and selecting instruments. It provides methods to assess measurement properties, such as reliability, validity and responsiveness, and interpret the results. Worked examples and end-of-chapter assignments use real data and well-known instruments to build your skills at implementation and interpretation through hands-on analysis of real-life cases. All data and solutions are available online. This is a perfect course book for students and a perfect companion for professionals/researchers in the medical and health sciences who care about the quality and meaning of the measurements they perform.

Medicine in the English Middle Ages Feb 08 2021 This book presents an engaging, detailed portrait of the people, ideas, and beliefs that made up the world of English medieval medicine between 750 and 1450, a time when medical practice extended far beyond modern definitions. The institutions of court, church, university, and hospital--which would eventually work to separate medical practice

from other duties--had barely begun to exert an influence in medieval England, writes Faye Getz. Sufferers could seek healing from men and women of all social ranks, and the healing could encompass spiritual, legal, and philosophical as well as bodily concerns. Here the author presents an account of practitioners (English Christians, Jews, and foreigners), of medical works written by the English, of the emerging legal and institutional world of medicine, and of the medical ideals present among the educated and social elite. How medical learning gained for itself an audience is the central argument of this book, but the journey, as Getz shows, was an intricate one. Along the way, the reader encounters the magistrates of London, who confiscate a bag said by its owner to contain a human head capable of learning to speak, and learned clerical practitioners who advise people on how best to remain healthy or die a good death. Islamic medical ideas as well as the poetry of Chaucer come under scrutiny. Among the remnants of this far distant medical past, anyone may find something to amuse and something to admire.

Medicine in the Twentieth Century May 11 2021 During the twentieth century, medicine has been radically transformed and powerfully transformative. In 1900, western medicine was important to philanthropy and public health, but it was marginal to the state, the industrial economy and the welfare of most individuals. It is now central to these aspects of life. Our prospects seem increasingly dependent on the progress of bio-medical sciences and genetic technologies which promise to reshape future generations. The editors of *Medicine in the Twentieth Century* have commissioned over forty authoritative essays, written by historical specialists but intended for general audiences. Some concentrate on the political economy of medicine and health as it changed from period to period and varied between countries, others focus on understandings of the body, and a third set of essays explores transformations in some of the theatres of medicine and the changing experiences of different categories of practitioners and patients.

Health Professions Education May 31 2020 The Institute of Medicine study *Crossing the Quality Chasm* (2001) recommended that an interdisciplinary summit be held to further reform of health professions education in order to enhance quality and patient safety. *Health Professions Education: A Bridge to Quality* is the follow up to that summit, held in June 2002, where 150 participants across disciplines and occupations developed ideas about how to integrate a core set of competencies into health professions education. These core competencies include patient-centered care, interdisciplinary teams, evidence-based practice, quality improvement, and informatics. This book recommends a mix of approaches to health education improvement, including those related to oversight processes, the training environment, research, public reporting, and leadership. Educators, administrators, and health professionals can use this book to help achieve an approach to education that better prepares clinicians to meet both the needs of patients and the requirements of a changing health care system.

Unequal Treatment Jul 13 2021 Racial and ethnic disparities in health care are known to reflect access to care and other issues that arise from differing socioeconomic conditions. There is, however, increasing evidence that even after such differences are accounted for, race and ethnicity remain significant predictors of the quality of health care received. In *Unequal Treatment*, a panel of experts documents this evidence and explores how persons of color experience the health care environment. The book examines how disparities in treatment may arise in health care systems and looks at aspects of the clinical encounter that may contribute to such disparities. Patients' and providers' attitudes, expectations, and behavior are analyzed. How to intervene? *Unequal Treatment* offers recommendations for improvements in medical care financing, allocation of care, availability of language translation, community-based care, and other arenas. The committee highlights the potential of cross-cultural education to improve provider-patient communication and offers a detailed look at how to integrate cross-cultural learning within the health professions. The book concludes with recommendations for data collection and research initiatives. *Unequal Treatment* will be vitally important to health care policymakers, administrators, providers, educators, and students as well as advocates for people of color.

Conflict of Interest in Medical Research, Education, and Practice Nov 17 2021 Collaborations of physicians and researchers with industry can provide valuable benefits to society, particularly in the translation of basic scientific discoveries to new therapies and products. Recent reports and news stories have, however, documented disturbing examples of relationships and practices that put at risk the integrity of medical research, the objectivity of professional education, the quality of

patient care, the soundness of clinical practice guidelines, and the public's trust in medicine. *Conflict of Interest in Medical Research, Education, and Practice* provides a comprehensive look at conflict of interest in medicine. It offers principles to inform the design of policies to identify, limit, and manage conflicts of interest without damaging constructive collaboration with industry. It calls for both short-term actions and long-term commitments by institutions and individuals, including leaders of academic medical centers, professional societies, patient advocacy groups, government agencies, and drug, device, and pharmaceutical companies. Failure of the medical community to take convincing action on conflicts of interest invites additional legislative or regulatory measures that may be overly broad or unduly burdensome. *Conflict of Interest in Medical Research, Education, and Practice* makes several recommendations for strengthening conflict of interest policies and curbing relationships that create risks with little benefit. The book will serve as an invaluable resource for individuals and organizations committed to high ethical standards in all realms of medicine.

Relieving Pain in America Aug 02 2020 Chronic pain costs the nation up to \$635 billion each year in medical treatment and lost productivity. The 2010 Patient Protection and Affordable Care Act required the Department of Health and Human Services (HHS) to enlist the Institute of Medicine (IOM) in examining pain as a public health problem. In this report, the IOM offers a blueprint for action in transforming prevention, care, education, and research, with the goal of providing relief for people with pain in America. To reach the vast multitude of people with various types of pain, the nation must adopt a population-level prevention and management strategy. The IOM recommends that HHS develop a comprehensive plan with specific goals, actions, and timeframes. Better data are needed to help shape efforts, especially on the groups of people currently underdiagnosed and undertreated, and the IOM encourages federal and state agencies and private organizations to accelerate the collection of data on pain incidence, prevalence, and treatments. Because pain varies from patient to patient, healthcare providers should increasingly aim at tailoring pain care to each person's experience, and self-management of pain should be promoted. In addition, because there are major gaps in knowledge about pain across health care and society alike, the IOM recommends that federal agencies and other stakeholders redesign education programs to bridge these gaps. Pain is a major driver for visits to physicians, a major reason for taking medications, a major cause of disability, and a key factor in quality of life and productivity. Given the burden of pain in human lives, dollars, and social consequences, relieving pain should be a national priority.

Making Medicines Affordable Apr 22 2022 Thanks to remarkable advances in modern health care attributable to science, engineering, and medicine, it is now possible to cure or manage illnesses that were long deemed untreatable. At the same time, however, the United States is facing the vexing challenge of a seemingly uncontrolled rise in the cost of health care. Total medical expenditures are rapidly approaching 20 percent of the gross domestic product and are crowding out other priorities of national importance. The use of increasingly expensive prescription drugs is a significant part of this problem, making the cost of biopharmaceuticals a serious national concern with broad political implications. Especially with the highly visible and very large price increases for prescription drugs that have occurred in recent years, finding a way to make prescription medicines—and health care at large—more affordable for everyone has become a socioeconomic imperative. Affordability is a complex function of factors, including not just the prices of the drugs themselves, but also the details of an individual's insurance coverage and the number of medical conditions that an individual or family confronts. Therefore, any solution to the affordability issue will require considering all of these factors together. The current high and increasing costs of prescription drugs—coupled with the broader trends in overall health care costs—is unsustainable to society as a whole. *Making Medicines Affordable* examines patient access to affordable and effective therapies, with emphasis on drug pricing, inflation in the cost of drugs, and insurance design. This report explores structural and policy factors influencing drug pricing, drug access programs, the emerging role of comparative effectiveness assessments in payment policies, changing finances of medical practice with regard to drug costs and reimbursement, and measures to prevent drug shortages and foster continued innovation in drug development. It makes recommendations for policy actions that could address drug price trends, improve patient access to affordable and effective treatments, and encourage innovations that address significant needs in

health care.

Medicine on Trial Mar 21 2022 Argues that the medical profession has suppressed the truth concerning poor medical care in the U.S. and analyzes the causes of malpractice

Finding What Works in Health Care Oct 24 2019 Healthcare decision makers in search of reliable information that compares health interventions increasingly turn to systematic reviews for the best summary of the evidence. Systematic reviews identify, select, assess, and synthesize the findings of similar but separate studies, and can help clarify what is known and not known about the potential benefits and harms of drugs, devices, and other healthcare services. Systematic reviews can be helpful for clinicians who want to integrate research findings into their daily practices, for patients to make well-informed choices about their own care, for professional medical societies and other organizations that develop clinical practice guidelines. Too often systematic reviews are of uncertain or poor quality. There are no universally accepted standards for developing systematic reviews leading to variability in how conflicts of interest and biases are handled, how evidence is appraised, and the overall scientific rigor of the process. In *Finding What Works in Health Care* the Institute of Medicine (IOM) recommends 21 standards for developing high-quality systematic reviews of comparative effectiveness research. The standards address the entire systematic review process from the initial steps of formulating the topic and building the review team to producing a detailed final report that synthesizes what the evidence shows and where knowledge gaps remain. *Finding What Works in Health Care* also proposes a framework for improving the quality of the science underpinning systematic reviews. This book will serve as a vital resource for both sponsors and producers of systematic reviews of comparative effectiveness research.

The Future of the Public's Health in the 21st Century Dec 06 2020 The anthrax incidents following the 9/11 terrorist attacks put the spotlight on the nation's public health agencies, placing it under an unprecedented scrutiny that added new dimensions to the complex issues considered in this report. *The Future of the Public's Health in the 21st Century* reaffirms the vision of Healthy People 2010, and outlines a systems approach to assuring the nation's health in practice, research, and policy. This approach focuses on joining the unique resources and perspectives of diverse sectors and entities and challenges these groups to work in a concerted, strategic way to promote and protect the public's health. Focusing on diverse partnerships as the framework for public health, the book discusses: The need for a shift from an individual to a population-based approach in practice, research, policy, and community engagement. The status of the governmental public health infrastructure and what needs to be improved, including its interface with the health care delivery system. The roles nongovernment actors, such as academia, business, local communities and the media can play in creating a healthy nation. Providing an accessible analysis, this book will be important to public health policy-makers and practitioners, business and community leaders, health advocates, educators and journalists.

MoneyBall Medicine Sep 15 2021 How can a smartwatch help patients with diabetes manage their disease? Why can't patients find out prices for surgeries and other procedures before they happen? How can researchers speed up the decade-long process of drug development? How will "Precision Medicine" impact patient care outside of cancer? What can doctors, hospitals, and health systems do to ensure they are maximizing high-value care? How can healthcare entrepreneurs find success in this data-driven market? A revolution is transforming the \$10 trillion healthcare landscape, promising greater transparency, improved efficiency, and new ways of delivering care. This new landscape presents tremendous opportunity for those who are ready to embrace the data-driven reality. Having the right data and knowing how to use it will be the key to success in the healthcare market in the future. We are already starting to see the impacts in drug development, precision medicine, and how patients with rare diseases are diagnosed and treated. Startups are launched every week to fill an unmet need and address the current problems in the healthcare system. Digital devices and artificial intelligence are helping doctors do their jobs faster and with more accuracy. *MoneyBall Medicine: Thriving in the New Data-Driven Healthcare Market*, which includes interviews with dozens of healthcare leaders, describes the business challenges and opportunities arising for those working in one of the most vibrant sectors of the world's economy. Doctors, hospital administrators, health information technology directors, and entrepreneurs need to adapt to the changes effecting healthcare today in order to succeed in the new, cost-conscious and value-based environment of the future. The authors map out many of the changes taking place, describe

how they are impacting everyone from patients to researchers to insurers, and outline some predictions for the healthcare industry in the years to come.

Medicine in Denial Jul 25 2022 Deep disorder pervades medical practice. Disguised in euphemisms like "clinical judgment" and "evidence-based medicine," disorder exists because medical practice lacks a true system of care. The missing system has two core elements: standards of care for managing clinical information, and electronic information tools designed to implement those standards. Electronic information tools are now widely discussed, but the necessary standards of care are still widely ignored. Because these two elements are external to the physician's mind, they address a root cause of disorder: dependence on the internal capacities of autonomous physicians—their personal knowledge, intellect, habits and judgment. In this dependence on the limited, idiosyncratic capacities of individuals, medical practice lags centuries behind the domains of science and commerce. Breaking that dependence is the subject of this book. Going back 400 years to the philosophy of Francis Bacon, and examining parallel ideas from 20th Century thinkers, this book illuminates the origin of medicine's disorder. The analysis is more than theoretical. It grew out of decades of development and clinical experience in finding a new approach to medical practice. Designed to create order and transparency, this new approach involves not only standards and tools but also institutional changes essential to building a true system of care. In the current non-system, physicians bear impossible burdens of performance, other practitioners are barred from sharing those burdens, patients do not participate effectively in their own care, the U.S. spends \$2.5 trillion annually without clinical accounting standards, third parties manipulate the situation for their own advantage, and none of the stakeholders are accountable for their own behaviors. This book offers a clear blueprint for building a better system of care, a system that patients, practitioners and third parties could trust. A better system could make health care a source of hope for our economic future, rather than its greatest threat.

Improving Diagnosis in Health Care Apr 10 2021 Getting the right diagnosis is a key aspect of health care - it provides an explanation of a patient's health problem and informs subsequent health care decisions. The diagnostic process is a complex, collaborative activity that involves clinical reasoning and information gathering to determine a patient's health problem. According to *Improving Diagnosis in Health Care*, diagnostic errors—inaccurate or delayed diagnoses—persist throughout all settings of care and continue to harm an unacceptable number of patients. It is likely that most people will experience at least one diagnostic error in their lifetime, sometimes with devastating consequences. Diagnostic errors may cause harm to patients by preventing or delaying appropriate treatment, providing unnecessary or harmful treatment, or resulting in psychological or financial repercussions. The committee concluded that improving the diagnostic process is not only possible, but also represents a moral, professional, and public health imperative. *Improving Diagnosis in Health Care*, a continuation of the landmark Institute of Medicine reports *To Err Is Human* (2000) and *Crossing the Quality Chasm* (2001), finds that diagnosis—and, in particular, the occurrence of diagnostic errors—“has been largely unappreciated in efforts to improve the quality and safety of health care. Without a dedicated focus on improving diagnosis, diagnostic errors will likely worsen as the delivery of health care and the diagnostic process continue to increase in complexity. Just as the diagnostic process is a collaborative activity, improving diagnosis will require collaboration and a widespread commitment to change among health care professionals, health care organizations, patients and their families, researchers, and policy makers. The recommendations of *Improving Diagnosis in Health Care* contribute to the growing momentum for change in this crucial area of health care quality and safety.

Black Man in a White Coat Jun 12 2021 "When Damon Tweedy first enters the halls of Duke University Medical School on a full scholarship, he envisions a bright future where his segregated, working class background will become largely irrelevant. Instead, he finds that he has joined a new world where race is front and center. When one of his first professors mistakes him for a maintenance worker, it is a moment that crystallizes the challenges he will face throughout his early career. Making matters worse, in lecture after lecture the common refrain for numerous diseases resounds, "More common in blacks than whites." In riveting, honest prose, *Black Man in a White Coat* examines the complex ways in which both black doctors and patients must navigate the difficult and often contradictory terrain of race and medicine. As Tweedy transforms from student to practicing physician, he discovers how often race influences his encounters with patients. Through

their stories, he illustrates the complex social, cultural, and economic factors at the root of most health problems in the black community. These elements take on greater meaning when Tweedy finds himself diagnosed with a chronic disease far more common among black people. In this powerful, moving, and compassionate book, Tweedy deftly explores the challenges confronting black doctors, and the disproportionate health burdens faced by black patients, ultimately seeking a way forward to better treatment and more compassionate care.- For readers of Atul Gawande, Sandeep Jauhar, Pauline W. Chen, and Henrietta Lacks"--

The Role of Telehealth in an Evolving Health Care Environment Dec 18 2021 In 1996, the Institute of Medicine (IOM) released its report *Telemedicine: A Guide to Assessing Telecommunications for Health Care*. In that report, the IOM Committee on Evaluating Clinical Applications of Telemedicine found telemedicine is similar in most respects to other technologies for which better evidence of effectiveness is also being demanded. Telemedicine, however, has some special characteristics-shared with information technologies generally-that warrant particular notice from evaluators and decision makers. Since that time, attention to telehealth has continued to grow in both the public and private sectors. Peer-reviewed journals and professional societies are devoted to telehealth, the federal government provides grant funding to promote the use of telehealth, and the private technology industry continues to develop new applications for telehealth. However, barriers remain to the use of telehealth modalities, including issues related to reimbursement, licensure, workforce, and costs. Also, some areas of telehealth have developed a stronger evidence base than others. The Health Resources and Service Administration (HRSA) sponsored the IOM in holding a workshop in Washington, DC, on August 8-9 2012, to examine how the use of telehealth technology can fit into the U.S. health care system. HRSA asked the IOM to focus on the potential for telehealth to serve geographically isolated individuals and extend the reach of scarce resources while also emphasizing the quality and value in the delivery of health care services. This workshop summary discusses the evolution of telehealth since 1996, including the increasing role of the private sector, policies that have promoted or delayed the use of telehealth, and consumer acceptance of telehealth. *The Role of Telehealth in an Evolving Health Care Environment: Workshop Summary* discusses the current evidence base for telehealth, including available data and gaps in data; discuss how technological developments, including mobile telehealth, electronic intensive care units, remote monitoring, social networking, and wearable devices, in conjunction with the push for electronic health records, is changing the delivery of health care in rural and urban environments. This report also summarizes actions that the U.S. Department of Health and Human Services (HHS) can undertake to further the use of telehealth to improve health care outcomes while controlling costs in the current health care environment.

The Future of Public Health Jan 27 2020 "The Nation has lost sight of its public health goals and has allowed the system of public health to fall into 'disarray'," from *The Future of Public Health*. This startling book contains proposals for ensuring that public health service programs are efficient and effective enough to deal not only with the topics of today, but also with those of tomorrow. In addition, the authors make recommendations for core functions in public health assessment, policy development, and service assurances, and identify the level of government—"federal, state, and local"—at which these functions would best be handled.

Merchants of Medicines Aug 22 2019 The period from the late seventeenth to the early nineteenth century—the so-called long eighteenth century of English history—was a time of profound global change, marked by the expansion of intercontinental empires, long-distance trade, and human enslavement. It was also the moment when medicines, previously produced locally and in small batches, became global products. As greater numbers of British subjects struggled to survive overseas, more medicines than ever were manufactured and exported to help them. Most historical accounts, however, obscure the medicine trade's dependence on slave labor, plantation agriculture, and colonial warfare. In *Merchants of Medicines*, Zachary Dorner follows the earliest industrial pharmaceuticals from their manufacture in the United Kingdom, across trade routes, and to the edges of empire, telling a story of what medicines were, what they did, and what they meant. He brings to life business, medical, and government records to evoke a vibrant early modern world of London laboratories, Caribbean estates, South Asian factories, New England timber camps, and ships at sea. In these settings, medicines were produced, distributed, and consumed in new ways to help confront challenges of distance, labor, and authority in colonial territories. *Merchants of*

Medicines offers a new history of economic and medical development across early America, Britain, and South Asia, revealing the unsettlingly close ties among medicine, finance, warfare, and slavery that changed people's expectations of their health and their bodies.

Medicine in Art Feb 20 2022 Fully illustrated with hundreds of artworks, this guide explores depictions of illness and healing in Western art.

Botanical Medicine in Clinical Practice Oct 16 2021 The potential benefits of plants and plant extracts in the treatment and possible prevention of many leading health concerns are historically well known and are becoming more widely studied and recognized within the medical community. It is these studies that led to the first compilation of new research developments, identifying new extracts and uses for plants in disease prevention and treatment. This major comprehensive reference work contains contributions from more than 150 clinical and academic experts covering topics such as treatments of cancer and cardiovascular diseases, as well as historical plant use by indigenous people supported by recent scientific studies. Authors review the safety and efficacy of botanical treatments while identifying the sources, historical supportive data and mechanisms of action for emerging treatments. Written by researchers currently carrying out identification and biomedical testing, this is the most up to date text on the latest research from all over the world. It is an essential resource for health care practitioners and herbalists, as well as researcher, students and professionals in botany and alternative medicine.

The Medical Book Mar 09 2021 The history of medicine is as old as the history of human civilization. In *The Medical Book*, popular science writer Clifford A. Pickover explores 250 milestone discoveries in medicine that span more than 12,000 years. Whether writing on 'hard science' topics such as DNA structure, reverse transcriptase and AIDS, polymerase chain reaction, and magnetic resonance imaging (MRI), or ideas from the medical fringe such as witch doctors, patent medicines, bloodletting, and near-death experiences, Pickover brings insight and acumen to the broad spectrum of medical studies and makes it understandable to all readers. This volume is abundantly illustrated in full colour with clinical and historical art.

Medicine in the Meantime Oct 04 2020 In Mozambique, where more than half of the national health care budget comes from foreign donors, NGOs and global health research projects have facilitated a dramatic expansion of medical services. At once temporary and unfolding over decades, these projects also enact deeply divergent understandings of what care means and who does it. In *Medicine in the Meantime*, Ramah McKay follows two medical projects in Mozambique through the day-to-day lives of patients and health care providers, showing how transnational medical resources and infrastructures give rise to diverse possibilities for work and care amid constraint. Paying careful attention to the specific postcolonial and postsocialist context of Mozambique, McKay considers how the presence of NGOs and the governing logics of the global health economy have transformed the relations—between and within bodies, medical technologies, friends, kin, and organizations—that care requires and how such transformations pose new challenges for ethnographic analysis and critique.

The Way of Medicine Sep 03 2020 Today's medicine is spiritually deflated and morally adrift; this book explains why and offers an ethical framework to renew and guide practitioners in fulfilling their profession to heal. What is medicine and what is it for? What does it mean to be a good doctor? Answers to these questions are essential both to the practice of medicine and to understanding the moral norms that shape that practice. *The Way of Medicine* articulates and defends an account of medicine and medical ethics meant to challenge the reigning provider of services model, in which clinicians eschew any claim to know what is good for a patient and instead offer an array of "health care services" for the sake of the patient's subjective well-being. Against this trend, Farr Curlin and Christopher Tollefsen call for practitioners to recover what they call the Way of Medicine, which offers physicians both a path out of the provider of services model and also the moral resources necessary to resist the various political, institutional, and cultural forces that constantly push practitioners and patients into thinking of their relationship in terms of economic exchange. Curlin and Tollefsen offer an accessible account of the ancient ethical tradition from which contemporary medicine and bioethics has departed. Their investigation, drawing on the scholarship of Leon Kass, Alasdair MacIntyre, and John Finnis, leads them to explore the nature of medicine as a practice, health as the end of medicine, the doctor-patient relationship, the rule of double effect in medical practice, and a number of clinical ethical issues from the beginning of life

to its end. In the final chapter, the authors take up debates about conscience in medicine, arguing that rather than pretending to not know what is good for patients, physicians should contend conscientiously for the patient's health and, in so doing, contend conscientiously for good medicine. *The Way of Medicine* is an intellectually serious yet accessible exploration of medical practice written for medical students, health care professionals, and students and scholars of bioethics and medical ethics.

A Physician's Guide to Clinical Forensic Medicine Jun 19 2019 Margaret Stark and a team of authoritative experts offer a timely survey of the fundamental principles and latest developments in clinical forensic medicine. Topics range from sexual assault examination to injury interpretation, from nonaccidental injury in children, to crowd control agents. Also included are extensive discussions of the care of detainees, the management of substance abuse detainees in custody, the causes and prevention of deaths in custody, and the fundamentals of traffic medicine. In the absence of international standards of training, the authors also address the basic issues of consent, confidentiality, note-keeping, court reporting, and attendance in court. Comprehensive and authoritative, *A Physicians Guide to Clinical Forensic Medicine* offers forensic specialists and allied professionals a reliable, up-to-date guide to proven practices and procedures for a every variety of police inquiry requiring clinical forensic investigation.

To Err Is Human Aug 26 2022 Experts estimate that as many as 98,000 people die in any given year from medical errors that occur in hospitals. That's more than die from motor vehicle accidents, breast cancer, or AIDS—three causes that receive far more public attention. Indeed, more people die annually from medication errors than from workplace injuries. Add the financial cost to the human tragedy, and medical error easily rises to the top ranks of urgent, widespread public problems. *To Err Is Human* breaks the silence that has surrounded medical errors and their consequence—but not by pointing fingers at caring health care professionals who make honest mistakes. After all, to err is human. Instead, this book sets forth a national agenda—with state and local implications—for reducing medical errors and improving patient safety through the design of a safer health system. This volume reveals the often startling statistics of medical error and the disparity between the incidence of error and public perception of it, given many patients' expectations that the medical profession always performs perfectly. A careful examination is made of how the surrounding forces of legislation, regulation, and market activity influence the quality of care provided by health care organizations and then looks at their handling of medical mistakes. Using a detailed case study, the book reviews the current understanding of why these mistakes happen. A key theme is that legitimate liability concerns discourage reporting of errors—which begs the question, "How can we learn from our mistakes?" Balancing regulatory versus market-based initiatives and public versus private efforts, the Institute of Medicine presents wide-ranging recommendations for improving patient safety, in the areas of leadership, improved data collection and analysis, and development of effective systems at the level of direct patient care. *To Err Is Human* asserts that the problem is not bad people in health care—it is that good people are working in bad systems that need to be made safer. Comprehensive and straightforward, this book offers a clear prescription for raising the level of patient safety in American health care. It also explains how patients themselves can influence the quality of care that they receive once they check into the hospital. This book will be vitally important to federal, state, and local health policy makers and regulators, health professional licensing officials, hospital administrators, medical educators and students, health caregivers, health journalists, patient advocates—as well as patients themselves. First in a series of publications from the Quality of Health Care in America, a project initiated by the Institute of Medicine

Herbal Medicine Mar 29 2020 The global popularity of herbal supplements and the promise they hold in treating various disease states has caused an unprecedented interest in understanding the molecular basis of the biological activity of traditional remedies. *Herbal Medicine: Biomolecular and Clinical Aspects* focuses on presenting current scientific evidence of biomolecular ef

Under the Medical Gaze Sep 27 2022 This compelling account of the author's experience with a chronic pain disorder and subsequent interaction with the American health care system goes to the heart of the workings of power and culture in the biomedical domain. It is a medical whodunit full of mysterious misdiagnosis, subtle power plays, and shrewd detective work. Setting a new standard for the practice of autoethnography, Susan Greenhalgh presents a case study of her intense

encounter with an enthusiastic young specialist who, through creative interpretation of the diagnostic criteria for a newly emerging chronic disease, became convinced she had a painful, essentially untreatable, lifelong muscle condition called fibromyalgia. Greenhalgh traces the ruinous effects of this diagnosis on her inner world, bodily health, and overall well-being. *Under the Medical Gaze* serves as a powerful illustration of medicine's power to create and inflict suffering, to define disease and the self, and to manage relationships and lives. Greenhalgh ultimately learns that she had been misdiagnosed and begins the long process of undoing the physical and emotional damage brought about by her nearly catastrophic treatment. In considering how things could go so awry, she embarks on a cogent and powerful analysis of the sociopolitical sources of pain through feminist, cultural, and political understandings of the nature of medical discourse and practice in the United States. She develops fresh arguments about the power of medicine to medicalize our selves and lives, the seductions of medical science, and the deep, psychologically rooted difficulties women patients face in interactions with male physicians. In the end, *Under the Medical Gaze* goes beyond the critique of biomedicine to probe the social roots of chronic pain and therapeutic alternatives that rely on neither the body-cure of conventional medicine nor the mind-cure of some alternative medicines, but rather a broader set of strategies that address the sociopolitical sources of pain.

Principles of Medicine in Africa Nov 05 2020 The essential text for all healthcare professionals wanting a complete, up-to-date practical reference book on medicine in Africa.

China Rx Jun 24 2022 Millions of Americans are taking prescription drugs made in China and don't know it-- and pharmaceutical companies are not eager to tell them. This probing book examines the implications for the quality and availability of vital medicines for consumers. Several decades ago, penicillin, vitamin C, and many other prescription and over-the-counter products were manufactured in the United States. But with the rise of globalization, antibiotics, antidepressants, birth control pills, blood pressure medicines, cancer drugs, among many others are made in China and sold in the United States. China's biggest impact on the US drug supply is making essential ingredients for thousands of medicines found in American homes and used in hospital intensive care units and operating rooms. The authors convincingly argue that there are at least two major problems with this scenario. First, it is inherently risky for the United States to become dependent on any one country as a source for vital medicines, especially given the uncertainties of geopolitics. For example, if an altercation in the South China Sea causes military personnel to be wounded, doctors may rely upon medicines with essential ingredients made by the adversary. Second, lapses in safety standards and quality control in Chinese manufacturing are a risk. Citing the concerns of FDA officials and insiders within the pharmaceutical industry, the authors document incidents of illness and death caused by contaminated medications that prompted reform. This is a disturbing, well-researched book and a wake-up call for improving the current system of drug supply and manufacturing.

The Principles and Practice of Narrative Medicine Jul 01 2020 *The Principles and Practice of Narrative Medicine* articulates the ideas, methods, and practices of narrative medicine. Written by the originators of the field, this book provides the authoritative starting place for any clinicians or scholars committed to learning of and eventually teaching or practicing narrative medicine.

Medicine Under Sail Dec 26 2019 In an age of discovery and empire building, the map of the world was drawn by those on long voyages. Their achievements had as much of an impact on world history as did the admirals' success in implementing tactics that won the battles for colonialism."--Jacket.

Animals and the Shaping of Modern Medicine Apr 29 2020 This book is open access under a CC BY 4.0 license. This book breaks new ground by situating animals and their diseases at the very heart of modern medicine. In demonstrating their historical significance as subjects and shapers of medicine, it offers important insights into past animal lives, and reveals that what we think of as 'human' medicine was in fact deeply zoological. Each chapter analyses an important episode in which animals changed and were changed by medicine. Ranging across the animal inhabitants of Britain's zoos, sick sheep on Scottish farms, unproductive livestock in developing countries, and the tapeworms of California and Beirut, they illuminate the multi-species dimensions of modern medicine and its rich historical connections with biology, zoology, agriculture and veterinary medicine. The modern movement for One Health - whose history is also analyzed - is therefore

revealed as just the latest attempt to improve health by working across species and disciplines. This book will appeal to historians of animals, science and medicine, to those involved in the promotion and practice of One Health today.

Medicine in the Talmud Feb 26 2020 Despite the Talmud being the richest repository of medical remedies in ancient Judaism, this important strain of Jewish thought has been largely ignored—even as the study of ancient medicine has exploded in recent years. In a comprehensive study of this topic, Jason Sion Mokhtarian recuperates this obscure genre of Talmudic text, which has been marginalized in the Jewish tradition since the Middle Ages, to reveal the unexpected depth of the rabbis' medical knowledge. *Medicine in the Talmud* argues that these therapies represent a form of rabbinic scientific rationality that relied on human observation and the use of nature while downplaying the role of God and the Torah in health and illness. Drawing from a wide range of both Jewish and Sasanian sources—from the Bible, the Talmud, and Maimonides to texts written in Akkadian, Syriac, and Mandaic, as well as the incantation bowls—Mokhtarian offers rare insight into how the rabbis of late antique Babylonia adapted the medical knowledge of their time to address the needs of their community. In the process, he narrates an untold chapter in the history of ancient medicine.

Complementary and Alternative Medicine in the United States Jan 19 2022 Integration of complementary and alternative medicine therapies (CAM) with conventional medicine is occurring in hospitals and physicians offices, health maintenance organizations (HMOs) are covering CAM therapies, insurance coverage for CAM is increasing, and integrative medicine centers and clinics are being established, many with close ties to medical schools and teaching hospitals. In determining what care to provide, the goal should be comprehensive care that uses the best scientific evidence available regarding benefits and harm, encourages a focus on healing, recognizes the importance of compassion and caring, emphasizes the centrality of relationship-based care, encourages patients to share in decision making about therapeutic options, and promotes choices in care that can include complementary therapies where appropriate. Numerous approaches to delivering integrative medicine have evolved. *Complementary and Alternative Medicine in the United States* identifies an urgent need for health systems research that focuses on identifying the elements of these models, the outcomes of care delivered in these models, and whether these models are cost-effective when compared to conventional practice settings. It outlines areas of research in convention and CAM therapies, ways of integrating these therapies, development of curriculum that provides further education to health professionals, and an amendment of the Dietary Supplement Health and Education Act to improve quality, accurate labeling, research into use of supplements, incentives for privately funded research into their efficacy, and consumer protection against all potential hazards.

Diagnosis in Chinese Medicine Sep 22 2019 Easily accessible and heavily illustrated, this complete guide to diagnosis in Chinese Medicine places an emphasis on "real world" issues. Focusing on clear interpretations of signs and symptoms, it addresses the practice beyond the theory and leads readers through both basic and sophisticated levels of diagnostic interpretation. Since Chinese medicine diagnosis relies on a subtle appraisal of a patient's disharmony, many factors beyond traditional Western symptoms are considered, including a patient's voice, the absence of thirst, feeling hot or cold, the patient's smell, tone of voice, and glitter of eyes. This practical resource helps readers carefully interpret of a range of nuances. Provides a clinical understanding of Traditional Chinese Medicine Offers an unparalleled depth of information that is meticulously cross-referenced Includes all the signs and symptoms, however subtle, that a modern patient may present in the clinic Provides clinical experience and understanding from a leader in the field of Chinese medicine Clearly outlines the decision-making options in key situations to help readers through the most challenging topics Logically organized so readers can quickly find the information they need in clinical situations

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