

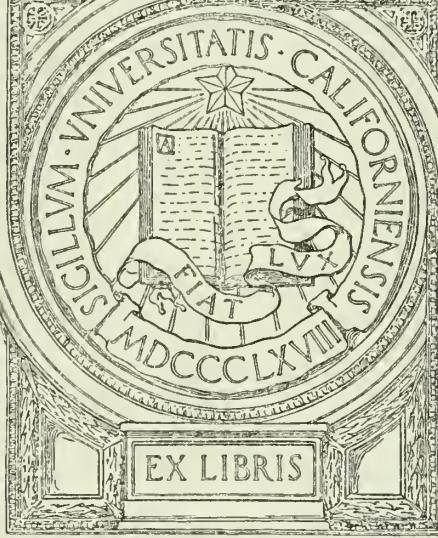
HANS SELYE and MIKLOS NADASDI

SYMBOLIC SHORTHAND SYSTEM

for physiology and medicine

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S Y M B O L I C S H O R T H A N D S Y S T E M

(SSS)

FOR PHYSIOLOGY AND MEDICINE

by

HANS SELYE

and

MIKLOS NADASDI

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Second Edition, 1958

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by

HANS SELYE

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PREFACE TO THE SECOND EDITION

Since the publication of the first edition of this booklet, in 1956, only minor additions and corrections have become necessary. During these last two years, we have codified an average of 400 medical publications per week in accordance with this system, and retrieval of information from our files did not present any special difficulties to the investigators who use our library facilities. Yet, it was felt that a second edition would be timely now, because our stock of the first has been exhausted and we continue to receive requests for this manual from libraries and individual investigators who wish to use this system, or modifications of it, for the cataloging of their own data.

The authors will be greatly indebted for any suggestions concerning possible improvements in this system.

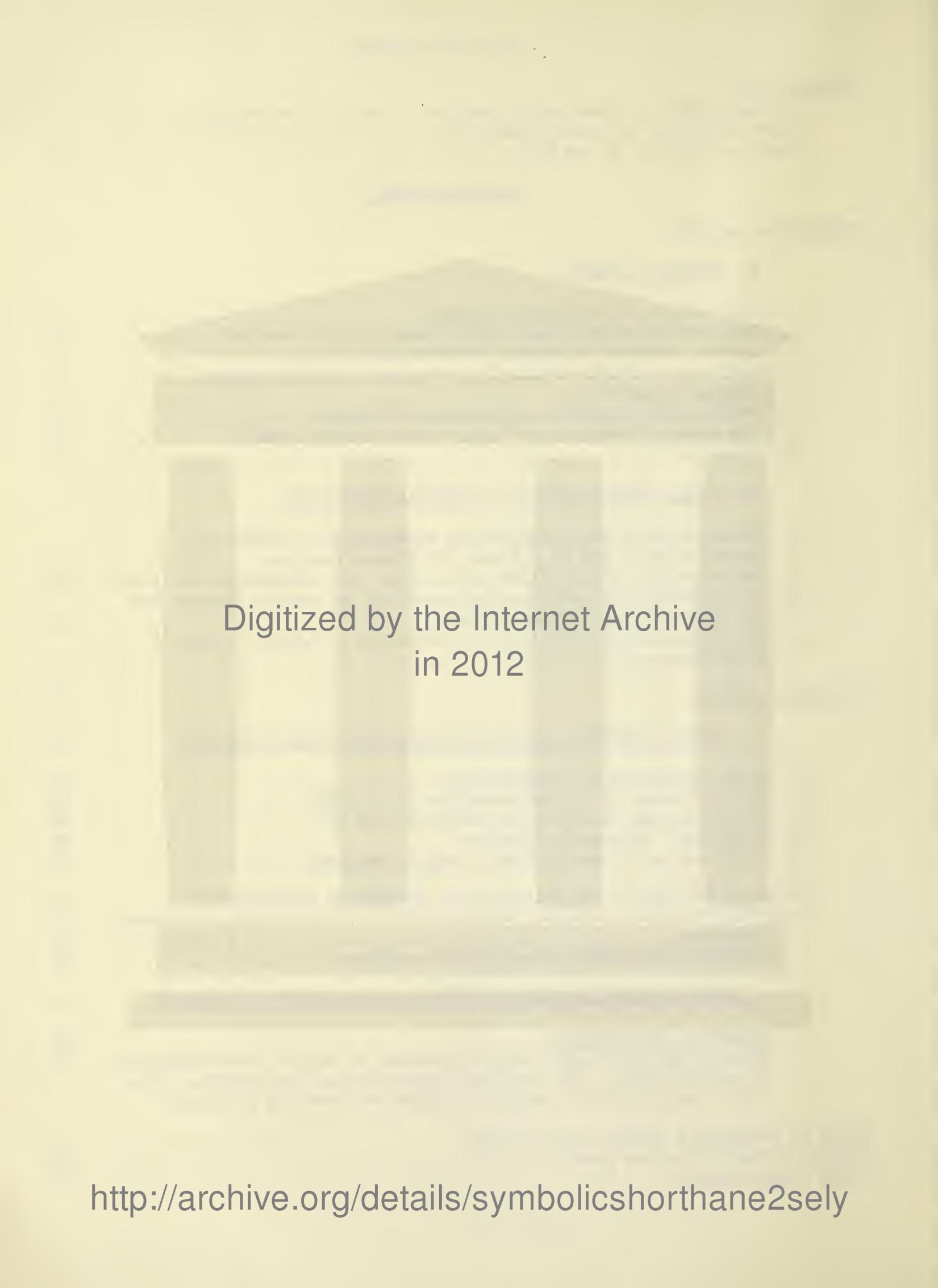
H. S. and M. N.

Montreal, September 1958

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INTRODUCTION

One of the most important and urgent tasks of contemporary medicine is to create an index of its contents. If the number of medical publications continues to increase at its present rate, it will soon become impossible for anyone to keep up with current progress, even in the most limited field. Yet the full exploitation of discoveries and the logical design of new experiments must depend upon the knowledge of available facts. The time has come to face this situation as a major scientific problem, characteristic of our Century, otherwise "science may become bogged down in its own product, inhibited like a colony of bacteria by its own exudations" (1).

Is the problem of cataloguing science a task for scientists? —

Although cataloguing is undoubtedly important for science, it does not appear to be worthy of becoming a creative scientist's occupation. As practiced now, it is certainly not very productive or intellectually satisfying. A man interested in medical research wants to be with his patients or in the laboratory, not at a desk doing paper work. Hence, most physicians and investigators consider documentation to be an incidental chore that should be handed over as far as possible to a nurse, secretary, or librarian. But how far is it possible to do this if medicine is to remain a harmoniously correlated body of knowledge? The more we learn about medicine, the greater the need for research on correlations, which must of necessity depend upon the lucid arrangement of many facts, so that the connections between them may be easily surveyed. This is the most effective means of preparing the way for the formulation of general laws, which is the ultimate object of science. At the end of his life, Charles Darwin

said: "My mind seems to have become a kind of machine for grinding general laws out of large collections of facts." As time goes by, the formulation of general laws becomes more and more dependent upon the cataloguing of the ever-increasing number of known facts which need to be correlated. In order to prepare for a rich harvest of really significant findings, we must constantly consolidate our gains by cataloguing them effectively. Unfortunately, few imaginative, original investigators would be willing to undertake this as an aim in itself. This kind of work cannot bear spectacular fruit immediately in the form of gratifying discoveries and everybody would rather harvest than sow. The preparation of a catalogue may be very useful to science but it does not seem to be a science in itself and therefore it does not attract the usual scientific mind.

Yet we must not forget that, while it takes shape "in statu nascendi" a science does not look like a science, but more like a craft or a hobby; indeed, it may seem to be merely a queer, stubborn effort to strive for the unimportant or the unattainable. Still, many aims which seemed unimportant or unattainable yesteryear have become the important realities of today. The first efforts of Van Leeuwenhoek — the queer Dutch shopkeeper who spent his spare time, between selling ribbons and buttons, in grinding lenses and making microscopes — probably struck his fellow citizens in 17th century Holland, as rather odd, and certainly quite unrelated to medicine. Even when, in 1673, he finally managed to get his first publication printed in the Philosophical Transactions of the Royal Society, few contemporary physicians suspected that his paper on "The Mould, the Bee and the Louse" would become a milestone in the history of medicine.

Medical investigators may also feel that the creation of a language — which would consist of symbols and have a syntax suitable for the rational registration of facts — is in any case not their concern but that of professional linguists or librarians. I cannot agree with this view. How could anyone, except a highly competent medical investigator, know enough about the subject itself to construct a special system of expression for it?

We mention all this because we fear that, unless we can convince truly gifted original thinkers — as well as institutions subsidizing medical research — that the registration of scientific facts is an important science in itself, it will soon become impossible for anyone to be sufficiently familiar with the broad outlines of medicine to escape the stifling effect of extreme over-specialisation.

This booklet does not pretend to offer a solution to all the problems which we have raised. Nor do we think that a solution can be found, until the systematic registration of facts is generally recognized to be an important field for original research, worthy of the attention of gifted investigators. A great deal of creative thinking by many original minds will be required, to develop a truly satisfactory system, which is fully adapted to the needs of all the branches of medicine. It is unlikely that the necessary teams of workers could be recruited among qualified physicians until it is more generally realized that the ultimate aim of medicine is to cure the sick — no matter what techniques are utilized. The bibliographer who systematizes knowledge so that it may serve as a basis for the design of experiments, the physiologist who devises animal experiments to prove that a given body constituent exerts certain desirable

actions, the chemist who synthetizes this constituent, and the clinical investigator who finds out how to use it for treatment, are all doing research which can be equally original and equally useful to medicine, though the methods they use are quite dissimilar.

Current systems of classification. — Virtually every physician and investigator has some sort of personal index in which he can file away interesting publications for future reference. In most cases, these systems consist of abstract cards or reprints (roughly arranged according to major subjects) and a cross-index of the authors. The author-index of such files is almost always satisfactory, but the divisions for the subjects are generally quite vague, so that the owner must largely rely on his memory to find any one paper. These personal indexes are usually not constructed on the basis of any set of written rules, and the systems of classification tend to change from time to time with shifts in the owner's interests. Very few private files that we have seen were considered to be adequate even by the most inexacting owners, and since these indexes are not meant to be consulted by anyone but the person who devised them, they need not be discussed here.

Public or semi-public libraries are invariably equipped with more rigid and impersonal catalogues, but these are meant only for general orientation. They rarely consider topics which do not happen to be mentioned in titles and are usually based on codes too complicated to be used by anyone but a qualified librarian.

An excellent synopsis of the principal medical library systems now in use was published in 1956 by the American Library Association (2). Most of these systems are modifications of the expansive classification and/or the decimal classification.

The expansive classification of knowledge was devised by Charles A. Cutter primarily for classifying library books. It comprises seven groups, each of which is a more detailed expansion of the preceding one. A letter notation is used for nonlocal classes and a number for geographic subdivisions. For example, F = universal history, F83 = U.S. history. Although not primarily designed for medicine, it can be adapted for use in any field of knowledge.

The decimal classification was devised by Melvil Dewey, also for general libraries. It has main classes and subclasses, designated by a number composed of three digits with further subdivisions shown by numbers after a decimal point. For example, 500 = natural science, 550 = geology, 553 = economic geology, 553.2 = carbon series.

These two systems, and modifications of them (3,4), are the only ones now in common use, because they provide an adequate basis for the logical arrangement of books on library shelves. Therefore, before proposing any entirely new approach to the indexing of medical literature we must, first, carefully examine the applicability of these existing systems to our problem.

For example, the manual issued by the U.S. Library of Congress for the classification of medicine (5) uses such a system, but only sixteen entries are foreseen to cover the whole of endocrine therapy. There is only one sign (RM 292) for all adrenal hormones (and incidentally ACTH is listed as one of them!). There are fourteen possible headings in the section on the diseases of the endocrine glands. The only recognized disease of the adrenal cortex is Addison's disease (RC 659), and there is no entry for any disease of the adrenal medulla. In fact, the words "chromaffin

cells," or "phaeochromocytoma," do not even appear in the subject index.

Of course, a more detailed classification could be developed by adding figures after the decimal point, but longer numbers would be more difficult to remember. For example, myxedema is expressed as RC 657, and this sign can be changed to "other diseases, e.g., thyro-toxicosis" by adding: .5. On the other hand, all the diseases of the pituitary are lumped together in the category RC 658, but if .5 is added to this sign, it changes the meaning to diabetes insipidus.

It is the fact that there are only ten digits available for the classification of all subjects that makes it necessary to compose rather long numbers and to assign different meanings to the same digit, depending upon its position. This makes it impossible to remember the signs and of course the slightest error in coding or decoding totally deprives them of significance.

It has often been emphasized that the decimal system has the advantages of avoiding synonyms and the difficulties of communication which are due to differences in the languages used throughout the world. Huet(6) justifiably points out that the number 616.314 represents odontology in America, England, Italy or Russia, and that even such a specialized tool as a hypodermic syringe has received a decimal designation, namely:

616.314 089.5] 032: 611.779 X 7

But we find it difficult to follow Huet's thought when he says: "This system is of such simplicity that its formulations are at the same time more concise and clearer than ordinary language, which greatly helps

one to remember it." ("Ce système est d'une simplicité telle, que ses formules sont à la fois plus concises et plus claires que la langue ordinaire, ce qui les rend mnémoniques à un haut degré.") In any event, an accidental transposition of only the first two digits in the number for hypodermic syringe would alter its meaning sufficiently to transfer it into the philosophy section of the decimal classification system.

One cannot help but agree with the remark of Rider (7) "that the more complex it [the Dewey decimal system] is made the more its original, easily grasped, simplicity becomes lost." On the other hand, in the original system (7), which tends to avoid extreme specification by the construction of long numbers, we have only 616.4 to designate the adrenals (easily confused, if one does not write 1 clearly, with 646.4, which means the homemaking of lingerie), and the same number also means thymus and thyroid. This does not give much scope for a detailed classification of the entire literature on endocrinology.

On the other hand, all systems of classification based upon code numbers, letters and punctuation can be adjusted to designate even certain relationships between objects, and some artificial languages of this type have been developed to a point where virtually anything that can be said can also be catalogued. One of the most impressive examples of this is the procedure described by J.H. Woodger in the INTERNATIONAL ENCYCLOPEDIA OF UNIFIED SCIENCE (8).

To summarize it may be said that procedures which code information in terms of numbers, letters and other arbitrarily selected signs (e.g., punctuation) offer the following advantages:

(1) A left-to-right order of precedence. By that, we mean that in any designation, the main group is listed on the left and consecutive subdivisions are gradually added on the right, (according to a rigidly determined order of precedence) as in the example:

500 = natural science, 550 = geology, 553 = economic geology, 553.2 = carbon series. This is an important advantage in comparison with the rather haphazard and variable manner in which objects and relationships are described in living languages. It lends itself particularly well to the systematic arrangement of information, for instance, in a card-index.

(2) Freedom from confusing synonyms. Whether we use numbers, letters, or any other kind of standard sign to denote a subject, we will avoid the confusion that normally arises owing to the existence of several possible ways of designating the same subject in a living language. In English, it would be equally correct to say corticoids, corticosteroids, adrenocortical hormones or hormones of the suprarenal cortex, when we speak of substances related to cortisol and cortisone. When it comes to complex chemical names, or diseases designated by various names and eponyms, the number of possible alternative terms is often even greater. Such synonymous designations do not lend themselves for classification, since they permit the registration of the same topic under any of its many names. When consulting an index, we do not always think of all possible synonyms for a subject, and even if we did, it would mean a great loss of time if we had to look for any one item under many headings. All systems based on standard signs avoid this difficulty.

(3) International understandability. This is actually a mere extension of what we have said about freedom from synonyms. A system based

on arbitrarily chosen signs transcends language barriers, because it assigns only one meaning to any one sign, even beyond the limits of our native tongue. An arbitrary number- or letter-designation for corticoids eliminates not only all English synonyms, but also all the alternative designations in foreign languages.

The disadvantages of systems based on arbitrarily assigned numbers, letters and signs are as follows:

(1) Arbitrary signs have no mnemonic value. It is extremely difficult to remember mere combinations of numbers, letters or signs which have no relationship to the subjects, or the names of the subjects, to which they refer. One would think that it should be just as easy to associate in our memory a newly encountered subject with its number-letter code, as it is to remember it by any other name but, in practice, this is not so. If six people are introduced to us at a party, we can usually manage to remember their names (at least for the duration of the party), but few people would remember their telephone numbers with equal ease. This may find its explanation in "Gestalt psychology." Names can be pronounced as one unit and, hence, are remembered as a single form, while arbitrary number-letter signs have to be spelt and each part of them must be remembered separately. This is probably why even simple foreign names, which we find difficult to pronounce are notoriously also more difficult to remember.

(2) Extreme complexity of signs for relatively simple subjects. The "left-to-right order of precedence" makes it obligatory to construct each number-letter type of sign by putting together, from left to right, all

the signs of the larger groups, of which the subject to be coded forms part. For instance, in the example which we selected from the decimal classification, we had to start with the number for natural science, then add geology, then economic geology, then the carbon series, before we could arrive at a sign for any one compound within this series. Although this is rational, it is extremely inconvenient, because the simplest and most common objects must, of necessity, have the longest names, since they represent the finest subdivisions in larger categories. This leads to such fantastic signs as 616.314 089.5] 032:611.779 X 7 for an ordinary hypodermic syringe.

Would it be possible to construct a system which retains all the advantages of a systematic number-letter type of classification, and yet, remains simple to write and to remember? The Symbolic Shorthand System (SSS), presented here, appears to fulfil these requirements. It has been developed gradually during the past twenty years, to satisfy the need of our Institute for a catalogue of the world-literature concerned with stress and endocrinology. Consequently, the system was originally devised only for these fields of medicine, but of course, stress and endocrinology comprise a very large portion of the total medical literature, and the principles of the SSS can easily be adapted to any other field.

Basic principles of the SSS. — Instead of the usual code designations, composed of numbers, letters and other signs which, in themselves, have no meaning, the SSS uses mnemonic symbols and signs reminiscent of the subjects they denote. For example: Adr = Adrenal, Tr = Thyroid, ↑ = increase, Tr↑ = hyperthyroidism.

All possible subjects, and relations between subjects, are first

arranged in one dimension, according to a rigidly fixed order of precedence, so that they may be typed out on one line of a card (the "subject card"). For example: the effect of thyroxin (TX) upon the adrenals of the rat would be written: Adr ← TX/Rat.

These statements are then arranged by filing the subject cards one after the other according to the same fixed order of precedence. This brings a second dimension into the system. For example, in the filing cabinet drawers, the card bearing the statement which we have just considered would precede a card dealing with the changes induced by thyroxin in the thyroid of the rat, merely because, in our order of precedence, adrenal precedes thyroid. Thus, the arrangement of symbols across the card from left to right, corresponds to the abscissa, and the order in which the cards are arranged in the file corresponds to the ordinate of a two-dimensional system of co-ordinates. For simplicity's sake, these two directions of organization will be referred to as "classification in width" (of a single card) and "in depth" (of the filing cabinet drawer), respectively.

Since all symbols have only one fixed meaning, they eliminate the possibility of synonymous designations. These symbols also transcend language barriers because they are abbreviations derived from internationally understandable Greco-Latin roots and technical terms (Cr = cardiac, R = renal, ACh = acetylcholine). And, finally, the left-to-right order of precedence is maintained in our classification in width; indeed, even the individual composite symbols conform to this requirement. Thus for example, in our Order of Precedence organic substances precede the inorganic, hence phospholipid is Lip-P, rather than P-Lip (as spoken). To this we merely add an

orderly arrangement in depth. Therefore, the SSS lends itself just as well to the systematic arrangement of information, (e.g., in a card index), as the less mnemonic and more complex number-letter systems now in use.

After these introductory remarks we should now like to present as a practical example the SSS Manual actually used by the Staff of our library.

PROCEDURE MANUAL

The object of this manual is to explain the use of the SSS in coding and filing literature on stress and endocrinology, the principal subject matter of our Library. Incidental reference will be made only occasionally to the rather obvious possibility of applying the same system to the other fields of medicine and physiology. The practical aspects of how to procure reprints, journals and books, and how to select from them the kind of information that is of particular interest to us, will be considered separately (cf. Chapter on "Practical Aspects").

THEORETICAL ASPECTS

I.— Mnemonic Symbols

Instead of the usual number-letter type of library code, we employ mnemonic symbols, so constructed as to remind us of the term for which they stand. In coining such symbols, we have been guided by the following principles:

(1) Elimination of language barriers.— Scientific symbols should be understandable to people of all nations. It would be incorrect to select any one language as a basis for the construction of a symbolic shorthand for medicine, because this would put all those who do not speak the selected language at a great disadvantage. To remedy this, artificial languages have been constructed which, being nobody's native tongue, put everybody at an equal disadvantage. It is true that such languages as Esperanto, Volapük, Arulo or Interlingua (of which over one hundred have been devised) contain elements of various living languages, but actually, most of the scientifically-minded physicians likely to employ the SSS would probably understand Greco-Latin medical terms and English, more easily than any of the artificial

languages. Therefore, the symbols of the SSS are derived from technical terms (usually of Latin or Greek derivation) which are currently used in all or at least in most languages, and incidental remarks or explanations — this description of the system itself for instance — are given in English.

The general principles which guide the coining of symbols can best be appraised by glancing through the INDEX OF SYMBOLS AND SIGNS (yellow pages). It will be noted, for instance, that many English nouns, such as heart, kidney or liver, which are commonly used in medicine, are not derived from Greco-Latin roots; these would not easily be understood by foreign scientists. In these cases, we derive our SSS symbols from the corresponding adjectival form, for example, Cr for cardiac, R for renal, and Hep for hepatic. This device does not make the symbols less English, but it does automatically transform them into abbreviations of words commonly used in virtually all Western languages.

(2) The most frequently used symbols must be the shortest.—

Since, in medicine, the main organs of the body are discussed most frequently, it is convenient to give them short symbols which are easy to write, such as Cr, R or Gs. In endocrinology, the endocrine glands and hormones should also rate such short symbols, and we write A for adrenaline, C for corticoids; even an individual member of the latter group, such as cortisol, has been assigned a convenient three-letter symbol: COL.

If and when the SSS is applied to all of medicine, it may become necessary to re-assign some of the most desirable short symbols to subjects of more general interest in medicine, but in the meantime, our selection had to be dictated primarily by the requirements of the fields we wished to code.

(3) Special devices to promote brevity and clarity.— All hormone symbols are capitalized in our file, for special emphasis.

We use the official symbols of the chemical elements, as recommended by the Atomic Weight Commission, but since this would have rendered a great many, convenient, short letter-combinations unavailable for other items, the symbols of chemical elements are underlined twice; thus, Ca means calcium. Symbols of all spontaneous diseases are underlined once. Therefore, Ca is the symbol for experimental carcinoma and Ca, the spontaneous form of the disease. The mere underlining of the symbol distinguishes the disease of the testis (Te) from the organ (Te).

Symbols of compounds belonging to one pharmacologic group, and of generic names of compounds, are overlined. Thus, Ur↑ denotes any diuretic drug, irrespective of its chemical composition, and PS represents all polysaccharides, irrespective of their biologic actions.

Additional examples of devices which promote brevity will be found in the INDEX (yellow pages), e.g., under Infl (inflammation), B-Perf (crossed circulation of blood), Pa (parabiosis) and Generic names.

(4) Preference of internationally accepted standard symbols.--

Symbols which are in common use throughout the world (e.g., ACTH, STH, DOPA, 5HT, CNS or ANS) are given the highest preference, over-riding all our other standards for the formulation of symbols, because they do not have to be specially learned.

Occasionally, the same symbol inadvertently happens to be accepted in the world literature to mean two different things. In such instances, the distinctive use of punctuation, or of capital and small letters, can help. In any event, confusion between vastly different meanings of symbols is unlikely to occur when they are read in context. Incidentally,

the situation is the same in living languages. Webster's New International Dictionary lists eighteen meanings for heart, not counting the innumerable combinations and phrases, such as "at heart," or "heart-shaking."

On the other hand, if different symbols are in common use to denote the same subject, the SSS gives preference to the symbol which is in better keeping with the general principles of current medical terminology. For example, the adrenocorticotrophic hormone is invariably represented by the symbol ACTH, but some authors refer to the somatotrophic hormone as GH (from the English, growth hormone) and to the thyrotrophic hormone as TSH (from thyroid-stimulating hormone). It is more consistent and of mnemonic value to designate all trophic hormones by abbreviations ending in TH, and consequently, we write STH instead of GH, and TTH instead of TSH.

(5) Compound symbols.— Whenever possible, complex subjects are designated merely by joining with hyphens the symbols corresponding to the parts of the compound. For example, Adr is adrenal, X is ectomy, Adr-X is adrenalectomy; Lyn is lymph node, Gr is granuloma, Lyn-Gr is lympho-granuloma.

Even if one part of a complex does not have a standard symbol in the SSS, the corresponding word can be attached to a symbol with a hyphen; e.g., B is blood, B-Flow is blood-flow.

Whenever it may be difficult for the filing clerk to determine in which division of the file an entry should be placed, it is convenient to attach a well-known generic symbol merely as an explicatory prefix, e.g., Te↑ is testicular hyperfunction, and we write testicular hyperfunction due to Leydig-cell hyperplasia as Te↑-Leydig.

In these compound symbols the left-to-right order of precedence is maintained. For instance, PS stands for polysaccharide and, although we say mucopolysaccharide, we write PS-Muco.

Such compound symbols offer very convenient means of coding, but, whenever a complex subject has a generally accepted simple symbol, the latter is preferred to one composed of the corresponding SSS symbols, for instance, ACTH is written as such, no effort being made to replace the letter A by Adr, the SSS symbol for adrenal.

(6) Preferred letters for the coining of symbols.-- As far as possible, we try to compose symbols by selecting the most sonorous phonic letters, because these are best suited to remind us of the corresponding word. That is why, in general, preference is given to consonants. However, every SSS symbol must start with the first letter of the word it represents, even when this happens to be a vowel. Experience has shown that the combination of these two rules -- (1) Every symbol necessarily begins with the first letter of the corresponding word, (2) otherwise, phonic letters (consonants or accentuated vowels) are given preference -- is of considerable mnemonic value.

(7) The names of animals and their corresponding symbols.--

We use the English names of animals, because experience has shown that a greater number of medical investigators (even among those whose native tongue is not English) know these terms, rather than their equivalents in Latin or any other language. Zoological names are written in full, except for those of a few among common laboratory animals whose names are polysyllabic. Hence we write cat, rat, or dog, as such, but guinea pig is represented by the symbol Gp, rabbit by Rb. In any event, the name of the

species is given without reference to age or sex. Consequently, we write horse, not colt, mare or stallion, and dog, not bitch or pup. As we shall see later, whenever age or sex can influence the course of a biologic reaction, it is coded separately (cf. Age and Sex in INDEX).

(8) Signs.— We designate as signs all characters other than letters or numbers. A list of all the signs used in the SSS is attached at the end of the INDEX, together with an explanation of their use. Let it suffice to say here, that all our signs have been selected because of their mnemonic value, preference being given to those available on most of the standard typewriters. The few rare signs which we do employ (\uparrow , \leftarrow , \rightarrow) can easily be attached to the ordinary typewriter key-board by eliminating some unessential commercial characters ($\&$, f , $\$$).

II.— Basic Principles of the SSS Classification

(1) Observed facts and experimental arrangements, rather than theories, are used as a basis for classification.— Any theoretical interpretation is subject to revision; hence, if we listed observations as being in agreement or disagreement with a theory, they would lose the very basis for their classification if this theory were later disproven. To prevent this, we must always ask ourselves what the author actually saw or did, quite apart from what he wanted to prove or disprove. For example, let us say that an author wants to verify a theory according to which the adrenals play an important role in the production of hepatic changes by thyroxin. His paper would not be catalogued under this heading, but according to the observations he made and the actual ingredients of his experimental arrangement. Assume that he approaches the problem by determining hepatic glycogen levels in adrenalectomized rats kept alive with cortisol and treated with thyroxin,

the ingredients of his arrangement would be: hepatic (Hep) glycogen (Gg), adrenalectomy (Adr-X), cortisol (COL), thyroxin (TX) and rat. This would be coded:

Gg < Hep < Adr-X + TX /Rat

We shall see later why the ingredients are enumerated in this particular sequence or, as we say, "Order of Precedence."

Although facts are the basis of our classification, we must recognize that most observations are devoid of any fundamental meaning unless they are connected by a theory or hypothesis; hence, significant interpretations are also indexed, but all theories are listed only as an appendix, in addition to the observations which they attempt to evaluate. (This, incidentally, is the only exception to the general law of our INDEX, which postulates that any one fact must appear only in one, strictly determined, position of the catalogue.)

Thus, in the above mentioned example, the theoretical interpretation (if it is considered to be important) must be separately indexed. Assume that the author concluded from his observations that the adrenal cortex can secrete a special cortisol-inhibiting hormone, and that his speculations appear to have merit (for, the indexing of theories, unlike that of facts, is not obligatory but dependent on merit), then an additional entry becomes necessary. It will be introduced in that division of the section on the Physiology and Pharmacology of the adrenals which deals with corticoids (\bar{C}), as follows:

\bar{C} /Class/COL↓

This would mean that the paper gives evidence concerning the possible need for a further subclassification of the cortical hormones, to include

the hypothetical anti-cortisol factor. This has the advantage that, should the theory become obsolete, the facts which served as its basis would still be correctly indexed for re-evaluation.

Only when a theoretical assumption is virtually certain to be correct is it better to catalogue it as a fact. For example, if a perfectly adequate experimental procedure is used for the bioassay of a hormone in the blood, it is desirable to simplify the indexing of the observation as though the hormone had actually been observed in the blood. For example, the determination of the blood-ACTH content in rabbits exposed to cold (Temp \downarrow) is indexed like this:

ACTH < B ← Temp \downarrow /Rb

and the same expression is used, irrespective of the technique employed for the detection of ACTH. However, if the technique of bioassay is of special interest in itself, it should be separately catalogued, in the section on the standardization (St) of ACTH (ACTH/St).

This procedure is in line with the usual description of changes in body constituents, e.g., blood-sugar, tissue-electrolytes. No review article or catalogue would list the entire chemical or bioassay procedure with each publication, but would leave it to the reader to consult the original communications if he is interested.

(2) The material is subdivided into static and dynamic observations.—The static observations are purely contemplative. In the majority of the cases, they are descriptions of methods or of "Targets," for their inherent interest, quite apart from the "Agents" which might influence them. The description of bioassay techniques, or of the normal morphology and chemical composition of an endocrine gland, are considered static material in this sense. For example, a histologic (Hi) study of the posterior lobe (PL) of the hypophysis, concerned mainly with the structure of pituicytes, would be coded:

PL/Hi/Pituicytes

Dynamic observations are concerned with the response of a Target to one or more Agents. Thus, ovarian (Ov) changes induced by the luteinizing hormone of the anterior lobe (LH) in the cat would be indexed:

Ov ← LH /Cat

A study concerned with the induction of uterine contractions (U-c) by combined treatment with oxytocin (OX) and progesterone (PROG) in immature (Age↓) guinea pigs (Gp) would be coded:

U-c ← OX + PROG + Age↓ /Gp

(3) All observations are arranged according to certain Targets and the Agents which influence them.-- In the SSS, any organ (e.g., heart, liver), condition (e.g., the sexual cycle, hibernation), biologic event (e.g., circulation time), or chemical component of the body (e.g., hepatic glycogen, blood-sugar) is considered to be a Target; anything capable of influencing a Target (e.g., hormone injections, extirpation of glands) is an Agent. For example, when we consider the effect of hypophysectomy (Hyp-X) upon the glucose-content of the blood (Glu < B) in dogs, the operation is the Agent, the chemical constituent the Target, and we write:

Glu < B ← Hyp-X /Dog

Similarly, when the effect of estradiol (EDIOL) on the uterus (U) of sexually immature (Age↓) rats is the object of study, the hormone and the condition of youth itself are the Agents, while the organ is the Target:

U ← EDIOL + Age↓ /Rat

(4) All observations are listed according to a definite Order of Precedence.-- The Target is usually the most clearly defined tangible component of an experimental arrangement; therefore, the Target is always listed first, and the Agents follow the Target according to a fixed Order of Precedence (to be discussed later). It is evident that under these conditions —

no matter how complicated an experimental arrangement may be, no matter how many Agents act simultaneously upon a Target — the coded statement of the facts can fit into only one fixed position of the system. This becomes quite evident if we remember that even the most complex word will fit into only one predetermined place in a dictionary, since the order of the constituent letters is determined by the alphabet. Our analogy may even be extended, because, in the SSS, observations which have not yet been made also have a place foreseen for them, just as recently coined words fit quite naturally into the new editions of old dictionaries.

To take an extreme example, let us assume that the glucose-content of the blood ($\text{Glu} < \text{B}$) is examined in adrenalectomized (Adr-X) dogs, after combined treatment with adrenaline (A), noradrenaline (NA), cortisol (COL), thyroxin (TX) and insulin (IN), the coding will still be quite simple:

$$\text{Glu} < \text{B} \leftarrow \text{Adr-X} + \text{A} + \text{NA} + \text{COL} + \text{TX} + \text{IN} / \text{Dog}$$

In the filing cabinets, this expression is then entered into the Target Division of carbohydrates (CHO) and, within that Division, into the position foreseen (by the Order of Precedence) for the Agents which follow the arrow. As we shall see, (pp. 29-30), these Symbolic Shorthand System Divisions (SSSD) are the basic elements of the File.

It is the essence of the "revolving arborization procedure" (which will be explained later) that we first describe the Target as it appears at rest (static information) and then list the effects upon this Target of various Agents, which — in another branch of the arborizing system — may also appear as Targets themselves. In biology a Target can often be turned either into a negative or a positive Agent, by reducing or increasing its functional activity. It is a basic rule of our system that in each SSSD,

the effect of a negative Agent precedes the effect of the corresponding positive Agent. Thus, changes in the adrenal produced by hypophysectomy (alone or in combination with Agents of lower precedence value) are placed before all data concerning the actions of anterior lobe extracts upon the adrenals of intact animals. This procedure is illustrated by the following example, which shows the order of arrangement of ten, simple or complex, Agents which affect adrenal structure, namely: psychic stimuli (Psy), hypophysectomy (Hyp-X), anterior lobe extracts (AL-E), ACTH, thyroxin (TX) and thyroidectomy (Tr-X):

- | | |
|----------------------------|----------------------|
| 1. Adr ← Psy | 6. Adr ← AL-E + TX |
| 2. Adr ← Hyp-X | 7. Adr ← ACTH + AL-E |
| 3. Adr ← Hyp-X + AL-E | 8. Adr ← Tr-X |
| 4. Adr ← Hyp-X + ACTH | 9. Adr ← Tr-X + TX |
| 5. Adr ← Hyp-X + ACTH + TX | 10. Adr ← TX |

The psychic stimulus precedes all other — irrespective of whether we consider it to be a positive or a negative Agent — merely because it belongs to main Class 1., while the other Agents all belong to Class 2. Apart from this, the arrangement of the cards follows the Order of Precedence (See Order of Precedence table for Class 2.), but negative Agents invariably precede the corresponding positive Agents, both as regards classification in width (across the line) and in depth (from line to line).

PRACTICAL ASPECTS

In this section we shall have to deal with two essentially distinct problems, namely: (1) the coding and filing of information according to the SSS; (2) the management of a research library catalogued with the aid of the SSS.

Coding and Filing of Information According to the SSS

(1) Basic materials and terminology.— Now that we have become familiar with the principles of the SSS, let us see how they can be applied in practice. It is difficult to describe the execution of a specific task in abstract terms; therefore, once again, we shall use our Library as a concrete example. However, the reader must keep in mind that, although we happen to use a certain type of card-index, and place especial emphasis on stress and endocrinology, our technique can easily be adjusted to other systems of filing (loose-leaf volumes, punched-card systems), and to other fields of medicine and physiology.

Our Library consists primarily of original texts (reprints, journals, books, or their photoduplicates) but, whenever these are unavailable, Abstract Cards take their place. All original publications receive consecutive Accession Numbers, as they arrive in the Library, and are filed on shelves in the order of these numbers. The information contained in these documents is transcribed into the SSS Code by Codifiers, who are capable of identifying those items which, in the original publications, deserve to be registered. Incidentally, this is the only work in the Library which presupposes competence in medicine and physiology.

The Succinct Codification of each original document is jotted down on an Abstract Card (4 X 6 inches) and then handed to the Filing Clerks, who transcribe each Unit of the coded statement onto separate, handy, small Subject Cards (1-1/4 X 5 inches). The latter are filed, according to the Order of Precedence, into sets of conveniently shallow drawers, the Subject File.

This expandable Subject index to the entire bibliographic system is complemented by a separate Author File, which consists of alphabetically arranged Author Cards. These have the same dimensions, and are kept in the same kind of shallow drawers, as the Subject Cards.

(2) Object lesson in coding according to the SSS.— Let us now see, using a typical example, how the Codifier annotates each original publication, and how his succinct handwritten instructions are analyzed and transformed into a set of Subject Cards by the Filing Clerks.

On the following two pages we present actual-size models of:

(1) an Abstract Card, with the handwritten Succinct Codification; (2) the Subject Cards, into which the Units of handwritten codification are separated for filing into the Subject index drawers, and (3) the corresponding Author Card.

Accession Number	C91,649	Authors
Succinct Codification	$V_1(a) \left\{ \begin{array}{l} COL \\ " + DOC \\ DOC \end{array} \right\} + Vit-D_2$	XXX J. Med. Res. 34, 661 (1956). "Role of corticoids in the development of cardiovascular and renal changes following intoxication with calciferol."
	R(a)	Journal Reference
	R / Hi / V ₁ ("Venous cushions") / Rat	Title
	Short treatment with <u>calciferol</u> , which caused no noteworthy change in otherwise untreated controls, produced marked <u>calcium</u> deposition (von Kossa stain) in the <u>aortic arch</u> of <u>rats</u> simultaneously treated with cortisol acetate (<u>COL</u>). Desoxycorticosterone acetate (<u>DOC</u>) did not enhance aortic calcification under the same circumstances; indeed, when <u>DOC</u> was administered <u>simultaneously with COL</u> , the former inhibited the sensitizing effect of the latter, with regard to the induction of aortic calcification by calciferol. <u>Renal calcification</u> was also observed in some of these animals, but this was not of sufficient intensity to permit evaluation, as regards the inter-observation, the authors describe peculiar nodules underneath the endothelium of the medium-sized renal veins. These are named " <u>venous cushions</u> ."	
	Abstract (with codifiable words underlined)	

Abstract Card with Succinct Codification. The Accession Number on this Abstract Card is the same as that of the corresponding original publication (reprint or journal). For technical details (dosage, duration of treatment, size of experimental animals), the original will have to be consulted, but the Abstract contains all the information necessary for coding. The codifiable words are underlined and a Succinct Codification has been prepared on this basis, in SSS terms, by the Codifier. Since his time is most valuable, it is essential to make the technique of Succinct Codification as simple as possible. This is accomplished by the use of such devices as braces and ditto marks. This succinct message still suffices to give precise instructions for the formulation of the seven Units of information into which his message can be broken down, as we shall presently see.

Now, the Abstract Card is turned over to a Filing Clerk, who prepares one Author Card and, in this case, seven Subject Cards — one for each Unit of information contained in the Succinct Codification — as follows:

C91,649

Doe, J. and G. Smith
XXX J. Med. Res. 34, 661 (1956).

Author
Card

"Role of corticoids in the development of cardiovascular and renal changes following intoxication with calciferol."

Vs (Ca) ← COL + Vit-D₂ /Rat

Doe, J. and G. Smith C91,649/56.

S

U

Vs (Ca) ← COL + DOC + Vit-D₂ /Rat

Doe, J. and G. Smith C91,649/56.

B

J

Vs (Ca) ← DOC + Vit-D₂ /Rat

Doe, J. and G. Smith C91,649/56.

E

C

R (Ca) ← COL + Vit-D₂ /Rat

Doe, J. and G. Smith C91,649/56.

T

R (Ca) ← COL + DOC + Vit-D₂ /Rat

Doe, J. and G. Smith C91,649/56.

C

A

R (Ca) ← DOC + Vit-D₂ /Rat

Doe, J. and G. Smith C91,649/56.

R

D

R/Hi/Vs/"Venous Cushions"

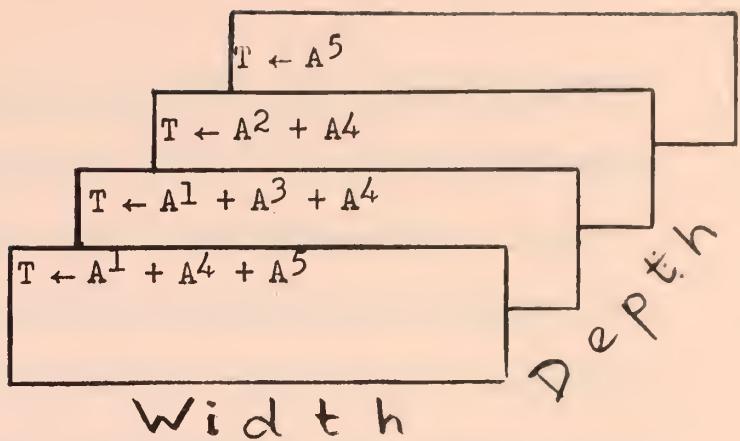
Doe, J. and G. Smith C91,649/56.

S

Author Card and Subject Cards corresponding to reprint No. C91, 649. No one Author or Subject Card contains much text; hence, it is convenient to make them small, but since it is difficult to type on such short strips of paper, long ribbons are used for typing and are subsequently cut up, with a machine set at the proper width, into individual cards, along the lines indicated above. The Author card is placed alphabetically in the Author File and the seven Subject Cards are placed, according to the Order of Precedence, into the Subject File. It will be noted that the first six of the Subject Units are dynamic (a Target is influenced by one or more Agents), while the last one is static, merely a description of a histologic structure. The filing, according to the Order of Precedence, will put each card into a Division of the Subject File, where it can then easily be located, together with references to cognate observations. An investigator interested in any one of the seven Subject Units selected for registration will have to consult the file at one point only, because the rigid Order of Precedence obviates the possibility of filing an item anywhere except in its one predetermined position.

Object lesson in filing according to the SSS.— In the preceding pages we saw how the gist of a scientific paper is succinctly codified in handwriting by the specialist, and how this brief message can be dissected and transformed into the individual Subject Cards of our System. The problem we face now is how to file the Subject Cards in such a manner that they will act as a two-dimensional system of co-ordinates, from which any type of information can easily be retrieved. As we have briefly outlined before, it is one of the basic principles of the SSS that it files information according to a rigidly fixed Order of Precedence, first "in width," across a single line of a Subject Card, and then "in depth," by arranging the cards, one behind the other, in a logical order. This can be visualized by the following drawing, which illustrates schematically how a succinct message, concerning the effect upon a single Target (T) of five Agents (A^1 , A^2 , A^3 , A^4 , and A^5) in four combinations, is then transcribed onto four Subject Cards and re-arranged according to a definite Order of Precedence.

$$T \leftarrow \left\{ \begin{array}{l} A^1 + A^5 \\ A^1 + A^3 \\ A^2 \\ A^5 \end{array} \right\} + A^4$$



Proper classification in width is assured by the left-to-right-precedence principle, according to which the letters are arranged within each symbol, and the parts within each compound symbol. This is not illustrated by our schematic drawing, in which each symbol is represented by a single letter, but we can see how the Agents are arranged, after the Target, according to their left-to-right-precedence order (indicated by exponential numbers). The actual Order of Precedence in our System is given in tabular form on p.39.

Classification in depth follows the same Order of Precedence. The entire subject matter of medicine is successively subdivided into Parts, Sections, Subsections, and Divisions (SSSD). Parts (e.g., Hypophysis), Sections (e.g., Hypophyseal Hormones in various tissues), and Subsections (e.g., ACTH in various tissues) are so extensive that they serve only for general orientation. It will be obvious to the Filing Clerk, without further explanation, which card fits into which among any of these main portions of the File (see p. 28). On the other hand, the SSSD, the ultimate category in the procedure of filing dynamic observations in depth, does require special comment. The SSSD may be smaller than, or identical with, a Subsection (see Order of Precedence) but, in any event, it is that elementary portion of the file within which the Subject Cards are arranged only according to the Precedence Order of the Agents. Only static observations are catalogued differently.

They are filed at the head of each compartment, according to the special order prescribed for them in the Appendices to the Order of Precedence.

The formation of such SSS Divisions is extremely important for the logical construction of a file, because it helps to bring cognate things together. For instance, all the female accessory sex organs (♀-Acc) form a single Target SSSD. Consequently, information concerning the effects of all Agents on the uterus, the vagina, or the mammary gland, will be filed conjointly in the SSSD ♀-Acc , according to the Order of Precedence of the Agents listed on the right of the arrow, e.g.:

- | | |
|-----------------------|-------------------|
| (1) U ← EDIOL | (5) V ← PROG + TX |
| (2) V ← EDIOL | (6) V ← TX |
| (3) Ma ← EDIOL + PROG | (7) U ← Tempe↑ |
| (4) Ma ← PROG | |

This arrangement is followed, merely because, in our Order of Precedence, the Agents listed here are to be arranged in the order: Estradiol (EDIOL), Progesterone (PROG), Thyroxin (TX), Heat (Tempe↑).

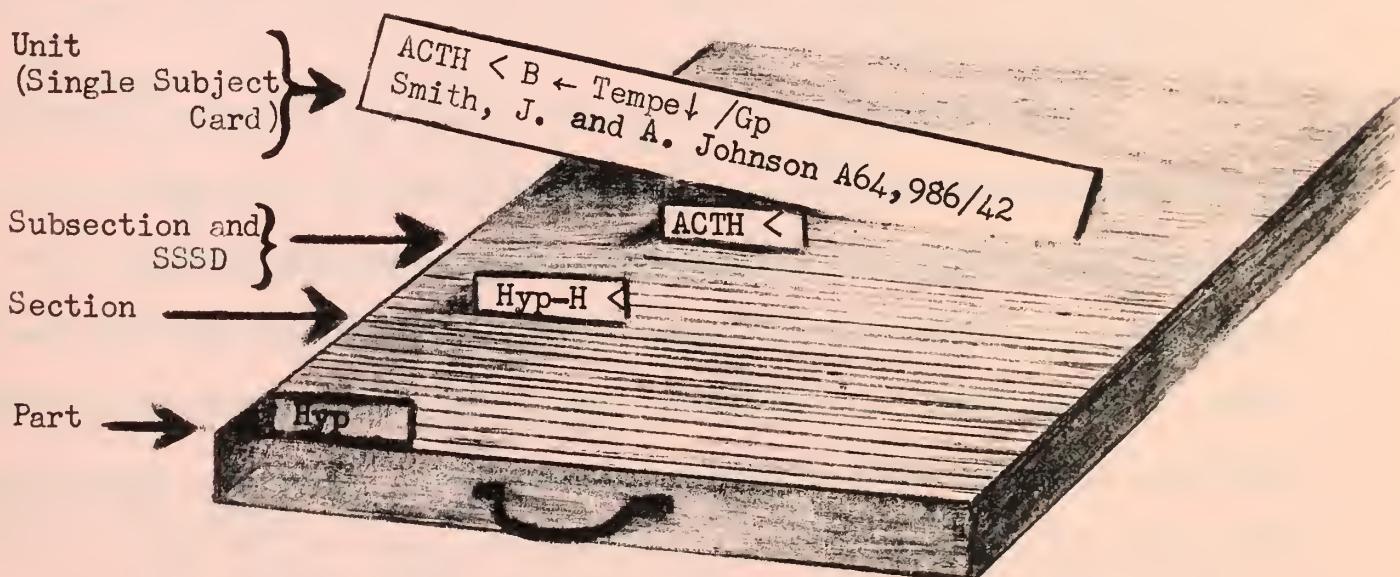
We do not classify these seven Subject Cards according to the Targets listed on the left of the arrow, thus:

- | | |
|-----------------------|--|
| (1) U ← EDIOL | |
| (7) U ← Tempe↑ | |
| (2) V ← EDIOL | |
| (5) V ← PROG + TX | |
| (6) V ← TX | |
| (3) Ma ← EDIOL + PROG | |
| (4) Ma ← PROG | |

In any category of the File, above that of the Division, we would have arranged the Subject Cards according to Targets, but within a Division this is not done, because in practice, it is more important to find Cards 1, 2 and 3 together, as they deal with the effects of estradiol upon three accessory sex organs, rather than to find all the information concerning one particular sex organ in a given part of the File. The reason for this is that,

under most experimental circumstances, the various accessory sex organs of the female respond in a parallel manner; it is often a matter of pure coincidence, for example, whether an author uses the uterus or the vagina as an indicator of estrus. The general principle which guided us in forming Divisions was the placing together of those Targets which tend to undergo changes simultaneously, e.g., the blood-sugar and glycosuria, or the skin and its appendages (hair, nails, plumage, scales and cutaneous glands).

For the simplification of the actual filing procedure, all the categories are indicated in our File by tabs. For example, as illustrated in the next drawing, we file a paper on the ACTH-content of the blood in guinea pigs exposed to cold into the Part "Hypophysis," Section "Hypophyseal Hormones in various tissues," Subsection (which, in this case, is also the SSSD) "ACTH in various tissues," as follows:



Codifiers' time-saving devices.— The object lesson on p.26 showed that it takes a minimum of time to underline a few key words in the text or summary of a paper, and then to jot down the Succinct Codification for the Filing Clerks. However, this type of work can only be done by the most highly competent members of the staff and, in the case of personal files,

it will have to be undertaken by the owner himself. Therefore, this step in cataloguing must be made as simple as possible, even at the expense of increasing the subsequent work which will have to be done by the clerical staff or, in the case of a personal file, by a nurse or secretary. Therefore, the technique of this simplification deserves special comment.

Our examples have shown that, in the case of dynamic entries (those with horizontal arrows), the number of Unit Cards is the product of the number of Targets and the number of Agents in any Succinct Codification. This means that, for instance, on the sample Abstract Card (p. 24), the symbol Vs(Ca), for the blood-vessel calcification, need be written out but once, although it will have to be typed out on three Subject Cards. Only static information (of necessity one line for one topic), cannot be further simplified. Of course, the actual reference to the Authors and the Accession Number, which must appear on every Subject Card, need never be written out by the Codifier himself.

The reader may feel that these points are belabored unnecessarily, but the successful application of the SSS to practical problems, which arise in libraries, laboratories and doctors' offices, depends primarily upon the simplification of the succinct coded message. This codification is the work which, in most cases, will have to be done by the busy investigator or the physician himself. It is of paramount importance, therefore, that he should know about all the devices which have been developed to facilitate Succinct Codification, and that his assistant should fully understand how to analyze and transcribe these brief messages. Static observations, which are comparatively simple anyway, and are transcribed as such, rarely cause any difficulty. But let us reconsider more carefully the Succinct Codification of dynamic observations.

The Target may be simple (Hyp) or compound (ACTH<Hyp), but it is a basic principle of the SSS that each Subject Card deals with only one Target, irrespective of how the Succinct Codification is written. The Agent may also be simple (TX), or as complex as the placement of a "figure of 8 ligature" on the kidney for the production of experimental renal hypertension (R8), but, in addition to this, several Targets may have to be enumerated (in their proper Order of Precedence) on a single line of the Subject Card.

To illustrate the way in which this is done, let us take a few examples and show, on the left side of the page, how they are codified and, on the right side, how the Codification is broken down on individual Subject Cards.

(A) Single simple Target influenced by single simple Agent. A paper by J. Johnson and C. O'Neill (published in 1956 and given the Accession No. C82,776) deals with the morphologic changes produced in the pituitary of rats by treatment with thyroxin.

Hyp ← TX / Rat Hyp ← TX / Rat
Johnson, J. and C. O'Neill C82,776/56.

(B) Single compound Target influenced by single simple Agent. F. Brown (1956, Accession No. C83,885) deals with the influence of thyroxin upon the ACTH-content of the pituitary.

ACTH < Hyp ← TX/Rat ACTH < Hyp ← TX / Rat
Brown, F. C83,885/56.

(C) Several simple Targets influenced by single simple Agent. F. Smith (1950, Accession No. B21,074) describes the effect of ACTH upon the basal metabolic rate, the erythrocyte sedimentation rate and the body temperature in healthy human beings.

BMR }
ESR }
Tempi } ← ACTH / Man

BMR ← ACTH / Man
Smith, F. B21,074/50.

ESR ← ACTH / Man
Smith, F. B21,074/50.

Tempi ← ACTH / Man
Smith, F. B21,074/50.

(D) Single_simple Target_influenced by_several_simple Agents.

Bertram Scott (1949, Accession No. A23,624) describes ovarian changes induced in guinea pigs by treatment with corticotrophin, somatotrophin, thyrotrophin and a gonadotrophin mixture, which contains both follicle-stimulating hormone and luteinizing hormone. All these observations are contained in a single article, but we are not dealing with a compound treatment, because the effects of each hormone preparation were examined on separate groups of animals. It would seem that a very extensive description of the paper (at least as much as we have just said about it) would need to be written out by the Codifier, to permit the filing of all this information by an assistant who has no technical training in medicine. Actually, to permit proper classification, the scientist would only have to write a very brief coded message, as follows:

Ov ← { ACTH
 STH
 TTH
 GTH(FSH+LH) } / Gp

Ov ← ACTH / Gp
Scott, B. A23,624/49.

Ov ← STH / Gp
Scott, B. A23,624/49.

Ov ← TTH / Gp
Scott, B. A23,624/49.

Ov ← GTH (FSH + LH) / Gp
Scott, B. A23,624/49.

Incidentally, the example of GTH shows how explanatory remarks can be given in parentheses after the symbol of an Agent (or Target), without changing the Order of Precedence.

(E) Several Targets affected by several Agents. Often, the same paper deals with observations on several Targets, as affected by several Agents. Charles Stewart (1951, Accession No. B96,205) describes changes in the adrenals and in the thyroid of guinea pigs exposed either to heat or to anoxia. Here, the simple Concise Codification must be broken down into four Subject Cards, as follows:

Adr } ← { Temp ↑ /
Tr } ← { O ↓ / Gp

Adr ← Temp ↑ /Gp
Stewart, C. B96,205/51.

Adr ← O ↓ /Gp
Stewart, C. B96,205/51.

Tr ← Temp ↑ /Gp
Stewart, C. B96,205/51.

Tr ← O ↓ /Gp
Stewart, C. B96,205/51.

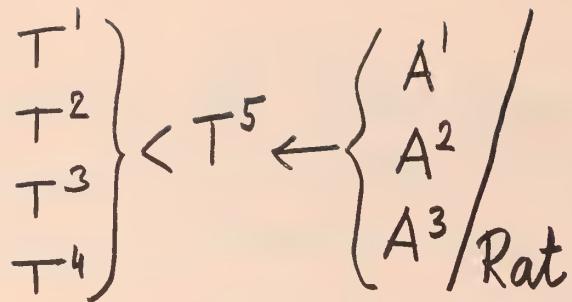
(F) Compound Target influenced by several Agents. A. Klein (1951, Accession No. B97,824) observed the effect of simultaneous treatment with adrenaline and cortisone, upon the blood-sugar of adrenalectomized mice. Although there are several Agents, the Succinct Codification will not be broken down into several cards because, in the SSS, Agents are merely arranged from left to right, according to their position in the Order of Precedence.

Glu < B ← Adr-X + A + CON /
Mouse

Glu < B ← Adr-X + A + CON /Mouse
Klein, A. B97,824/51.

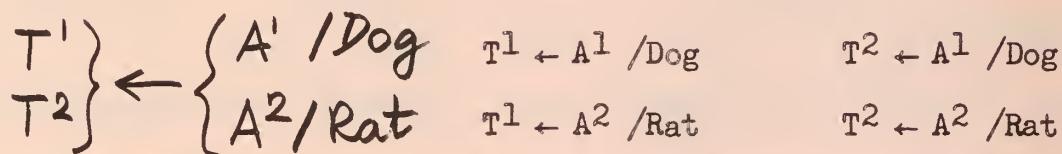
Finally, to conclude this discussion on devices which simplify the work of the Codifier, let us say a few words about signs which save time in Codification. For simplicity's sake, we shall illustrate these by using a few examples in which T will be the symbol for the Targets and A for the Agents.

Assume that the T¹, T², T³, and T⁴ (these could be chemical substances) content of T⁵ was examined after treatment with Agents A₁, A₂, and A₃ in the rat.

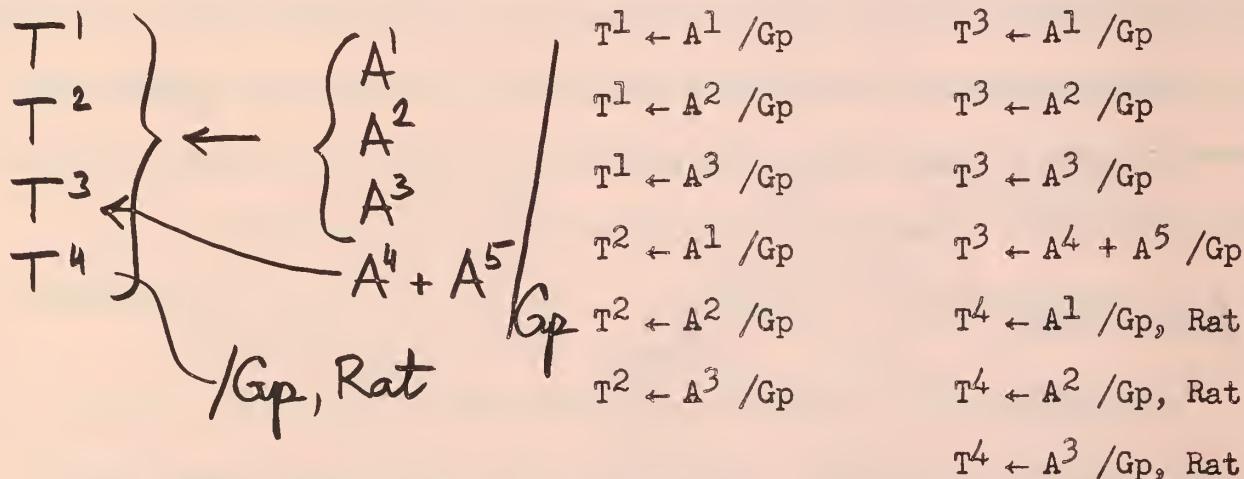


$T^1 < T^5 \leftarrow A^1 / Rat$	$T^3 < T^5 \leftarrow A^1 / Rat$
$T^1 < T^5 \leftarrow A^2 / Rat$	$T^3 < T^5 \leftarrow A^2 / Rat$
$T^1 < T^5 \leftarrow A^3 / Rat$	$T^3 < T^5 \leftarrow A^3 / Rat$
$T^2 < T^5 \leftarrow A^1 / Rat$	$T^4 < T^5 \leftarrow A^1 / Rat$
$T^2 < T^5 \leftarrow A^2 / Rat$	$T^4 < T^5 \leftarrow A^2 / Rat$
$T^2 < T^5 \leftarrow A^3 / Rat$	$T^4 < T^5 \leftarrow A^3 / Rat$

In the next example, the effect upon T^1 and T^2 of A^1 was examined in the dog, and of A^2 in the rat.

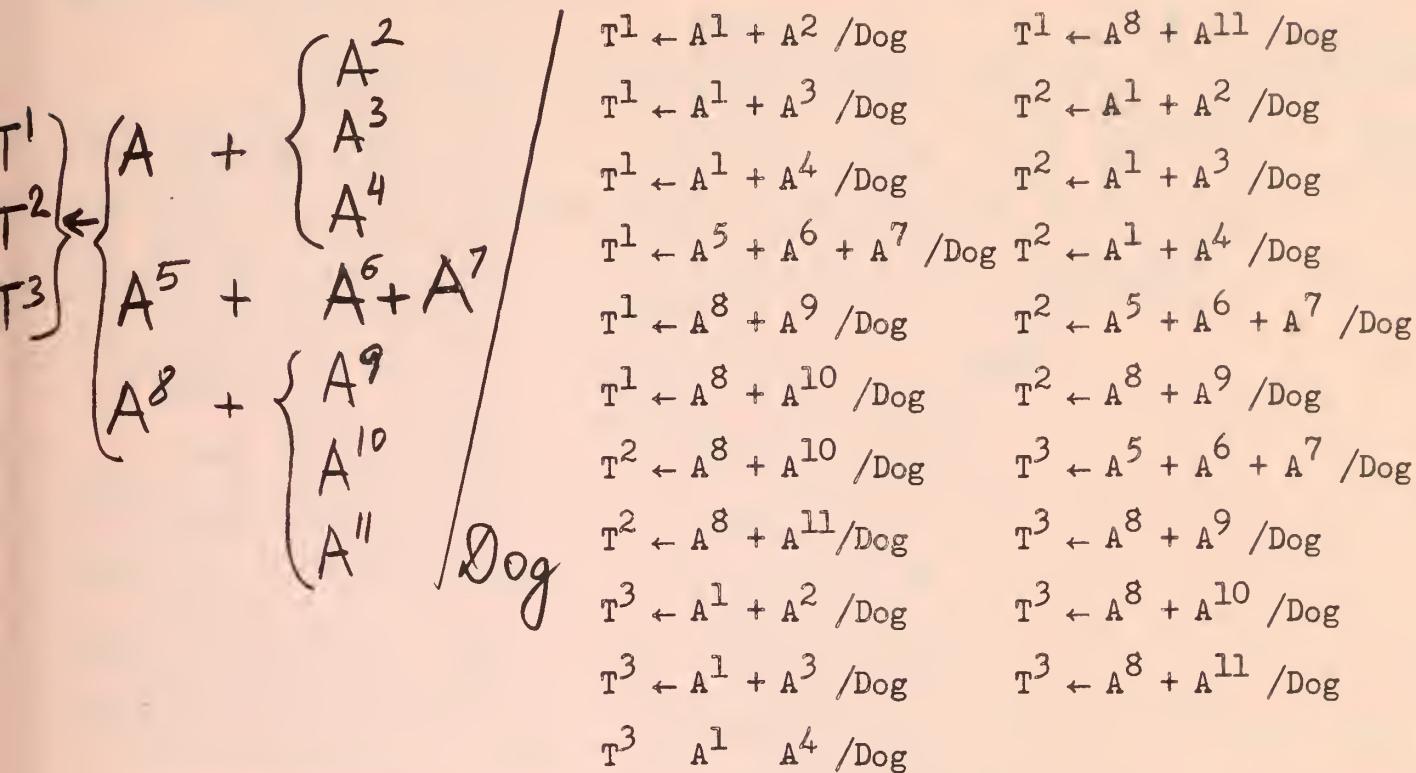


Assume that a paper describes the effect of A^1 , A^2 and A^3 upon T^1 , T^2 , T^3 and T^4 , and the effect of conjoint treatment with A^4 and A^5 on T^3 alone, all investigations being performed in the guinea pig. In addition, assume that the effect of A^1 , A^2 and A^3 upon T^4 was studied in the rat as well as in the guinea pig. All this complex information can be handled simply, thus:

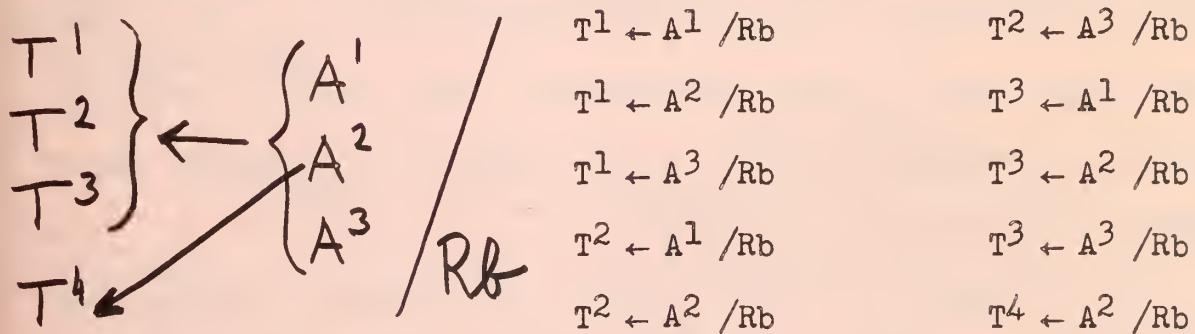


The device of the braces is particularly time-saving when it comes to experimental arrangements in which Targets are influenced by many Agents (for example, many drugs) given in multiple combinations. For instance, if, in dogs, the effect upon T^1 , T^2 and T^3 of A^1 , A^5 , and A^8 was examined, but A^1 was given in combination with either A^2 or A^3 or A^4 , while A^5 was given simultaneously with

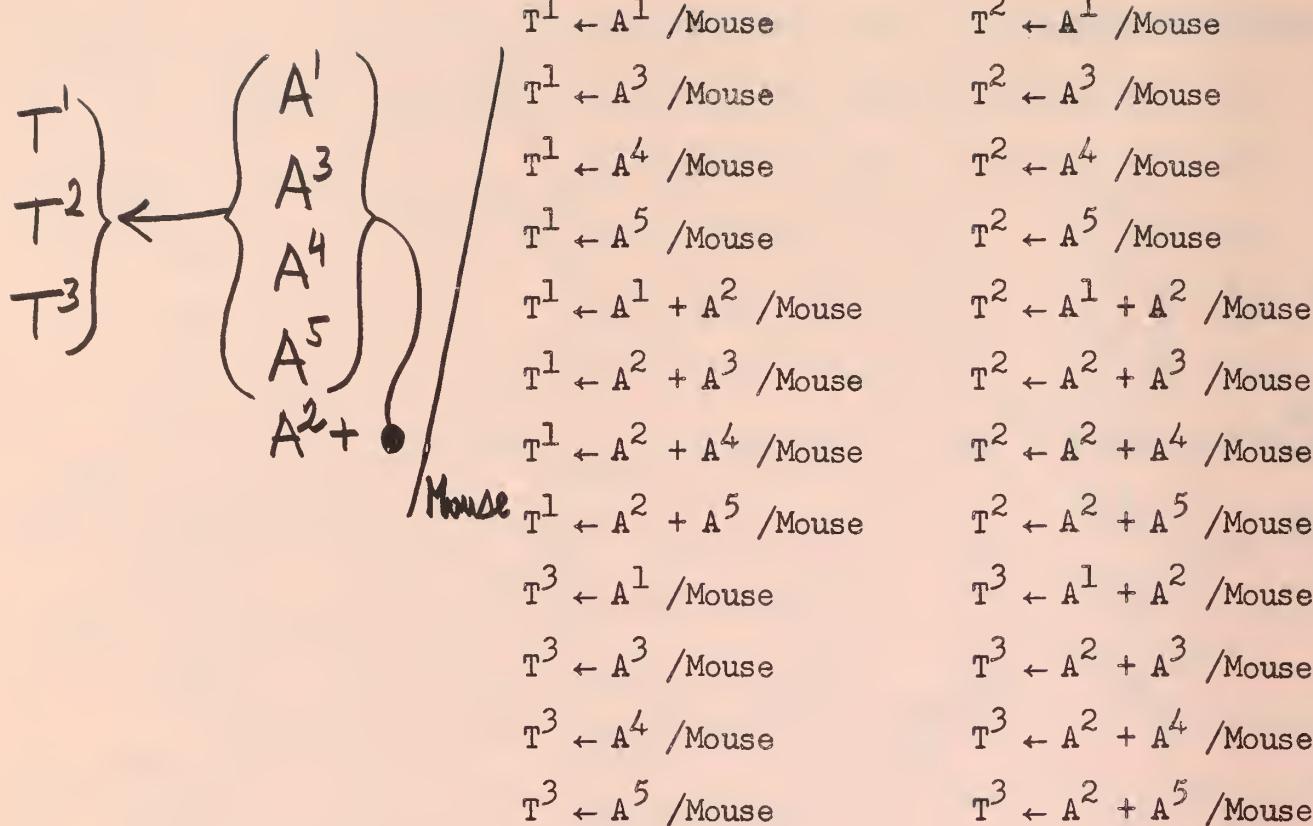
A^6 and A^7 , and finally, A^8 was given concurrently with either A^9 , or A^{10} , or A^{11} , the braces can save the Codifier a great deal of time.



Now, let us take the case of a complex experimental arrangement, in which the effect, in rabbits, of A^1 , A^2 and A^3 upon T^1 , T^2 and T^3 was explored, but changes in T^4 were observed only following treatment with A^2 .



Often, an investigator first examines the effect of a great many Agents upon several Targets, and then he explores the effect upon these same Targets of the same Agents but, this time, in combination with other Agents. This may necessitate a very large number of individual Subject Cards, because numerous individual observations have been made, but, in codifying these, a self-explanatory sign is time saving.



In this case, the Codifier must only attach to a brace the symbol for A^2 , followed by the line which ends in a dot, to give the Filing Clerk precise instructions for the preparation of all the Subject Cards listed in the right-hand column. To appreciate the enormous amount of time saved in this way, the reader must bear in mind that, on the actual Subject Cards, the T and A symbols will correspond to the usually longer SSS signs and that, in each case, the publication must be separately identified by the names of the Authors, the Accession Number and the year of publication.

It will be remembered that the Agents are numbered according to their position in the Order of Precedence. Hence, strictly speaking, the above Succinct Codification is incorrect, because the drawing indicates A^2 as preceding all other Agents in the second half of the annotation, while actually, it should follow A^1 but precede A^3 , A^4 and A^5 . However, practice has shown that this causes no difficulty to the average Filing Clerk, who becomes quite familiar with the Order of Precedence, and can rearrange the Agents accordingly.

This makes it unnecessary for the Codifier to waste his valuable time worrying about such technical details.

Codification of particularly complex subjects.— The SSS technique is singularly adaptable to the concise expression of the most complex subjects. Perusal of the section SYMBOLS (the last yellow pages in this booklet) will help to show how this is done in general, but it may be worthwhile to present a few instructive specific examples here.

(1) Parenthetic remarks. If a detail, which usually does not need to be mentioned, deserves to be codified in a particular case, it can be added as a parenthetic remark. For instance, we usually do not codify the length of treatment, but if a paper deals particularly with the effect of very chronic ACTH administration upon the adrenals, it would be coded:

Adr \leftarrow ACTH (Chronic)

Or, if a paper deals with the problem of metacorticoid hypertension, and describes changes in blood-pressure observed after the interruption of temporary DOC treatment, the withdrawal sign (-) is added after the name of the Agent, thus :

BP \leftarrow DOC (-)

Parentheses are also employed to describe histologic constituents in a Target. For instance, a study concerned particularly with intracellular lipid granules in the adrenals, would be codified:

Adr (Lip)

This helps to identify histologic and histochemical studies. The determination of adrenal lipids with purely chemical techniques would be codified:

Adr > Lip

Should a gland contain chemicals other than hormones, the gland is on the left and the chemical is on the right side of the < sign, e.g., Adr > Vit-A when both the container and the content are non-endocrine, the order is reversed, e.g., Gp < Hep. If the content is a hormone it stands invariably on the left side, even if it is determined in an endocrine gland: TX < Tr.

If the symbol of the Target (in this case Adr) alone is given, without any specification, it means that only changes in weight or general morphologic structure have been observed.

Any other detail which the Codifier finds difficult to translate into Code — either because of his lack of familiarity with the SSS, or because of imperfections in the system itself — can thus be appended as a parenthetic remark after the appropriate symbol. This procedure assures that the remark will, at least, appear in its proper position, according to the Order of Precedence.

(2) Identification of reactions in comparatively independent units within the organism. It often happens that the effect upon a Target of a locally applied Agent is influenced by a systemically applied second Agent. Here, it is not the Target structure itself, but its response to the topical Agent, which is the actual Target. For example, in the so-called Topical Irritation Arthritis, an irritating substance, such as formalin, is applied to the articulation; this causes a local inflammation which, in its turn, may be inhibited by systemic treatment with ACTH. This would be coded:

'(Art ← Fo)' ← ACTH

(3) Identification of several comparatively independent units within each other. Parentheses within parentheses are used only in exceptional cases, when there are three, or more, relatively independent experimental fields within each other. For example, when the ACTH-content of the

pituitary of pregnant rats is assayed by implanting these pituitaries near the surface of the adrenals of hypophysectomized rats, we write:

"(Adr \leftarrow '(Hyp \leftarrow Pre)')" \leftarrow Hyp-X /Rat

This denotes that '(the hypophysis influenced by pregnancy)' is a separate experimental unit which has been made to act within the field of "(the adrenal)", and that this double system was, in turn, influenced by hypophysectomy, which affected the whole rat.

It is evident that, no matter how many fields of experimentation come to be situated within each other, this can always be unmistakably coded by the use of successive sets of numbered parentheses.

(4) In_vitro_observations. Double parentheses are used to enclose the symbols of in_vitro experiments. For instance, the effect of ACTH upon cortisol formation in adrenal slices would be codified:

((COL \leftarrow Adr \leftarrow ACTH))

while the effect of ACTH on blood perfused through the adrenals in_vitro is codified:

((COL \leftarrow B-Perf \leftarrow Adr \leftarrow ACTH))

(5) Crossed-circulation experiments. When two or more animals (or parts of animals) are connected through their blood-vessels, the sign for blood-perfusion (B-Perf) is followed by a number to identify the individuals within the arrangement. Hence, the adrenaline content of the adrenal blood in one dog, as influenced by nervous interventions on an adrenalectomized partner in crossed-circulation, would be written:

'(A \leftarrow B \leftarrow Adr/B-Perf-I-Dog)' \leftarrow '(Adr-X + Nr-Le/B-Perf-II-Dog)'

Here, the B-Perf-I-Dog is the blood-receiver and the B-Perf-II-Dog the donor.

(6) Experiments with nephrotoxic antibodies. Usually, nephro-toxic sera are merely designated by the symbol M-R-To, a combination of the symbols for blood, renal, and toxin. However, when the method of preparing

the serum is of importance in itself, it can also readily be indicated. Let us say, for example, that renal substance of a duck was injected into a rabbit in which it led to the formation of a serum, and that this serum, when injected into rats, produced renal changes in the latter. Then we would write:

$$R \leftarrow '(B/Rb \leftarrow R/Duck)' /Rat$$

And, if we wanted to speak about the effect of ACTH upon the renal changes thus produced, it would be quite simple to denote this by merely adding ACTH to the coded expression:

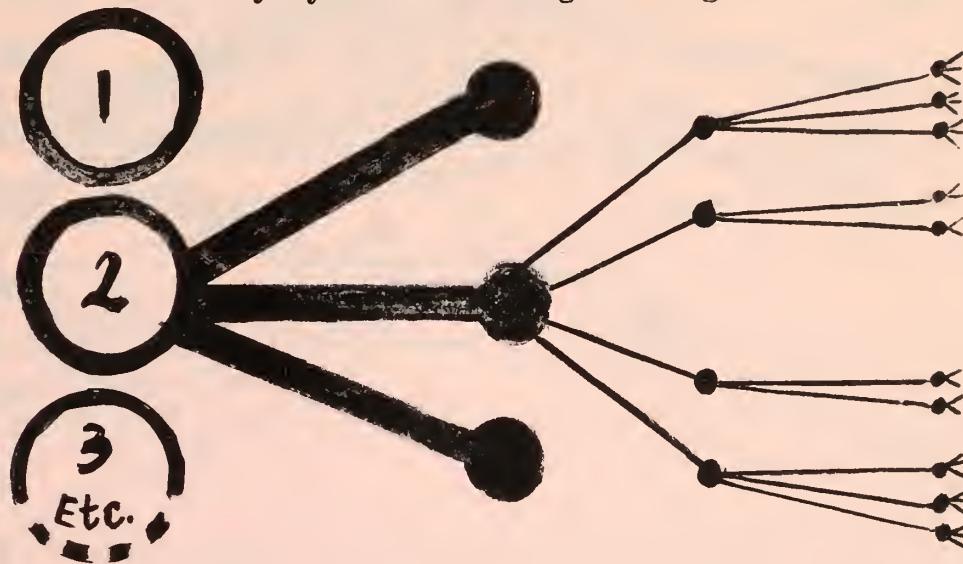
$$R \leftarrow ACTH +'(B/Rb \leftarrow R/Duck)' /Rat$$

These few examples will suffice to show that, in SSS terms, experimental arrangements of extraordinary complexity can readily be coded in simple, one-line statements. Many additional instances could be given to demonstrate that any medical subject, no matter how complex, can be thus coded, even without any special training, after merely becoming familiar with the relevant SSS symbols. It is particularly encouraging to note that, since the meaning of the symbols and signs is rather self-explanatory, physicians looking at the coded expressions usually interpret them correctly, even without any previous lessons in SSS.

Filing According to the Principle of "Revolving Arborization"

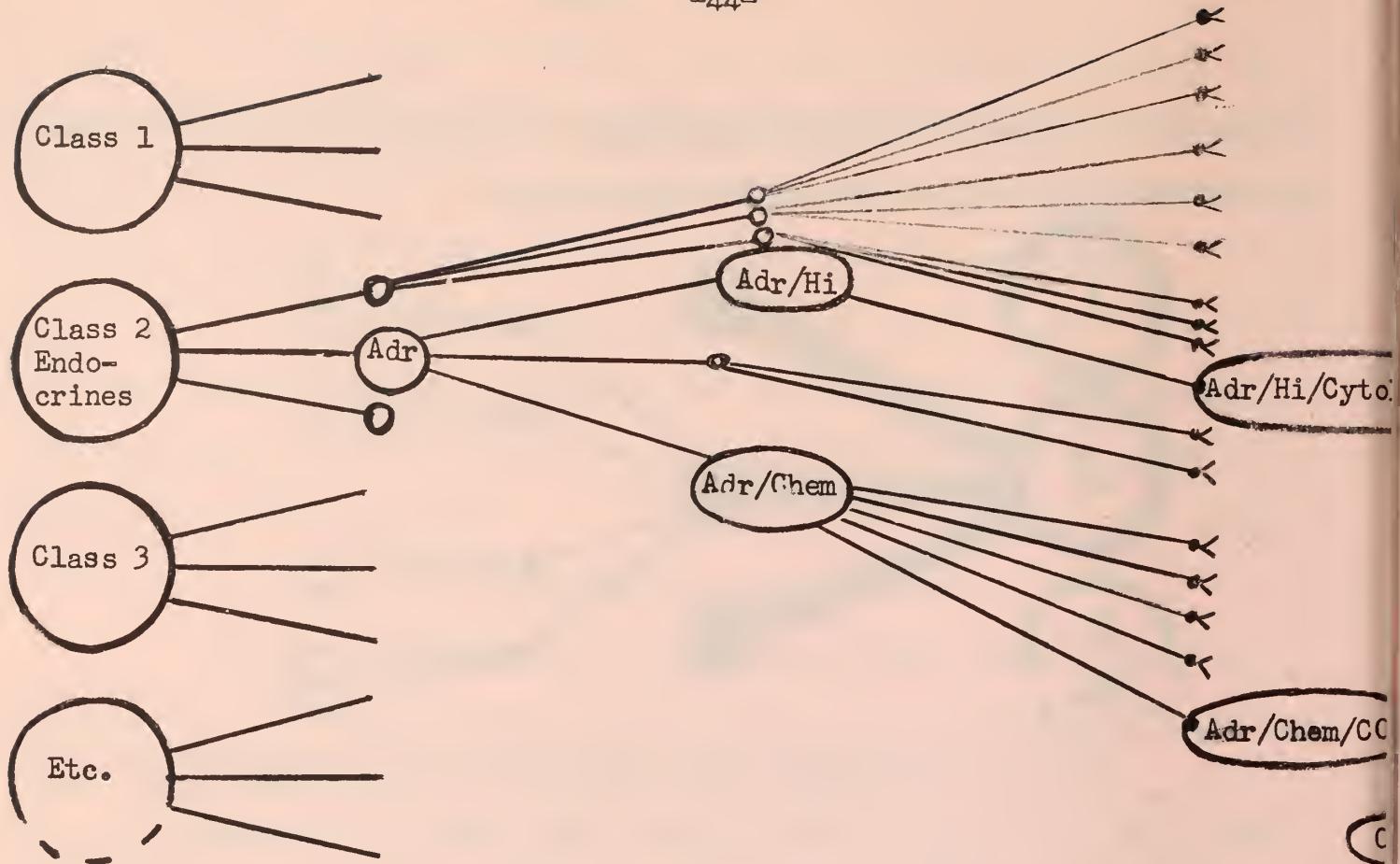
All that is required for the registration of purely descriptive, static material is the successive subdivision of the main Classes into increasingly finer units. In practical terms, this means, for instance, that Subject Cards which represent publications dealing with the endocrine glands in general are in the front of the index drawers concerned with Endocrinology. Then follow cards concerning one gland in particular (say, the adrenal), until, for instance, in the Morphology Section, we get to some fine, cytologic detail in the glomerulosa cells or, in the Chemistry Section, to characteristics of an individual hormone, such as cortisol. This means merely filing according

to the usual scheme of simple arborization, into successively finer branches, as shown schematically by the following drawing:

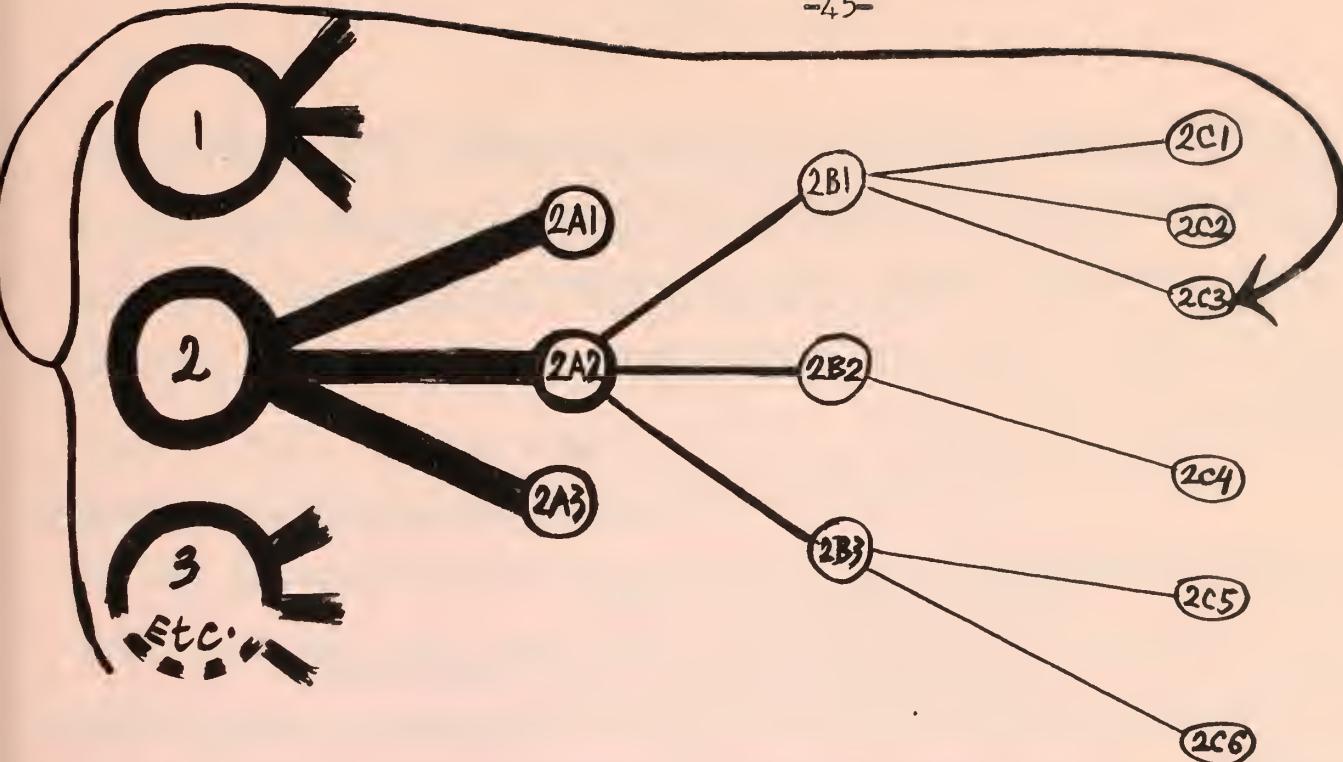


Here, the subdivision into successively finer categories is shown on the circle representing the main Class (No. 2). Although not indicated in the drawing, Classes 1, 3, and so forth, are also similarly subdivided, but the arborization remains simple, in the sense that the classification need never revert back, towards the left, to a larger category.

The following drawing illustrates this principle with an example taken from Class 2. From Endocrinology we go to the description of the Adrenal in particular, from there to the description of Adrenal Histology in general, and hence to specific histologic details, such as Cytology, in particular. From Adrenal, we may also progress, along another branch, to Adrenal Chemistry in general, and hence to the Chemistry of Cortisol, or the determination of Cortisol in the Urine, in particular.



Apart from these static entries, the necessity to register what we have called dynamic observations makes our problem much more complex; these are the changes produced in a biologic Target by an Agent. This kind of material cannot be catalogued with the ordinary system of arborization. To register interactions, we must constantly revert to our basic 20 main classes, because, at any point of the tree, a Target (e.g., the whole endocrine system, the adrenal gland in particular, or the concentration of cortisol in the urine) may be affected by Agents belonging to any of the original main classes. This requires the kind of indexing which is based on the principle of "revolving arborization," as illustrated in the next drawing:



Here, again, we see four initial points, which represent our main Classes 1, 2, 3, etc. As in the previous drawings, there is simple arborization from left to right along the straight lines. Thus progressing from larger to smaller units, we can proceed from Class 2 to Part 2A2, hence to Section 2B1, and then to Division 2C3. However, after merely describing the static material at each of these points, we have to revert to the original classes, if we are to describe dynamic observations affecting the point in question. This is necessary, because Agents which act upon any point on the tree may come from any point of the whole system. The curved arrow on this drawing symbolizes this. It implies that Point 2C3 may be the Target of a stimulus belonging to any of the categories on the arborization of any main Class.

Yet, once the whole subject matter is systematically arranged according to our Order of Precedence, this does not interfere with the process of cataloguing. After describing a Target situated at any point in the system, the Agents which act upon this point are listed strictly according to their position, going through all the subdivisions of main Class 1, then 2, then 3, etc. In terms of the preceding drawing, this means that, at Point 2C3, you

first describe the static material concerning the subject (for instance, if it is an endocrine gland, its morphology and chemical composition, if it is a disease, its normal course); then you return to the right upper corner, starting with Class 1 and all its subdivisions, continuing to Class 2 and all its ramifications, and so forth.

After these preliminary explanations, we may now turn our attention to the Order of Precedence itself. It will be noted that, depending upon the minuteness of subdivision required for our particular work, some of the main Classes have been much more carefully subdivided than others. However, within each Class, we distinguish Parts, Sections, Subsections, and Divisions (SSSD). The latter are the most important to the Filing Clerk because, as we have said before, the SSSD represents the basic element of the File. Here only are the cards which deal with dynamic subjects (those with horizontal arrows) entered, irrespective of the Target, solely according to the Order of Precedence of the Agent(s). For instance, cards concerning the effects of any Agent upon any part of the Nervous System (Class 1), are to be listed conjointly in SSSD: Nr; although, within this category, different Targets can readily be identified by their names or symbols. Thus, all cards concerning the production of histologic changes in the cerebrum, the cerebellum and the spinal cord by DOC, will be filed together in SSSD: Nr, but since these Targets are designated as Cer, Cerbl, and Spic, respectively, it is quite easy to sort out information within this SSSD. Such an arrangement of data has the advantage that it brings all the effects of DOC intoxication upon the Nervous System together.

The situation is quite different when it comes to static Targets (those without horizontal arrows). Here, progressive subdivision into finer elements can proceed indefinitely, for example, in any of the morphologic sections, from the coarsest anatomic structure to the finest cytologic detail.

The same holds good for the other static compartments (Chemistry, Physiology, Pharmacology, Pathologic anatomy, and certain Clinical aspects of disease). Here, there is no need for a revolving arborization, and the filing procedure within any one of these static categories is so stereotyped that it was possible to outline the basic pattern of it in a standardized form. (See Appendices to the Order of Precedence.)

Order of Precedence Tables

Application of the revolving arborization.— The principles of the revolving arborization are applicable only in the first 19 Classes of the following Tables. Class 20 consists of paramedical subjects, which are merely listed in alphabetic order.

As we have explained before, the static material in the first 19 Classes is arranged in the filing cabinets in the same order as it is listed in the Tables. Immediately after the description of each subject follow the changes (both morphologic and functional) which can be induced in it by various Agents. In the listing of such dynamic observations, the subject matter of the Tables reappears again in the same order (going from Class 1, and all its ramifications, to Class 2, and all its ramifications, all the way to Class 19). Consequently, the Order of Precedence determines the sequence, not only of the Targets, but also of the Agents.

This dual consideration of the subjects, first as Targets and then as Agents, occurs in each SSSD. However, as we saw, sometimes, several related subjects are treated as a single Target, for the purpose of cataloguing the effects of Agents upon them. In applying this principle to Class 1 for example, first, all parts of the nervous system are described (Section: Normal Morphology) and basic functional reaction patterns are enumerated (Section: General Physiology) in a certain sequence; then, the entire nervous

system is considered as a single Target for the registration of changes produced in it by Agents. Yet, the individual parts, e.g., cerebrum (Cer), pons, hypothalamus (Hypt), tuber cinereum (Tuber), and even functional changes, can still be identified by their special symbols.

The following example will illustrate this:

Nr-f	←	Hyp-X
Hypt	←	ACTH
Pons	←	Adr-X
Cer	←	DOC
Hypt	←	DOC
Nr-f	←	DOC
Nr-f	←	IN
Cer-f	←	TX

Here, five Targets (all within the SSSD: Nr), are specifically identified by the symbols to the left of the arrows, but the sequence according to which they are listed is determined solely by the position of the Agents in the Order of Precedence Tables; the arrangement is quite independent of the Target symbols themselves. Thereby, all three types of observations concerning the effects of DOC are conveniently brought together.

To make this arrangement more obvious, the exact position at which this type of conjoint classification (according to Agents) should occur, is specifically indicated in the Tables, by arrows (Target ← Var), after the enumeration of the various constituents of a complex Target group. For example, in Class 2, Part HYPOPHYSIS, the sign: Hyp ← Var indicates the position in which observations concerning the effects of various Agents upon any part of the hypophysis should be catalogued. Of course, with simple Targets, this problem of the conjoint discussion of Parts does not arise. Here the Symbol is the same as the SSSD. Hence, if the Target is simple, the effects of Agents upon it are listed immediately following the static description of the material which is designated by the same Symbol. For example, in the

same Part, HYPOPHYSIS, any observation concerning the ACTH content of any tissue is listed according to the Agents, in the SSSD: ACTH, while observations on the gonadotrophic hormone content (irrespective of whether FSH, LH, LTH or mixtures of these have been determined) are listed in the SSSD: GTH. The symbols are listed separately in the Tables, only if they are not identical with the SSSD. There are cases when a remarkable, and for us especially important, item would be lost, because of the strict Order of Precedence. For instance, the influence of histamine plus adrenaline on hypoxic rat hearts ($Cr \leftarrow Hn + A + \underline{Qf}/Rat$). Since histamine belongs to Class 1 and adrenaline belongs to Class 2, this data will not be retrievable under the heading of adrenaline. In such cases the use of a double entry is the only possible solution. Thus, we make a second line, disregarding the presence of the Agent possessing the higher priority: $Cr \leftarrow A + \underline{Qf}/Rat$. This is the only instance when the same item appears in two different parts of the file and it is done in this way in order to avoid any inconsistency in the Order of Precedence.

Diseases.— Predominantly local manifestations of diseases and syndromes are listed under the principally affected organ. For instance, nephritis under RENAL SYSTEM (Class 5). But maladies which do not affect any organ in particular are catalogued in the Classes which deal with Diffuse Systems and general reactions (Classes 11-16). The following examples are catalogued in this manner: generalized infections (Class 14), diseases of metabolism (Class 17), immunologic derangements (Class 18), and diseases due to genetic factors, age, season, climate and other environmental conditions (Class 19). This degree of systematization is possible, because Classes 1-16 are reserved for primarily morphologic, Classes 17-19 for predominantly physical and chemical manifestations of normal or abnormal life.

The purely static description of morbid lesions is catalogued in the Sections on Pathologic Anatomy. In the following Tables, the Sections labelled: Diseases are reserved for the clinical aspects (clinical course, diagnosis, prognosis, treatment and so forth) as outlined in Appendix 8. Like most of the Targets listed in the Tables, the disease condition itself can be a Target (when it is acted upon) or an Agent (when it acts upon some other Target).

The principal static, descriptive sections.— As we have seen, much of the purely static material can be catalogued according to a simple progressive arborization, which for the same subject remains essentially the same in all Classes. For this type of material, the Order of Precedence is not repetitiously described in every Table, but is given in separate Appendices (after Class 20).

In this connection, it should be pointed out however, that:

1. Morphology (Anat, Hi, Emb) (App.3) deals with descriptions of any normal item. If the target is subjected to any treatment or intervention, it is codified in the corresponding dynamic section.
2. The section on Chemistry (App.4) deals only with the chemical composition of endocrine glands (excluding their hormone content). The chemical composition of other Targets is described under METABOLISM (Class 17).
3. The Section on Physiology (App. 5) is also primarily meant for data which concern the physiology of endocrine glands. In Classes dealing with nonendocrine Targets, or with organs which exert both endocrine and nonendocrine functions, the skeleton for the cataloguing of physiologic data differs from case to case, and is therefore given separately on each of the Tables.
4. The Section on Pharmacology (App. 6) deals with the pharmacologic properties of organ extracts and hormones. Therefore, reference to a Pharmacology Appendix is made only in connection with organs from which active extracts can be obtained. The pharmacologic properties of chemicals (enumerated in the order given in Class 17 for metabolites, dietary components and drugs) will suffice as a guide for the registration of all other relevant data.

5. The Clinical section (App.8) is used only for generalities concerning pathology, symptomatology and treatment of diseases. Publications dealing with special maladies are filed into the adequate disease-section of the specific organ.

IMMEDIATE APPLICATIONS AND FUTURE POSSIBILITIES OF THE SSS

Immediate Applications

The SSS is not meant only for large-scale library work; it is a system applicable to any problem of medical documentation.

The busy physician or investigator can ill-afford to spend much time in preparing an index to the literature which is of special interest to him; nor can he relegate this task to others, since his own point of view in selecting desirable information is necessarily personal. The only solution is to develop a system which reduces the specialist's participation in this work to a minimum and yet supplies him with an efficient tool of documentation. This is precisely what the SSS attempts to achieve. By substituting truly mnemonic symbols for the usual arbitrary combinations of numbers and letters, the SSS supplies a Code which is easy to remember and, yet, just as free of synonyms, just as internationally understandable and just as rigidly adapted to a definite Precedence Order for cataloguing as are the current, non-mnemonic, library systems.

It has been our experience that a Filing Clerk or typist, reasonably familiar with the most common technical terms of medicine, automatically memorizes this Code (including the general principles of the Order of Precedence) after working with it for about two months. Later she will still have to consult the Order of Precedence Tables occasionally for fine points, but this does not entail much loss of time. Even a completely uninitiated person can sort out the Subject Cards into the twenty main Classes (see white pages) and then it is easy to proceed with the final classification, within each Class, with the corresponding Table in front of her as a guide. Therefore, this classification does not have to be done by the physician himself, and all he needs to remember for his Succinct Codification are the basic symbols

and the general principles of the left-to-right Order of Precedence. Once these principles become clear, it is extremely simple for anyone to translate even the most specialized and novel medical subject into Code, by making up his own compound symbols as he needs them. For example, our INDEX does not list any symbol for neuritis, but since Nr is nerve, and -itis inflammation, the SSS equivalent for neuritis is obviously Nr-itis. Once the principles of the left-to-right Order of Precedence have become clear, it is also easy to make up unmistakable code designations by using a symbol in combination with a simple word. For example, we have no symbol for the syphilis of the skin, but since Ct is skin, the term Ct-Syphilis could hardly be misunderstood. Whenever it does not seem worthwhile to make a new symbol for a subject, which has a name too long to be used as such, a simple abbreviation can also be incorporated into the SSS by using the first part of a word followed by a period (e.g., Acant. nigr. for acanthosis nigricans). These abbreviations are self-explanatory and cannot be confused with standard symbols because periods are not used in the SSS proper.

Additional mnemonic signs can also be quite easily constructed to satisfy personal requirements for even more detailed cataloguing of data than the standard SSS foresees. Here are a few examples:

↑ increase above the initial level

↓ decrease below the initial level

↑↓ increase followed by decrease

(100 g↑) augmentation by 100 g

R. acute treatment

R... chronic treatment

R-- interrupted treatment

← inhibitory action

(+) mortality

(30%+) 30% mortality

With the help of such minor adjustments, the SSS technique can be employed, not only for cataloguing of literature and personal observations on index cards, but also as a basis for taking notes. For example, assume that a lecturer wants to make certain that he will remember to present the following subjects to his audience, in the following order:

- 1) The effect of anterior lobe extracts upon the adrenals; 2) the effect of anterior lobe extracts upon the adrenals of partially nephrectomized animals; 3) the effects of somatotrophic hormone upon the adrenals; 4) the effect of somatotrophic hormone upon the adrenals of partially nephrectomized animals; 5) the effect upon the adrenals of putting a "figure of 8 ligature" upon the kidney of an experimental animal; 6) the effect of all these procedures upon the kidney (in the case of partially nephrectomized animals, upon the remaining kidney tissue); 7) the effect of all these experimental procedures upon the cardiovascular system.

It tends to disrupt the continuity of a smooth presentation if the lecturer has to read these sentences as he goes along, even if — as we have done here — only the essentials are described in his notes. On the other hand, if he has the corresponding SSS Codification before him, the individual points, and the order in which he has to describe them, can be taken in at a glance, while he is speaking;

Adr R Gr-Vs } ← { AL-E
 " " + R-Xp
 STH " + R-Xp
 R(8) " + R-Xp

The benefits of such annotations increase, of course, as the subject-matter becomes more complex and, naturally, what we have said about the lecturer holds true, to an even greater extent, for the public. It is much easier to concentrate on the subject-matter itself if we can take notes for future reference in such a shorthand, instead of having to write down everything in longhand.

Besides, few people can read much of what they had to write in their lap in a lecture room which is often almost completely dark to show projections.

In our Institute we also find the SSS most convenient for jotting down on the blackboard the main points made at staff conferences. This permits us — even during these sometimes heated debates — to formulate a clearly legible table of contents without loss of time as the discussion proceeds.

Let it be mentioned incidentally that the system was also indispensable for the compilation of several reference works, in which a total of well over 50,000 references have been individually classified (11-19), and in writing books which incorporate (without individual references to each paper) the salient facts selected from among the 350,000 entries in our Library (20-23).

Future Possibilities

The cataloguing of medical information as it stands today.— Up to the present time, large-scale cataloguing of medical data has been made possible only by limiting the recorded information to the most salient facts.

On a large scale, even this comparatively simple indexing is not an easy task. Some libraries print catalogues on this basis, but although their subject-indexes are limited to facts which happen to be mentioned in titles (a very unsatisfactory procedure), the work can rarely be carried on adequately, because of the huge masses of data which must be handled. Take the U.S. Armed Forces Medical Library (formerly the Army Medical Library). By 1947 it comprised about five million references (23), but, unfortunately, its famous "Index-Catalogue" had to cease publication. Conceived by J.S. Billings in 1865, this collection has been the backbone of medical information for all nations; however, despite the considerable facilities at its disposal, the indexing has fallen behind by over a million publications, and it was estimated that the backlog of catalogue entries awaiting publication

would amount to more than three million by 1958, exceeding the total which could have been published by then (24).

The special difficulties encountered in indexing endocrine literature have been lucidly explained with constructive suggestions designed to overcome them. It has been recommended, for instance, that no medical journal should accept an article which is not accompanied by an abstract, and that those abstracts should be sent to a central organization which would distribute them immediately to all those who subscribe to its services. In the meantime, the proponents of this scheme intended to publish a "Monthly Index to Endocrine Literature" (25), but apparently this did not materialize.

The need for international cooperation.— To our mind, the reason why we still do not have an adequate system for orientation in the medical literature is, that the superficial kind of indexing, by main subjects or titles, is grossly inadequate and a more detailed cataloguing of available information is impossible without the use of a simple international Code which fits a rigid Order of Precedence. Added to this is the singular difficulty of obtaining financial support for the organization and dissemination of knowledge. Most foundations and governmental institutions, which distribute many millions of dollars every year to subsidize medical research, are quite unwilling to spend anything to make the knowledge gained by research generally accessible. It is our impression — or at least our hope — that this attitude might change with the development of a cataloguing system which could furnish the required key to available medical information if it were adequately subsidized.

We see no reason why the SSS could not be applied to all fields of medicine with the same degree of precision with which it has been applied to endocrinology and stress-research. Of course, this would take a large centralized

bibliographic service. The manner in which international organizations could cooperate in the abstracting of biological and medical literature — for example through the UNESCO — has already been outlined by others (26).

We should imagine that our Library does not codify more than about 5% of the total medical literature which should be catalogued. But then, there are only ten of us engaged in this work (not all full time). The work entailed in classifying the entire medical literature would not be proportionally greater, because much time can be saved by large-scale operations. For example, it would not be necessary to complicate our work with the time-taking procurement of reprints and photostats. For an international service it would be worthwhile to purchase all important medical books and to subscribe to all the reputable medical journals; this would create, as a by-product of the bibliographic center, a completely indexed medical library. It would also eliminate the exacting task of selection, because every original paper would be catalogued. On the basis of our experience with the indexing of material within our own field, it is our impression that a staff of twenty, highly competent specialists (one in charge of each of the SSS Classes), and a coordinated staff of about eighty Codifiers and Filing Clerks, should be able to handle this task. It may be added that all Codifiers do not have to, in fact should not, be full-time bibliographers; a physician or laboratory worker can recognize important items in papers more readily if he practices his speciality, than if he merely catalogues it. Part time codifiers can greatly facilitate the management of a bibliographic service, and we have found that, with the aid of an adequate procedure manual, the average young intern or research associate can learn to make perfect Succinct Codifications much more easily than

satisfactory abstracts; yet all the medical abstract journals now in use are based upon such part-time work.

Of course, the expense would still be considerable, but if an international organization were to take over this bibliographic service, the net result would still undoubtedly be a great saving, not only in time, but also in money. Let us not forget that, now, this type of work is done in a completely haphazard manner in each university, hospital, laboratory, and even in the private offices of practicing physicians throughout the world. It is done by people whose main interest is the practice of medicine, clinical research or laboratory investigation, and who spend time grudgingly on scanning the literature, with amateurish techniques, for information which may be of use to them. This leads to endless duplication of effort and cannot hope to approximate the degree of perfection in coverage and precision that a central organization could achieve.

It would be most useful if an internationally recognized group of medical investigators would act as the Board of Governors of the bibliographic service. With their moral support, it may even be possible to obviate the necessity of purchasing and perusing all the original medical publications; every author could be asked to codify his own work for the international catalogue of medicine. It is not impossible that such a Board could obtain the authorization of their colleagues throughout the world, perhaps through the various Scientific Societies and International Unions, to recognize (for scientific credit or, even, wherever applicable, for patent rights) only those publications of which succinctly codified summaries are sent to the international bibliographic center, immediately upon the acceptance of the manuscript by a medical journal. This would not only obviate the work of Codification — which is the most difficult aspect of this task — but it

would permit the diffusion of information just as soon (if not sooner) than the original publication appears.

Possible adaptation of the SSS to high-speed sorting machines.

A great deal of work has been done already on the application of punched card (27-34) and of other high-speed sorting devices (35), to the cataloguing of scientific data. The purely physical aspects of cataloguing and retrieving information by means of special machinery will, no doubt, still undergo considerable improvement in the years to come. We use a simple card index because the retrieval of information is not too difficult if cards are filed according to a rigidly maintained Order of Precedence. If an international bibliographic center were to be established, simple index cards would also have the advantage of making information immediately accessible to everyone, including those who cannot afford expensive sorting machines. On a large scale, it would not be too expensive to print the cards, as soon as the master copy is ready, and ship them to subscribers, say, weekly. Upon receipt, these cards could easily be placed in their proper positions by any stenographer with the help of the Order of Precedence Tables.

Of course, as mechanical sorting machines improve in quality and become gradually less expensive, there will come a time when a bibliographic service could be made available in the form of punched cards or the like. But, far from rendering the SSS obsolete, this will only increase its scope. There are two distinct problems here: 1) to abstract the essential information from an original publication and to put it on paper in a mnemonic Code that the specialist can remember, 2) to transcribe the symbols of this Code unto punched cards or other mechanical aids which the machines can read. The SSS attempts to cope only with the first of these tasks, thereby making

the information accessible to clerks who can then transcribe it into Code signs suitable for any type of machine that we may wish to use in the future.

The mechanization of storage and retrieval of scientific information is of course, a great challenge in itself. Who knows, perhaps it will take the shape of the most imaginatively conceived, though meanwhile hypothetical, gadget, the memex. "A memex is a device in which an individual stores all his books, records, and communications, and which is mechanized so that it may be consulted with exceeding speed and flexibility. It is an enlarged intimate supplement to his memory." Although no such memex has as yet been built, Bush (36) assures us that the gadgetry necessary for its construction does now exist. Such a memex would consist of a desk with several slanting translucent screens, on which material can be projected for convenient reading. It also has a keyboard which permits any previously recorded material to be projected on the screen, and a registration mechanism, into which, photographs of new personal notes or of printed material can be inserted instantaneously by a process of dry photography. The memex is highly adapted to associative indexing, the basic idea of which is to tie items together, so that, by projecting any one of them, "trails" to cognate items may be established and re-evoked at any time.

Perhaps the mechanical memories of the future will not take this particular form, but whatever we use, punch-card systems, electronic machines, or any other physical aid to classification, the first problem is to create a simple, mnemonic language, which can easily be fed into such machines. This is what the SSS will have to do in the future but, meanwhile, it can already serve us by making information available in the form of index cards.

Our system is still imperfect. Its greatest flaw is that it merely tells us what has been examined, not what has been found. As the Directors of the most advanced system for the organization of chemical-biological data have put it, "biological responses (unlike chemical data) allow themselves to be bound into a code only with extreme reluctance, due largely to the dynamic quality of life itself" (37). But, actually, the greatest handicap to orientation in medicine is not the difficulty of obtaining any one book, journal or photostat, but the difficulty of locating in the immense ocean of medical literature, those particular references which deal with subjects of interest to us. Such papers can easily be located through the SSS catalogue and, for the exact description of the authors' findings, the interested reader must turn to the original publication in any case. Besides, as we said a few pages back, mnemonic signs and symbols can also be coined for biologic changes if, in the future, the need should be felt to extend the system in this sense.

The basic pattern of the SSS described in these pages has proved its worth, during the last twenty-five years, in cataloguing some 350,000 original articles and in helping members of our Institute to retrieve information from them. In the course of time the system has undergone only minor modifications, but additions to it are constantly being made. Perhaps better systems can be devised on an entirely different basis but, in any event, it seems to us that the time has come when we have to develop a special script for medical topics, a set of Shorthand Symbols which correspond to the structure for-mulae and equations of chemistry, the symbols of algebra and the notes of music.

In the following chapters we present the Order of Precedence tables which contain all the Classes and Subsections in our file; the Index of Symbols which helps the Filing Clerk to register each item in its proper place; and the Index which includes every medical term with its symbol used in the SSS and which facilitates the work of the Codifier.

*

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ORDER OF PRECEDENCE

TABLES

(S)

N
N

CD
Ce

H
T
I

C

M
S
H
H
H
H
H
A
S
V
G
C
C
C
S
C

H
E

H

SSSS
(Symbols)

CLASS 1

SSSD
(Divisions)

NERVOUS SYSTEM

INTERVENTIONS ON THE NERVOUS SYSTEM

see: App.2

Nr/Anat
Nr/Hi

NORMAL MORPHOLOGY.....

see: App.3

CNS
Cer

Central nervous system.....

Nr

Hypt
Tuber
Im

Cerbi

Medobl

Spic

NrP

Nr-Cran

Nr-Spic

ANS

Sy

Vag

Ggl

CNS-Cav

Cer-Cav

Cer-Aqueduct

Spic-Cav

Csf

Cerebrum.....

n

Telencephalon.....

n

Rhinencephalon

n

Corpora striata

n

Cerebral cortex

n

Pars optica hypothalami

n

Diencephalon.....

n

Epithalamus.....

n

Thalamus.....

n

Mamillary bodies

n

Hypothalamus

n

Tuber cinereum

n

Infundibulum

n

Mesencephalon.....

n

Corpora quadrigemina

n

Tegmentum.....

n

Cerebral peduncle

n

Rhombencephalon.....

n

Cerebellum.....

n

Pons.....

n

Medulla oblongata

n

Spinal cord.....

n

Nerves, peripheral

n

Nerves, cranial.....

n

Nerves, spinal.....

n

Autonomic nervous system.....

n

Sympathetic.....

n

Vagus.....

n

Ganglia, peripheral.....

n

Central nervous system cavities

n

Cerebral cavities.....

n

Cerebral aqueduct.....

n

Central canal.....

n

Cerebrospinal fluid.....

n

Meninges.....

n

Experimental neurolathyrism

n

A syndrome characterised by excitement with choreiform and circling movements, produced by IDPN and various compounds

n

GENERAL PHYSIOLOGY OF THE NERVOUS SYSTEM

Nr-f

SSSS

CLASS 1

SSSD

CNS-f	Central nervous system function in general	"
Psy	Psyche, incl. appetite, thirst, hunger, fighting instinct, peck order	"
Alg	Pain.....	"
Lib	Libido sexualis	"
IQ	Intellect, intelligence quotient	"
Cnsc	Consciousness, incl. sleep and wakefulness	"
An	Anesthesia	"
"Hib"	Artificial hibernation (as target) (Hibernation: see External environment)	"
Coma	Unconsciousness, stupor, somnolence	"
Rfl-Cond	Conditioned reflexes	"
Nr-Mu-f	Neuromuscular reactions, incl. tremor, convulsions	"
Rstr	Restraint, as neuromuscular effort	"
ANS-f	Autonomic nervous system function	"
EEG	Electroencephalogram	"
ENG	Electroneurogram.....	"
EST	Electroshock threshold	Nr-f
Nr/Pharm	GENERAL PHARMACOLOGY OF THE NERVOUS SYSTEM	see: App.6
<u>Nr-H</u>	Neurohormones.....	<u>Nr-H</u>
ACTH- <u>RF</u>	ACTH-releasing factor.....	"
ACh	Acetylcholine.....	ACh
Hn	Histamine.....	Hn
Nr/PA	PATHOLOGIC ANATOMY OF THE NERVOUS SYSTEM	see: App.7
<u>Nr</u>	DISEASES OF THE NERVOUS SYSTEM*)	<u>Nr</u>
	Malformations of the nerv. syst.	<u>Nr-Malf</u>
	Mongolism.....	<u>Mongol</u>
	Traumatic diseases of the nerv. syst.	<u>Nr-Trauma</u>
	Apoplexy	<u>Cer-BI</u>
	Amyotrophic lateral sclerosis	<u>Nr-AL-Scl</u>
	Syringomyelia.....	<u>Syringomyelia</u>
	Friedreich's ataxia.....	<u>Ataxia-Friedreich</u>
	Herpes zoster (see: Ct-Zona)	
	Poliomyelitis.....	<u>Polio</u>
	Multiple sclerosis.....	<u>Nr-MScl</u>
	Nervous syphilis, inc. general paresis and tabes dorsalis	<u>Nr-Syphilis</u>
	Bulbar and pseudobulbar palsy	<u>Nr-Bulbar</u>
	Wernicke's polioencephalitis	<u>Nr-Wernicke</u>
	Paralysis agitans.....	<u>Paral-Agitans</u>
	Periodic familial paralysis	<u>Paral-Periodic</u>
	Chorea minor of Sydenham	<u>Nr-Sydenham</u>
	Huntington's chorea.....	<u>Nr-Huntington</u>

*) Since the symbols of the diseases in every Class are the same as their SSSD, they are mentioned only under the latter heading.

CLASS 1

SSSD

SSSS

Hepatolenticular degeneration of Wilson	<u>Nr-Wilson</u>
Adiposogenital syndrome, Froelich's disease	<u>Adip-G-S</u>
Laurence-Moon-Biedl syndrome	<u>LMB-S</u>
Epidemic encephalitis	<u>Cer-ititis-Epidemic</u>
Virus encephalitis	<u>Cer-ititis-Virus</u>
Epilepsy	<u>Epilepsy</u>
Migraine	<u>Migraine</u>
Headache	<u>Cer-Alg</u>
Pruritus	<u>Pruritus</u>
Neuritis	<u>Nr-ititis</u>
Polyneuritis	<u>Nr-ititis-Poly</u>
Sciatica	<u>Sciatica</u>
Neuralgia	<u>Nr-Alg</u>
Periodic diseases of the nervous system	<u>Nr-Periodic</u>
Derangements of psychic function in general	<u>Psy-f</u>
Chronic fatigue	<u>Fatigue</u>
Catatonia	<u>Catatonia</u>
Psychoses in general	<u>Psy</u>
Senile psychoses	<u>Psy-Agel</u>
Psychoses with cerebral arterioscl.	<u>Cer-Ar-Scl</u>
Epileptic psychoses	<u>Psy-Epilectic</u>
Toxic psychoses	<u>Psy-To</u>
Mental retardation	<u>Psy↓</u>
Dementia	<u>Dementia</u>
Manic-depressive psychoses	<u>Psy↑</u>
Schizophrenia	<u>Schizo</u>
Hashish addiction	<u>Psy-Hashish</u>
Neuroses in general	<u>Nr-osis</u>
Neurasthenia	<u>Nr-Asthenia</u>
Compulsive neurosis	<u>Nr-osis-Compuls</u>
Anxiety neuroses	<u>Nr-osis-Anxiety</u>
Hysteria	<u>Hysteria</u>
Aberrations of libido, inc. homo-sexuality, transvestism	<u>Lib</u>
Excessive libido	<u>Lib↓</u>
Sub-normal libido	<u>Lib↑</u>
Drug addictions in general	<u>Psy-Dr</u>
Morphinomania	<u>Psy-Mo</u>
Alcoholism, incl. delirium tremens	<u>Psy-Et-OH</u>
Facial paralysis, Bell's palsy	<u>Paral-Bell</u>
Landry's paralysis	<u>Nr-Landry</u>
Guillain-Barré's syndrome	<u>Nr-GB</u>
Tumors of the nervous system	<u>Nr-Tu</u>
Neurofibromatosis of Recklinghausen	<u>Nr-Fibromas</u>

ENDOCRINES AND SEX

H Hormones H

En Endocrines n

HYPOPHYSIS

INTERVENTIONS ON THE HYPOPHYSIS

see: App.2

Hyp/Anat

Hyp/Hi

NORMAL MORPHOLOGY OF THE HYPOPHYSIS

see: App.3

Hyp/Chem

CHEMISTRY OF THE HYPOPHYSIS

See: App.4

Hyp/Phyg

PHYSIOLOGY " "

see: App.5

Hyp/Pharm

PHARMACOLOGY " "

see: App.6

AL

Anterior lobe

Hyp

ML

Middle lobe

n

PL

Posterior lobe

n

Hyp-H

Hypophyseal hormones

Hyp-H

Hyp-E

Crude hypophyseal extracts

Hyp-E

AL-E

Crude anterior lobe extracts

AL-E

ACTH

Adrenocorticotrophic hormone

ACTH

STH

Somatotrophic hormone

STH

GTH

Gonadotrophic hormone in general

GTH

FSH

Follicle stimulating hormone

n

LH

Luteinizing hormone

n

LTH

Luteotrophic hormone

n

TTH

Thyrotrophic hormone, TSH

TTH

AL-H

Other anterior lobe hormones

AL-H

ML-E

Crude middle lobe extracts

ML-E

MTH

Melanophorotropic hormone, intermedin

MTH

ML-H

Other middle lobe hormones

ML-H

PL-E

Posterior lobe extracts

PL-E

VA

Vasopressin, antidiuretic hormone

VA

OX

Oxytocin

OX

PL-H

Other posterior lobe hormones

PL-H

Hyp/PA

PATHOLOGIC ANATOMY OF THE HYPOPHYSIS

see: App.7

DISEASES OF THE HYPOPHYSIS IN GENERAL

Hyp

"Panhypopituitarism", Hypopituitarism in
general

"Hyp"

Simmonds' disease

AL↓-Simmonds

Sheehan's syndrome

AL↓-Sheehan

Hypophyseal dwarfism	<u>AL↓-Dwarfism</u>
Hypophyseal infantilism	<u>AL↓-Infantilism</u>
"Panhyperpituitarism", hyperpituitarism in general	<u>"Hyp↑"</u>
Acromegaly	<u>AL↑-Acr</u>
Hypophyseal gigantism	<u>AL↑-Gig</u>
Cushing's syndrome (Hypophyseal or unidentified cause)	<u>AL↑-Cushing</u> <u>"Cushing"</u>
Pseudo Cushing's syndrome	
Berardinelli's syndrome	<u>AL↑-Berardinelli</u>
Diabetes insipidus	<u>VA↓</u>
Antidiabetes insipidus	<u>VA↑</u>
Inflammation of the hypophysis	<u>Hyp-itis</u>
Non-endocrine hypophyseal tumors	<u>Hyp-Tu</u>
Craniopharyngioma	<u>Cran-Phar-Tu</u>

Adr

ADRENALS

Adr

INTERVENTIONS ON THE ADRENAL

see: App.2

Adr/Anat

NORMAL MORPHOLOGY OF THE ADRENAL

see: App.3

Adr/Hi

Normal morphology in general

Adr

Adrm

Adrenal medulla

"

Adrc

Adrenal cortex

"

Adr/Chem

CHEMISTRY OF THE ADRENAL

see: App.4

Adr/Phyg

PHYSIOLOGY " " "

see: App.5

Adr/Pharm

PHARMACOLOGY " " "

see: App.6

Adr-H

Adrenal hormones and their congeners

Adr-H

Adr-E

Crude adrenal extracts

Adr-E

Adrm-E

Crude adrenomedullary extracts

Adrm-E

A

Adrenaline, Epinephrine, Suprarenin

A

NA

Noradrenaline, Norepinephrine, Arterenol

"

A-D

Other adrenaline derivatives and their congeners

"

Adrc-E

Crude adrenocortical extracts

Adrc-E

GC

Glucocorticoids

GC

COL

Cortisol

"

CON

Cortisone

"

GCS

Glucocorticoid succinate or hemisuccinate aerosol

GCS

AGC

Artificial glucocorticoids

AGC

Δ'COL

Prednisolone

"

Δ'CON

Prednisone

"

MC

Mineralocorticoids

MC

ALDO

Aldosterone

ALDO

DOC

11-Desoxycorticosterone

DOC

SSSS	CLASS 2	SSSD
11-D-COL	Desoxocortisol	11-D-COL
DOC-G	Desoxycorticosterone glucoside	DOC-G
DOCS	Desoxycorticosterone succinate hemisuccinate aerosol	DOCS
Halo-C	Halocorticoids, Artificial mineralocorticoids (Cl-COL, F-COL, Me-Cl-COL, Me-F-COL)	Halo-C
COST	Corticosterone	COST
17-D-CON	17-Dehydrocorticosterone, Compound A	17-D-CON
ADRST	Adrenosterone	ADRST
<u>C</u>	Other corticoids and their congeners	<u>C</u>
<u>II, 17-KS</u>	11,17-ketosteroids	"
<u>STE</u>	Other steroids and their congeners	<u>STE</u>
<u>OH-DIONE</u>	21-Hydroxydione	"
<u>17-KGS</u>	17-ketogenic steroids	"
<u>MCT</u>	Antimineralocorticoid hormone	"
Adr/PA	PATHOLOGIC ANATOMY OF THE ADRENAL	see: App. 7
<u>Adr</u>	DISEASES OF THE ADRENAL IN GENERAL	<u>Adr</u>
	Adrenomedullary hyperfunction	<u>Adrm↑</u>
	Pheochromocytoma	<u>Adrm↑-Tu</u>
	Hypocorticoidism in general, Addison's disease	<u>C↓</u>
	Hypomineralocorticoidism, hypoaldosteronism	<u>MC↓</u>
	Adrenocortical virilism, incl. hirsutism of undetermined origin	<u>AdrT↑</u>
	Adrenocortical hyperfunction due to increased folliculoid secr.	<u>AdrF↑</u>
	Hypocorticoid-hypertestoidism, congenital adrenal hyperplasia of Wilkins	<u>C↓T↑</u>
	Cushing's syndrome of adrenal origin	<u>C↑-Cushing</u>
	Adrenogenital syndrome	<u>AdrG-S</u>
	Waterhouse-Friederichsen syndrome	<u>WF-S</u>
	Hypermineralocorticoidism, hyperaldosteronism	<u>MC↑</u>
	Achard-Thiers syndrome	<u>C↑T↑</u>
	Adrenal inflammations	<u>Adr-ititis</u>
	Non-endocrine adrenal tumors	<u>Adr-Tu</u>

SSSS

CLASS 2

SSSD

Sex

SEX

Sex

Coit	Sex-Chromatin	"
<u>Intersex</u>	Sexual intercourse	"
<u>♀-Intersex</u>	Intersexualism with sex undetermined	<u>Intersex</u>
<u>♂-Intersex</u>	Intersexuality determined as a female	<u>♀-Intersex</u>
<u>♀-♂ Intersex</u>	Intersexuality determined as a male	<u>♂-Intersex</u>
	True hermaphroditism	<u>♀-♂ Intersex</u>

Ov

OVARY

Ov

INTERVENTIONS ON THE OVARY

see: App.2

Ov/Anat

Ov/Hi

NORMAL MORPHOLOGY OF THE OVARY

see: App.3

Ovarian morphology in general

Ov

Follicle

Follicle

"

Ov-Cl

Corpus luteum

"

Theca

Theca

"

Rete

Rete and hilum

"

Ov/Chem

CHEMISTRY OF THE OVARY

see: App.4

Ov/Phyg

GENERAL PHYSIOLOGY OF THE OVARY

see: App.5

Ov/Pharm

GENERAL PHARMACOLOGY OF THE OVARY

see: App.6

Ov-H

Ovarian hormones and their congeners in gen.

Ov-HOv-E

Crude ovarian extracts

Ov-EF

Folliculoids in general, estrogens

F

EDIOL

Estradiol

F

ESTRIOL

Estriol

F

EONE

Estrone

FF

Other natural folliculoids

FAF

Artificial folliculoids

FStilbo

Stilbestrol

FL

Luteoids in general and their derivatives

L

PROG

Progesterone

L

PDIOL

Pregnandiol

L

PTRIOL

Pregnanetriols

L

Ov/PA

PATHOLOGIC ANATOMY OF THE OVARY

see: App.7

Ov

DISEASES OF THE OVARY

Ov

Ovarian hypofunction in general

Ov↓

Ovarian aplasia, Morgagni-Turner

Ov-Apl

(or Albright) Syndrome

Ov-AplDelayed puberty of ovarian or undetermined origin,
ovarian infantilismOv↓-Pub

Female climacteric

Ov-Clt

Amenorrhea of ovarian origin

Amerrh

SSSS

CLASS 2

SSSD

Dysmenorrhea of ovarian origin	<u>Merrh-Dys</u>
Oligomenorrhea	<u>Merrh-Oligo</u>
Ovarian hyperfunction in general	<u>F↑</u>
Sclerocystic or polycystic ovary syndrome	<u>Ov-Scl</u>
Ovarian hyperfolliculoidism due to undetermined origin	<u>Ov↑-F</u>
Precocious puberty of ovarian or undetermined origin	<u>Ov↑-Pub</u>
Hyperluteoidism	<u>L↑</u>
Folliculoma, granulosa-cell tumor	<u>F-Tu</u>
Luteoma	<u>Cl-Tu</u>
Menorrhagias and metrorrhagias of ovarian origin	<u>Merrh</u>
Premenstrual tension	<u>Premen</u>
Ovarian virilism in general	<u>Ov-T↑</u>
Ovarian virilism due to hyperthecosis, Stein-Leventhal syndrome	<u>T↑-Thecosis</u>
Inflammations of the ovary	<u>Ov-ititis</u>
Arrhenoblastoma	<u>Arrh-Tu</u>
Meigs syndrome, ovarian fibromas with hydrothorax	<u>Uv-Meigs-Tu</u>
Other ovarian tumors	<u>Ov-Tu</u>
Krukenberg tumor	<u>Krukenberg-Tu</u>
Dysgerminoma	<u>Dysgermin-Tu</u>
Utero-ovarian abscess	<u>Ov-Oviduct-Absc</u>

♀-Acc

FEMALE ACCESSORY SEX ORGANS

♀-Acc

INTERVENTIONS ON THE FEMALE ACCESS. SEX ORGANS

see: App.2

♀-Acc/Anat

NORMAL MORPHOLOGY OF FEMALE ACCESS. SEX ORGANS

see: App.3

♀-Acc

Morphology of female access. sex organs in general

♀-Acc

Oviduct

Oviduct

"

U

Uterus

"

V

Vagina

"

Ma

Mammary gland

"

Sex-Ct

Other female accessory sex organs (except for ambisexual appendages, for which see: Cutaneous system; Class 9)

"

Sex skin

♀-Acc/Chem

CHEMISTRY OF THE FEMALE ACCESS. SEX ORGANS

see: Class 17

♀-Acc/Phyg

GENERAL PHYSIOLOGY OF THE FEMALE ACC. SEX ORGANS

see: App.5

♀-Acc-f

Female accessory sex organ function in general

♀-Acc

♀-Acc-sen

" " " " secretory function

"

♀-Acc-c

" " " " contraction

"

HORMONE SECRETION BY FEMALE ACCESS. SEX ORGANS

see: App.5

Ma-sen

Milk

Ma-sen

SSSS

CLASS 2

SSSD

♀-Acc/Pharm

GENERAL PHARMACOLOGY OF FEMALE ACCESSORY SEX
ORGAN EXTRACTS

see: App.6

♀-Acc/PA

PATHOLOGIC ANATOMY OF FEMALE ACCESSORY SEX ORGANS see:App.7

♀-Acc

DISEASES OF THE FEMALE ACCESSORY SEX ORGANS

♀-AccMalformation of the female access.sex
organs♀-Acc-MalfDiseases of the oviduct in general
Diseases of the uterus " "Oviduct
U

Metritis

U-itis

Glandular cystic hyperplasia

U-Gl-Cyst

Endometritis

U-endo-itis

Endometriosis

U-endo-osis

Uterine tumors

U-Tu

Diseases of the vagina in general

V

Diseases of the mammary gland in general

Ma

Cystic mastitis

Ma-itis-Cystic

Mammary tumors

Ma-Tu

*

REPRODUCTION IN FEMALE

Cycle

Cycle ♀-Acc

Cycle

DISEASES OF THE CYCLE see: Ovary(Class 2)

"Pre"

Pseudopregnancy

-Acc

"Pre"

Pathologic pseudopregnancy

"Pre"

Pre

Pregnancy

Pre

Pl

Placenta

"

Emb

Embryo

"

Pl/Anat

Pl/Hi

Emb/Anat

Emb/Hi

NORMAL MORPHOLOGY OF PLACENTA AND EMBRYO see: App.3

Pl/Chem

Emb/Chem

CHEMISTRY OF PLACENTA AND EMBRYO see: App.4

Pl/Phyg

Emb/Phyg

GENERAL PHYSIOLOGY OF PLACENTA AND EMBRYO see: App.5

HORMONE SECRETION BY PLACENTA AND EMBRYO see: App.5

Pl/Pharm

Pl/PA

GENERAL PHARMACOLOGY OF PLACENTA AND EMBRYO see:App.6

Emb/PA

PATHOLOGIC ANATOMY OF PLACENTA AND EMBRYO see: App.7

Pre

DISEASES OF PREGNANCY AND OF PLACENTA see: App.8

Pregnancy toxicosis

Pre-Tos

Abortion

Pre-X

Habitual abortion.....

Pre-X-Habitual

Anemia of pregnancy.....

Pre-B↓

Parthenogenesis

Rep-Parthenogenesis

SSSS

CLASS 2

SSSD

	Female sterility	<u>♀-Rep↓</u>
	Prolonged pregnancy	<u>Pre-Prolonged</u>
	Chorioneplelioma	<u>Pl-Chorion-Tu</u>
	Mola hydatidosa	<u>Pl-Hydat-Tu</u>
	Deciduoma	<u>Dec-Tu</u>
Lac	LACTATION (only Agent, as a Target, see Ma-sen)	Lac
Lac	Diseases of lactation in general	<u>Lac</u>
	Diseases of puerperium	<u>Puerperium</u>
	Persistent lactation	<u>Ma-sen↑</u>

SSSS

CLASS 2

SSSD

Te

TESTIS

Te

INTERVENTIONS ON THE TESTIS see: App:2

Te/Anat

Te/Hi

NORMAL MORPHOLOGY OF THE TESTIS see: App.3

Te

Morphology of the testis in general Te

Seminiferous tubules "

Leydig cells "

Spermia, spermiogenesis "

Te/Chem

CHEMISTRY OF THE TESTIS see: App.4

Te/Phyg

GENERAL PHYSIOLOGY OF THE TESTIS see: App.5

Te/Pharm

GENERAL PHARMACOLOGY OF THE TESTIS see: App.6

Te-H

Te-E

T

T

Me-T

NT

Et-NT

ANDROST

DANDROST

MAD

17-KS

T

POLONE

INHIBIN

Testicular hormones and their congeners Te-H

Crude testicular extracts Te-E

Testoids in general T

Testosterone "

Methyl testosterone "

Nortestosterone "

Ethyl-Nortestosterone "

Androsterone "

Dehydroandrosterone "

Methylandrostenediol "

17-ketosteroids "

Other testoids "

 Δ^2 -Pregnenolone "

"Inhibin" Te-H

Te/PA

PATHOLOGIC ANATOMY OF THE TESTIS see: App.7

Te

DISEASES OF THE TESTIS Te

Malformations of the testis Te-Malf

Cryptorchidism Te-Crypt

Hypotestoidism in general Tel

Delayed puberty of testicular or undetermined origin Tel-Pub

Andropause, male climacteric d-Clt

Male sterility d-Rep

Klinefelter's syndrome Tel-Klinefelter

Testicular hyperfunction in general Tel

Precocious puberty of testicular or undetermined origin Tel-Pub

Testicular hyperfunction due to Leydig cell hyperplasia Tel-Leydig

Orchitis Te-itis

Testicular hyperplasia due to Leydig cell tumors Te-↑Leydig-Tu

Non-endocrine testicular tumors Te-Tu

Seminoma Semin-Tu

SSSS

CLASS 2

SSSD

 σ -AccMALE ACCESSORY SEX ORGANS σ -Acc

INTERVENTIONS ON THE MALE ACCESS. SEX ORGANS

see: App.2

 σ -Acc/Anat σ -Acc/Hi σ -Acc

NORMAL MORPHOLOGY OF THE MALE ACCESS. SEX ORGANS

 σ -Acc

Epididymis

"

Vas deferens

"

Seminal vesicles

"

Prostate

"

Coagulating gland

"

Preputial glands

"

Penis

"

Ejaculate

"

Comb, antlers, etc.

"

Sv

Pta

Cg-Gl

Prep

Penis

Sperm

CHEMISTRY OF THE MALE ACCESS. SEX ORGANS

see: Class 17

 σ -Acc/Phyg

GENERAL PHYSIOLOGY OF THE MALE ACCESS. SEX ORGANS

see: App.5

 σ -Acc-f

Male accessory sex organ function in general

 σ -Acc σ -Acc-sen

Secretory function " " "

"

 σ -Acc-c

Contraction of the male access. sex organs

"

HORMONE SECRETION BY MALE ACCESS. SEX ORGANS

see: App.5

 σ -Acc/Pharm

GENERAL PHARMACOLOGY OF MALE ACCESS. SEX ORGANS

see: App.6

 σ -Acc/PA

PATHOLOGIC ANATOMY OF MALE ACCESS. SEX ORGANS

see: App.7

 σ -Acc

DISEASES OF THE MALE ACCESSORY SEX ORGANS

see: App.8

Diseases of the male accessory sex organs
in general, incl. those of epididymis, vas
deferens, seminal vesicles, preputial
glands and penis σ -AccMalformations of the male access. sex organs
Inflammations σ -Acc-MalfDiseases of the prostate in general
Prostatic hypertrophy, the so-called
"prostatitis"

Pta

Tumors of the male accessory sex organs
Gynecomastia σ -Acc-ititis

"Pta-ititis"

 σ -Acc-Tu σ -Ma

SSSS

CLASS 2

SSSD

Tr

THYROID

Tr

INTERVENTIONS ON THE THYROID see: App.2
 (Pseudo-thyroidectomy with such drugs as thioureas and radioiodine is placed in the same category as surgical thyroidectomy)

Tr/Anat

Tr/Hi

NORMAL MORPHOLOGY OF THE THYROID see: App.3

Tr

Morphology of the thyroid in general Tr
 Follicles and colloid "
 Parafollicular cells "

Tr/Chem

CHEMISTRY OF THE THYROID see: App.4

Tr/Phyg

GENERAL PHYSIOLOGY see: App.5

Tr/Pharm

GENERAL PHARMACOLOGY see: App.6

Tr-H

Thyroid hormones and their congeners in general Tr-H
 Crude thyroid extracts and desiccated thyroid

TX

Thyroxin Tr-H

PBI

Protein-bound iodine PBI

I

Iodine "

I*

Radioiodine "

TRGLB

Thyroglobulin "

THRN

Thyronin "

MIT

Monoiodothyronin "

DIT

Diiodothyronin "

TRIT

Triiodothyronin "

TRIAC

Tetraiodothyroacetic acid "

Other thyroid hormones and their congeners Tr-H-Var

Tr/PA

PATHOLOGIC ANATOMY OF THE THYROID see: App.7

Tr

DISEASES OF THE THYROID IN GENERAL Tr

Hypothyroidism in general, myxedema Tr↓

Hyperthyroidism in general Tr↑

Inflammations of the thyroid Tr-itis

Hyperthyroidism due to tumors Tr↑-Tu

Goiter not necessarily with endocrine disturbances Strm

Thyroiditis of Hashimoto Tr-itis-Ly

" of Riedel Tr-itis-Scl

" of Simmonds Tr-itis-Atr

Nonendocrine thyroid tumors Tr-Tu

Struma maligna Strm=maligna

*

SSSS

CLASS 2

SSSD

Ptr

PARATHYROID

Ptr

INTERVENTIONS ON THE PARATHYROID.....

see: App.2

Ptr/Anat

Ptr/hi

NORMAL MORPHOLOGY OF THE PARATHYROID
Morphology of the parathyroids in generalsee: App.3
Ptr

Ptr/Chem

CHEMISTRY OF THE PARATHYROID

see: App.4

Ptr/Phyg

GENERAL PHYSIOLOGY OF THE PARATHYROID

see: App.5

Ptr/Pharm

GENERAL PHARMACOLOGY " "

see: App.6

Ptr-E

Crude parathyroid extracts.....

Ptr-E

Ptr-H

Parathyroid hormone

Ptr-H

Ptr/PA

PATHOLOGIC ANATOMY OF THE PARATHYROID

see: App.7

Ptr

DISEASES OF THE PARATHYROID IN GENERAL

Ptr

Hypoparathyroidism, tetany

Ptr

Hyperparathyroidism, osteitis fibrosa

v.Recklinghausen

Ptr

Hyperparathyroidism due to tumors

Ptr

Non-endocrine parathyroid tumors

Ptr

Pn

PANCREAS

Pn

INTERVENTIONS ON THE PANCREAS

see: App.2

(Pseudo-pancreatectomy with such drugs as
alloxan and cobalt is placed in the same
category as surgical pancreatectomy.)

Pn/Anat

Pn/Hi

NORMAL MORPHOLOGY

see: App.3

Pn

Morphology of pancreas in general

"

LI

Langerhans Islets

"

Pn

Excretory tissue

"

Pn/Chem

CHEMISTRY OF PANCREAS

see: App.4

Pn/Phyg

GENERAL PHYSIOLOGY OF THE PANCREAS

see: App.5

Pn

Pancreatic function in general

"

Secretory function of the pancreas

SSSS

CLASS 2

SSSD

	HORMONE SECRETION BY THE PANCREAS	see: App.5
Pn/Pharm	GENERAL PHARMACOLOGY OF PANCREAS	see: App.6
Pn-E	Pancreatic extracts	Pn-E
IN	Insulin	IN
IN-Sulfa	Antidiabetics (Sulfonamids)	IN-Sulfa
GN	Glucagon	GN
VAGOTONIN	Vagotonin	VAGOTONIN
KALLIKREIN	Kallikrein, padutin	KALLIKREIN
LIPOKAIC	Lipokaic	LIPOKAIC
Pn-H	Other "pancreatic hormones"	Pn-H-Var
Pn-H	PATHOLOGIC ANATOMY OF THE PANCREAS	see: App.7
Pn	DISEASES OF THE PANCREAS IN GENERAL	Pn
	Diabetes mellitus and hypoinsulinism (Glu↑<B)	IN↓
	Hyperinsulinism	IN↑
	Pancreatitis	Pn-itis
	Langerhans-Islet tumors	LI-Tu
	Non-endocrine pancreatic tumors	Pn-Tu
	Pancreatic sclerosis	Pn-Scl
	Sclerocystic pancreas	Pn-Scl-Cyst

*

Pi	<u>PINEAL</u>	Pi
	INTERVENTIONS OF THE PINEAL	see: App.2
Pi/Anat	NORMAL MORPHOLOGY OF THE PINEAL	see: App.3
Pi/Hi	CHEMISTRY OF PINEAL	see: App.4
Pi/Chem	GENERAL PHYSIOLOGY OF PINEAL	see: App.5
Pi/Phyg	GENERAL PHARMACOLOGY OF THE HYPOTHETIC PINEAL HORMONES ("Pi-H")	see: App.6
Pi/Pharm	PATHOLOGIC ANATOMY OF THE PINEAL	see: App.7
Pi	DISEASES OF THE PINEAL IN GENERAL	Pi
	Pineal hyperfunction due to tumors	Pi↑-Tu
	Non-endocrine pineal tumors	Pi-Tu

SSSS

CLASS - 2

SSSD

Tm

THYMUS

Tm

Tm/Anat
Tm/Hi

INTERVENTIONS OF THE THYMUS see: App.2

Tm/Chem

NORMAL MORPHOLOGY OF THE THYMUS see: App.3

Tm/Phyg

CHEMISTRY OF THE THYMUS see: App.4

Tm/Pharm

GENERAL PHYSIOLOGY OF THE THYMUS see: App.5

Tm/PA

GENERAL PHARMACOLOGY OF THE HYPOTHETIC
THYMIC HORMONES ("Tm-H") see: App.6

Tm

PATHOLOGIC ANATOMY OF THE THYMUS see: App.7

Diseases of the thymus in general
 Thymic lymphatic state
 Thymic hyperfunction
 Myasthenia gravis
 Thymic hyperfunction, due to tumors
 Non-endocrine thymic tumors

Tm
Tm-Ly-State
Tm↑
Tm↑-Mu
Tm↑-Tu
Tm-Tu

*

OTHER ENDOCRINES AND HORMON-LIKE SUBSTANCES

Pgg1

Paraganglia Pgg1

Car-G1

Carotid gland Car-G1

5TH-Cells

Argentaffin-cell system 5TH-Cells

Ubb

Ultimobronchial bodies Ubb

En?

Miscellaneous possibly endocrine organs En?

H?

Hormon-like substances H?

ERYTHRO-
POIETIN

Erythropoietin ERYTHROPOIETIN

BRADYKININ

Bradykinin BRADYKININ

(Data within these categories are catalogued in conformity with the procedure used for other endocrine glands. It should be kept in mind, however, that, for none of these organs has an endocrine secretion been established, except for the 5HT-Cell system, which produces 5HT, or serotonin.)

* * *

SSSS

CLASS 3

SSSD

LYMPHATIC AND HEMOPOIETIC SYSTEM

Ly

LYMPHATIC SYSTEM

Ly

INTERVENTIONS ON THE LYMPHATIC SYSTEM

see: App.2

Ly/Anat

Ly-Cell

Lyn

Ly-Vs

Ly-Cr

Ly-Cav

NORMAL MORPHOLOGY OF THE LYMPHATIC SYSTEM

see: App.3

Cell-count in lymph

Ly

Lyn-nodes

"

Lymph-vessels

"

Lymph-heart (e.g. in amphibia)

"

Lymphatic spaces (" ")

"

Serous cavities in general

"

(Individual serous cavities, e.g.,
meningeal spaces, pleura, peritoneum
and joints are catalogued with their
respective organ systems, but serous
cavities in general, e.g., polyserositis
are listed here.)

Ly/Chem

CHEMISTRY OF THE LYMPHATIC SYSTEM

See: Class 17

Ly/Phyg

Ly/f

Ly-sen

Ly-Vs-c

Ly-Cr-c

GENERAL PHYSIOLOGY

see: App.5

Physiology of lymphatic system in general

Ly

Lymph formation

"

Lymph conduction

"

Contraction of lymph-vessels

"

Contraction of lymph-hearts

"

HORMONE SECRETION BY LYMPHATIC ORGANS

see: App.5

Ly/Pharm

GENERAL PHARMACOLOGY OF LYMPHATIC EXTRACTS

see: App.6

Effect of various agents upon morphology and
function of lymphatic organs

Ly ← Var

Ly/PA

PATHOLOGIC ANATOMY OF LYMPHATIC SYSTEM

see: App.7

Ly

DISEASES OF THE LYMPHATIC SYSTEM IN GENERAL

Ly

Lymphadenitis

Lyn-itis

Lymphangitis

Ly-Vs-itis

Polyserositis

Ly-Cav-ititis

Lymphedema, elephantiasis

Ly-edemaLymphomas, incl. Brill-Symmers' disease, and
other lymph-node tumorsLyn-Tu

Lymphogranuloma, Hodgkin's disease

Lyn-Gr-Tu

SSSS

CLASS 3

SSSD

Sp

SPLEEN

Sp

INTERVENTIONS OF THE SPLEEN see: App.2

Sp/Anat

Sp/Hi

Sp

NORMAL MORPHOLOGY OF THE SPLEEN see: App.3

Morphology of the spleen in general Sp

Red pulp "

White pulp "

Sp/Chem

CHEMISTRY OF THE SPLEEN see: Class 17

Sp/Phyg

Sp

Sp-Phag

GENERAL PHYSIOLOGY OF THE SPLEEN see: App.5

Physiology of the spleen in general Sp

Phagocytic activity and blood-destruction "

Hemopoietic activity "

HORMONE SECRETION OF THE SPLEEN see: App.5

Sp/Pharm

GENERAL PHARMACOLOGY OF THE SPLEEN AND OF ITS

HYPOTHETIC HORMONES ("Sp-H") see: App.6

Effect of various agents upon morphology and
function of spleen .. Sp ← Var

Sp/PA

PATHOLOGIC ANATOMY OF THE SPLEEN see: App.7

Sp

DISEASES OF THE SPLEEN IN GENERAL Sp

Splenomegalies and hypersplenism Sp↑

Diseases of the RES in general RES

(The functional changes in phagocytic activity
within special organs, are catalogued with
the organs themselves, e.g., phagocytosis in
the Kupffer cells, belongs to Class 7, Hep)

Gaucher's disease RES-G

Niemann-Pick's disease RES-NP

Hand-Schüller-Christian disease RES-HSC

Letterer-Siwe's disease RES-LS

Xanthomatosis in general RES-Xanth

Hepatosplenomegaly Sp↑-Hep↑

*

B-Osm

BLOOD AND BONE MARROW

B-Osm

B-Vol

B-Vol

B-Cg

B-Cg

B-Sludge

B-Sludge

B/Anat

Osm/Anat

Blood-volume in general

Blood-coagulation in general

Blood sludge

SSSS

CLASS 3

SSSD

B/H_i
 Osm/H_i
 B(Poly)
 B(Lympho)
 B(Eo)
 B(Mastcells)
 B(Ery)
 B-Ht
 B-Hb

GENERAL MORPHOLOGY OF BLOOD AND BONE MARROW	see: App. 3
Polymorphonuclear leucocytes	Osm
Lymphocytes	"
Eosinophils	"
Hematic mastcells	"
Erythrocytes	"
Hematocrit	"
Hemoglobin content of blood	"

B-Osm/Chem

CHEMISTRY OF BLOOD AND BONE MARROW see: Class 17

B-Osm/Phyg
 B-f
 Osm-f

GENERAL PHYSIOLOGY OF BLOOD	see: App. 5
Blood function in general	Osm
Bone marrow function in general	"
HORMONE SECRETION OF BONE MARROW	see: App. 5

B-Osm/Pharm

GENERAL PHARMACOLOGY OF BLOOD AND BONE MARROW
EXTRACTS see: App. 6

B-Osm ← Var

Effect of various Agents upon morphology and
function of blood and bone marrow B-Osm ← Var

B-Osm/PA

PATHOLOGIC ANATOMY OF BLOOD AND BONE MARROW ... see: App. 7

B-Vol
B↓-Vol
B↑-Vol
B-Osm

Diseases of the blood-volume in general	<u>B-Vol</u>
Hypovolemia	<u>B↓-Vol</u>
Hypervolemia	<u>B↑-Vol</u>
Anemias in general	<u>B-Osm</u>
Simple chronic anemia	<u>B↓</u>
Aplastic anemia	<u>B↓-Aplastic</u>
Agranulocytosis	<u>B↓-Leuco</u>
Pernicious anemia	<u>B↓-Pernicious</u>
Macrocytic anemias in general	<u>B↓-Macrocytic</u>
Hemolytic anemias " "	<u>B↓-Hemolytic</u>
Hemoglobinuria (paroxysmal)	<u>Hb<Ur-Paroxysmal</u>
Splenic anemia, (Banti)	<u>B↓-Sp</u>
Hereditary spherocytosis	<u>B↓-Sphero</u>
Ovalocytosis	<u>B↓-Ovalo</u>
Sickle-cell anemia	<u>B↓-Sickle</u>
Mediterranean anemia	<u>B↓-Mediterr</u>
Erythroblastosis fetalis	<u>B↓-Ery-Blastosis</u>
Polycythemia in general, erythremia, polycythemia rubra vera, Vaquez' disease, Osler's disease	<u>B↑-Ery</u>
Leucemias in general	<u>B↑-Leuco</u>
Eosinophilic leucemia	<u>B↑-Eo</u>
Monocytic leucemia	<u>B↑-Mono</u>
Lymphocytic leucemia	<u>B↑-Lympho</u>
Bone marrow tumors in general	<u>Osm-Tu</u>
Chloroma	<u>Chlor-Tu</u>
Plasmocytic (multiple) myeloma of Kahler	<u>Myel-Tu</u>
Infections mononucleosis, lymphadenosis	<u>Infect-Mono</u>

SSSS

CLASS 3

SSSD

B-Cg

Diseases of blood-coagulation

B-CgIdiopathic thrombocytopenic purpura
(Werlhof)

(Werlhof)

B-Cg↓-Tc↓-WerlhofAllergic or toxic thrombocytopenic
purpura (Schoenlein-Henoch)B-Cg↓-SH(For thrombocytopenic purpura due to
hypersplenism, see: Sp↑)Hemophilia B-Cg↓-HemophiliaHypoprothrombinemia B-Cg↓-Prothrombin↓Hypofibrinogenemia B-Cg↓-Fibrinogen↓Toxic allergic thrombocytopenic
purpura B-Cg↓-Tc↓-To-IM

* * *

SSSS

CLASS 4

SSSD

Cr-Vs

CARDIOVASCULAR SYSTEM

Cr-Vs

INVERVENTIONS ON THE CARDIOVASCULAR SYSTEM

see: App.2

Cr-Vs/Anat

Cr-Vs/Hi

Cr-Vs

Cr

Ao

Ve-Cava

Vs

Cap

Vs-Le

Vs ("Diabetic Foot")

NORMAL MORPHOLOGY OF THE CARDIOVASCULAR SYSTEM

see: App.3

Morphology of cardiovascular system in general

Cr-Vs

Heart

"

Aorta

"

Vena cava

"

Other blood-vessels

"

Capillaries

"

Vascular lesions

"

Diabetic foot

"

Cr-Vs/Chem

CHEMISTRY OF THE CARDIOVASCULAR SYSTEM

see: Class 17

Cr-Vs/Phyg

GENERAL PHYSIOLOGY OF THE CARDIOVASCULAR SYSTEM

see: App.5

Cr-Vs-f

Cardiovascular physiology in general

Cr-Vs

Cr-f

Cardiac function

"

Vs-f

Vascular function

"

BP

Blood pressure

"

B-Flow

Blood flow

"

Cap-Perm

Capillary permeability

"

Cap-Res

Capillary resistance

"

Cr-c

Cardiac contraction

"

Cr-Rhythm

Cardiac rhythm

"

ECG

Electrocardiography

"

Vs-c

Vascular contraction

"

HORMONE SECRETION BY CARDIOVASCULAR TISSUE

see: App.5

Cr-Vs/Pharm

GENERAL PHARMACOLOGY OF CARDIOVASCULAR EXTRACTS

see: App.6

Cr-Vs ← Var

Effects of various Agents upon the morphology
and function of the cardiovascular system

Cr-Vs ← Var

Cr-Vs/PA

PATHOLOGIC ANATOMY OF THE CARDIOVASCULAR SYSTEM

see: App.7

Cr-Vs

DISEASES OF THE CARDIOVASCULAR SYSTEM

Cr-Vs

Cardiac diseases in general

Cr

Heart failure

Heart-rhythm failure

Cr-c

Blood-vessel diseases in general

Cr-Rhythm

Cardiac malformations

Vs

Blood-vessel malformations

Cr-Malf

Hereditary hemorrhagic telangiectasis

Vs-Malf

(Osler-Rendu-Weber's disease)

Vs-ORW

Hypotension in general	<u>BP↓</u>
Orthostatic hypotension	<u>BP↓-Orthostatic</u>
Hypertension in general	<u>BP↑</u>
Raynaud's disease	<u>Raynaud</u>
Acrocyanosis	<u>Acrocyanosis</u>
Arteriosclerosis	<u>Ar-Scl</u>
Coronary sclerosis	<u>Cr-Scl</u>
Cardiac infarct	<u>Cr-Thromb</u>
Angina pectoris	<u>Cr-Alg</u>
Thromboangiitis obliterans of Buerger	<u>Buerger</u>
Thrombophlebitis	<u>Ve-Thromb</u>
Varicose veins	<u>Varix</u>
Aneurisms	<u>Aneurism</u>
Arteriovenous fistulas	<u>Ar-Ve-Fistula</u>
Coarctation of the aorta	<u>Ao-Sten</u>
Periarteritis nodosa	<u>Peri</u>
Cranial arteritis	<u>Peri-Cran</u>
Carditis	<u>Cr-itis</u>
Endocarditis	<u>Cr-endo-itis</u>
Rheumatic carditis	<u>Cr-itis-Rh</u>
Cardiac tumors	<u>Cr-Tu</u>
Vascular tumors, hemangiomas	<u>Vs-Tu</u>

* * *

RENAL SYSTEM AND URINARY PASSAGES

R

KIDNEY

R

INTERVENTIONS ON THE KIDNEY see: App.2

R/Anat

R/Hi

R

R(Glomeruli)

R(jga)

R/Chem

R/Phyg

R-f

R-sen

CHEMISTRY OF THE KIDNEY see: Class 17

GENERAL PHYSIOLOGY OF THE KIDNEY see: App.5

Renal physiology in general R

Excretory function (urine secretion) "

HORMONE SECRETION BY THE KIDNEY see: App.5

GENERAL PHARMACOLOGY OF RENAL EXTRACTS see: App.6

Effect of various Agents upon morphology and
function of the kidney R ← Var

Crude renal extracts R-E

Renal pressor substances and related compounds
in general RPS

Hypertensin, angiotonin "

Pepsitensin "

Renin "

Hypertensinogen "

Hypertensinase "

Antirenin "

Other renal hormones R-H

Vasodepressor material "

Vaso-excitor material "

PATHOLOGIC ANATOMY OF THE KIDNEY see: App.7

DISEASES OF THE KIDNEY IN GENERAL R

Uremia Ur<B

Renal malformations in general R-Malf

Polycystic kidney R-Cyst-Poly

Renal glycosuria R-Glu<Ur

Renal diabetes insipidus R-Ur↑

Renal calculi R-Calculi

Vesical calculi Ur-Ves-Calculi

Ptosis of the kidney R-Ptosis

Nephrotic syndrome R-osis

Nephritis R-itis

Pyelonephritis	R-Pyelo-itis
Lower nephron nephrosis	R-osis-LN
Crush syndrome	R-CrushS
Renal arteriosclerosis	R-Ar-Scl
Kimmelstiel-Wilson's syndrome	R-KW
Renal tumors	R-Tu

*

Ur-DuctURINARY PASSAGESUr-Duct

INTERVENTIONS ON THE URINARY PASSAGES

see: App. 3

Ur-Duct/Anat
 Ur-Duct/Hi
 Ur-Duct
 R-Pelvis
 R-Duct
 Ur-Ves
 Urethra

NORMAL MORPHOLOGY OF URINARY PASSAGES

Morphology of urinary passages in general

- Renal pelvis
- Ureter
- Urinary bladder
- Urethra

see: App. 3
 Ur-Duct
 "
 "
 "
 "
 "
 "

Ur-Duct/Chem

CHEMISTRY OF URINARY PASSAGES see: Class 17

Ur-Duct/Phyg
 Ur-Duct-f
 Ur-Duct-sen
 Ur-Duct-c

GENERAL PHYSIOLOGY

Physiology of urinary passages

Secretory function of urinary passages ...

Contractility of urinary passages

see: App. 5
 Ur-Duct
 "
 "
 "

HORMONE SECRETION BY URINARY PASSAGES

see: App. 5

Ur-Duct ← Var

Effect of various Agents upon urinary passages Ur-Duct ← Var

Ur-Duct/PA

PATHOLOGIC ANATOMY OF URINARY PASSAGES

see: App. 7

Ur-Duct

DISEASES OF URINARY PASSAGES IN GENERAL

- Pyelitis
- Cystitis
- Urethritis
- Urinary incontinence and frequency
- Tumors of the urinary passages

Ur-Duct
Pyelitis
Ur-Ves-ititis
Urethritis
Ur-Duct-c
Ur-Duct-Tu

* * *

SSSS

CLASS 6

SSSD

RESPIRATORY SYSTEM

INTERVENTIONS ON THE RESPIRATORY SYSTEM see: App.2

Resp/Anat
 Resp/Hi
 Resp
 Phar
 Ton
 Lar
 Trachea
 Bron
 Pm
 Plr
 Gill
 Plr-H₂O

NORMAL MORPHOLOGY OF RESPIRATORY SYSTEM see: App.3
 Morphology of respiratory system in general ... Resp
 Pharynx " "
 Tonsils " "
 Larynx " "
 Trachea " "
 Bronchi " "
 Lung " "
 Pleura " "
 Gills (in fish), air-sacs (in birds) etc.. " "
 Pleural fluid "

Resp/Chem

CHEMISTRY OF RESPIRATORY SYSTEM see: Class 17

Resp/Phyg
 Resp-f
 Phar-f
 Ton-f
 Lar-f
 Bron-f
 Trachea-f
 Pm-f
 Plr-f
 Gill-f
 Air-sac-f
 Pm-Edema

GENERAL PHYSIOLOGY see: App.5
 Physiology of respiratory system in general ... Resp
 Pharynx " "
 Tonsils " "
 Larynx " "
 Bronchi " "
 Trachea " "
 Lung " "
 Pleura " "
 Gills " "
 Air-sacs " "
 Pulmonary edema "

HORMONE SECRETION BY RESPIRATORY ORGANS see: App.5

Resp/Pharm

GENERAL PHARMACOLOGY OF RESPIRATORY ORGAN EXTRACTS see:App.6

Resp ← Var

Effect of various Agents upon morphology and function of respiratory organs Resp ← Var

Resp/PA

PATHOLOGIC ANATOMY OF RESPIRATORY SYSTEM see: App.7

Resp

DISEASES OF THE RESPIRATORY ORGANS IN GENERAL
 Pulmonary diseases in general Pm
 Pharyngitis Phar-ititis
 Tonsilitis Ton-ititis
 Bronchitis Bron-ititis
 Bronchiectasis Bron-ectasis
 Pulmonary arteriosclerosis Ayerza's disease Pm-Ar-Scl
 Pulmonary atelectasis Pm-Atelect
 Pulmonary emphysema Pm-Emph
 Pulmonary abscesses Pm-Absc
 Pulmonary gangrene Pm-necro

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CLASS 6

SSSD

Pulmonary cysts	<u>Pm-Cyst</u>
Pulmonary tuberculosis	<u>Pm-TB</u>
Pulmonary fibrosis	<u>Pm-Fibr</u>
Pulmonary silicosis	<u>Pm-Silic</u>
Pneumoconiosis	<u>Pm-Pneumocon</u>
Pulmonary anthracosis	<u>Pm-Anthr</u>
Pulmonary berylliosis	<u>Pm-Beryll</u>
Mycotic diseases of the lung	<u>Pm-Myc</u>
Diseases of the pleura in general	<u>Plr</u>
Pleuritis	<u>Plr-ititis</u>
Pulmonary tumors	<u>Pm-Tu</u>
Bronchocarcinoma	<u>Bron-Ca</u>
Asthma bronchiale	<u>Asthma</u>

* * *

SSSS

CLASS 7

SSSD

GASTROINTESTINAL SYSTEM, SALIVARY GLANDS,HEPATIC TISSUE, BILIARY PASSAGES

GI

GASTROINTESTINAL SYSTEM

GI

INTERVENTIONS ON THE GASTROINTESTINAL SYSTEM

see: App.2

GI/Anat

GI/Hi

GI

Or

Ging

Oes

Du

Gs

Jj

Il

Col

Rct

Perit

GI/Chem

GI/Phyg

GI-f

Or-f

Oes-f

Du-f

Gs-f

Jj-f

Il-f

Col-f

Rct-f

GI-sen

GI/Pharm

GI ← Var

GI-E

GI-H

SEN

ENTEROGASTRONE

UROGASTRONE

ANTHELONE

GASTRIN

DUODENIN

INCRETIN

DUOCRIN

VILLIKININ

NORMAL MORPHOLOGY OF THE GASTROINTESTINAL SYSTEM see: App.2

Morphology of the gastrointestinal system in general GI

Oral cavity, incl. gustatory system	"
Gingiva	"
Esophagus	"
Duodenum	"
Stomach	"
Jejunum	"
Ileum	"
Colon	"
Rectum	"
Feces	"
Peritoneum	"

CHEMISTRY OF THE GASTROINTESTINAL SYSTEM see: Class 17

GENERAL PHYSIOLOGY OF GASTROINTESTINAL SYSTEM see: App.5

Physiology of gastrointestinal syst. in general GI-f

Oral cavity, incl. gustatory system	"
Esophagus	"
Duodenum	"
Stomach	"
Jejunum	"
Ileum	"
Colon	"
Rectum	"

Hormone secretion by gastrointestinal system "

GENERAL PHARMACOLOGY OF GASTROINTESTINAL SYSTEM see: App.6

Effect of various Agents upon morphology and function of gastrointestinal system GI ← Var

Crude gastrointestinal extracts	GI-E
Gastrointestinal hormones in general	GI-H
Secretin	"
Enterogastrone	"
Urogastrone	"
Anthelone	"
Gastrin	"
Duodenin	"
Incretin	"
Duocrin and other blood-sugar depressing duodenal extracts	"
Villikinin	"

SSSS

CLASS 7

SSSD

ENTEROCRININ
CHOLECYSTOKININEnterocrinin
CholecystokininGI-H
"

GI/PA

PATHOLOGIC ANATOMY OF GASTROINTESTINAL SYSTEM

see: App. 7

GI

DISEASES OF THE GASTROINTESTINAL SYSTEM IN GENERAL

Malformations of the gastrointestinal syst.
 Diseases of the oral cavity in general
Noma
 Diseases of the gums
 Diseases of the esophagus
 Diseases of the stomach in general
 Peptic ulcer
 Gastritis
 Jejunitis
 Ileitis
 Regional ileitis
 Colitis
 Ulcerative colitis
 Melena
 Ascites
 Peritonitis
 Gastrointestinal tumors

GI
GI-Malf
Or
Noma
Ging
Oes
Gs
Pept-Ulc
Gs-itis
Ji-itis
Il-itis
Il-itis-Regional
Colitis
Ulc-Colitis
Int-B↓
Perit-H₂O
Perit-itis
GI-Tu

*

Sal-G1

SALIVARY GLANDS

Sal-G1

INTERVENTIONS ON THE SALIVARY GLANDS

see: App. 2

Sal-G1/Anat
Sal-G1/Hi
Sal-G1

NORMAL MORPHOLOGY OF THE SALIVARY GLANDS
 Morphology of salivary glands in general
 Secretory parenchyme
 Ducts

see: App. 3
 Sal-G1
 "
 "

Sal-G1/Chem
Sal-G1/Phyg
Sal-G1-f
Sal-G1-sen
Sal

CHEMISTRY OF SALIVARY GLANDS see: Class 17
 GENERAL PHYSIOLOGY OF THE SALIVARY GLANDS see: App. 5
 Physiology of salivary glands in general Sal-G1
 Excretory activity of salivary glands "
 Saliva

Sal-G1/Pharm

GENERAL PHARMACOLOGY OF SALIVARY GLAND EXTRACTS

see: App. 6

Sal-G1 ← Var

Effect of various Agents upon the morphology and
function of salivary glands Sal-G1 ← Var

Sal-G1/PA

PATHOLOGIC ANATOMY OF THE SALIVARY GLANDS

see: App. 7

SSSS

CLASS 7

SSSD

Sal-G1

DISEASES OF THE SALIVARY GLANDS IN GENERAL

Mikulicz' disease

Sjögren's disease

Sal-G1MikuliczSjögren

Hep

HEPATIC TISSUE AND BILIARY PASSAGES

Hep

INTERVENTIONS ON THE HEPATIC TISSUE AND BILIARY
PASSAGES

see: App.2

Hep/Anat

Hep/Hi

Hep

Hep-Ves

Hep-Duct

NORMAL MORPHOLOGY.....

see: App.3

Liver

Hep

Gallbladder

"

Bileducts

"

Hep/Chem

CHEMISTRY OF THE LIVER AND BILIARY PASSAGES see: Class 17

Hep/Phyg

GENERAL PHYSIOLOGY OF HEPATIC TISSUE AND BILIARY
PASSAGES

see: App.5

Hep-f

Hep-sen

Hepatic physiology in general

Hep

Secretory function of the hepatic tissue

"

Hepatic detoxification

"

Metabolic activities

"

Regulation of hemopoiesis

"

Endocrine function of the liver

"

Hep-En-f

GENERAL PHARMACOLOGY OF THE LIVER AND OF ITS
(LARGELY HYPOTHETIC) HORMONES

see: App.6

Hep ← Var

Effect of various agents upon morphology and
function of the hepatic tissue

Hep ← Var

Hep/PA

PATHOLOGIC ANATOMY OF THE HEPATIC TISSUE

see: App.7

Hep

DISEASES OF THE LIVER IN GENERAL

Hep

Hepatic malformations, incl. malformations
of the biliary passagesHep-Malf

Icterus, jaundice

Icterus

Acute yellow hepatic atrophy

Hep-Atr

Hepatitis

Hep-ititis

Hepatic cirrhosis

Hep-Scl

Disturbances of hepatic circulation

Hep-Vs

Diseases of the bileducts

Hep-Duct

Diseases of the gallbladder

Hep-VesTumors of the liver, gallbladder and
bileductsHep-Tu

Cholecystitis

Cholecystitis

Biliary calculi

Bile-Calculi

LOCOMOTOR SYSTEM, OSSEOUS TISSUE,
ARTICULATIONS AND MUSCLES

Os

OSSEOUS TISSUE

Os

	INTERVENTIONS ON THE OSSEOUS TISSUE	see: App.2
Os/Anat	NORMAL MORPHOLOGY OF THE OSSEOUS TISSUE	see: App.3
Os/Hi	Bones	Os
Os	Cartilages	"
Crt	Teeth	"
Dent	Pelvic ligaments	"
Os-Pelvic-Ligaments		
Os/Chem	CHEMISTRY OF THE OSSEOUS TISSUE	
Os/Phyg	GENERAL PHYSIOLOGY OF THE OSSEOUS TISSUE see: Class 17	
	Mechanical functions	Os
	Metabolic functions	"
Os/Pharm	GENERAL PHARMACOLOGY OF BONE EXTRACTS	see: App.6
Os ← Var	Effect of various Agents upon morphology and function of osseous tissue	Os ← Var
Os/PA	PATHOLOGIC ANATOMY OF OSSEOUS TISSUES	see: App.7
Os	DISEASES OF THE OSSEOUS TISSUE IN GENERAL	
	Malformations of bones	<u>Os-Malf</u>
	Dwarfism	<u>Dwarfism</u>
	Gargoylism (Hurler)	<u>Os-Garg</u>
	Osteolathyrism	<u>Os-Lt</u>
	Achondroplasia	<u>Achondr</u>
	Osteogenesis imperfecta	<u>Os-Imperfecta</u>
	Sudeck's syndrome	<u>Os-Sudeck</u>
	Pulmonary osteo-arthropathy, Marie's disease	<u>Os-Pm</u>
	Osteoporosis	<u>Os-Porosis</u>
	Renal osteodystrophy	<u>Os-R</u>
	Lignac-Fanconi syndrome	<u>Os-R-Glu<Ur</u>
	Cranial hyperostosis	<u>Os↑-Cran</u>
	Osteomalacia	<u>Os-Malacia</u>
	Marble bones, osteopetrosis (Albers-Schoenberg's disease) ..	<u>Os-Petrosis</u>
	Osteosclerosis	<u>Os-Scl</u>
	Osteitis	<u>Os-ititis</u>
	Osteitis deformans (Paget's disease)	<u>Os-ititis-Deformans</u>
	Tuberculous spondylitis, (Pott's disease)	<u>Os-TB</u>
	Eosinophilic granuloma of bone	<u>Os-Gr-Eo</u>
	Osseous tumors	<u>Os-Tu</u>

SSSS

CLASS 8

SSSD

Art

ARTICULATIONS

Art

INTERVENTION ON THE ARTICULATIONS see: App.2

Art/Anat

NORMAL MORPHOLOGY OF THE ARTICULATIONS see: App.3

Art

Morphology of the articulations in general Art

Art/Chem

CHEMISTRY OF THE ARTICULATIONS see: Class 17

Art/Phyg

GENERAL PHYSIOLOGY OF ARTICULATIONS see: App.5

Mechanical functions Art

Metabolic functions "

Art/Pharm

GENERAL PHARMACOLOGY OF JOINT EXTRACTS see: App.5

Art ← Var

Effect of various Agents upon morphology and
function of articulations Art ← Var

Art/PA

PATHOLOGIC ANATOMY OF THE ARTICULATIONS see: App.7

Art

DISEASES OF THE ARTICULATIONS IN GENERAL Art

Arthritis of rheumatic fever Art-Rh-TempShoulder-Hand syndrome Art-Shoulder-handRheumatoid arthritis Art-RhOsteoarthritis Art-OsOsteoarthritis of Marie-Struempell,
(hypertrophic spondylitis) Bechterev's
disease Art-MSHeberden's nodes HeberdenGouty arthritis Art-GoutNeuropathic arthritis of Charcot Art-NrJuvenile rheumatoid Arthritis (Still's
disease) Art-Rh-StillFelty's syndrome Art-Rh-FeltyReiter's disease Art-Rh-ReiterPalindromic rheumatism Art-Rh-PalindrSpondylolisthesis or disc syndrome DiskFibrositis FibrositisBursitis BursitisDupuytren's contracture DupuytrenLegg-Perthes disease Art-LPTumors of the joints Art-Tu

SSSS

CLASS 8

SSSD

Mu

MUSCLES

Mu

Mu/Anat

Mu/Hi

Mu

Mu/Chem

Mu/Phyg

Mu-c

EMG

Mu/Pharm

Mu ← Var

Mu/PA

Mu

INTERVENTIONS ON THE MUSCULAR SYSTEM see: App.2

NORMAL MORPHOLOGY OF THE MUSCLES see: App.3

Morphology of the muscles in general

Mu

CHEMISTRY OF MUSCLES see: Class 17

GENERAL PHYSIOLOGY OF THE MUSCLES see: App.5

Physiology of muscular contraction

Mu

Metabolic functions

"

Electromyography

"

GENERAL PHARMACOLOGY OF MUSCULAR EXTRACTS see: App.6

Effect of various Agents upon morphology and
function of muscles

Mu ← Var

PATHOLOGIC ANATOMY OF THE MUSCLES

see: App.7

DISEASES OF THE MUSCLES IN GENERAL

Mu

Muscular dystrophies

Mu-Dystr

Myositis

Mu-itis

Myositis ossificans

Mu-itis-Os

Muscle tumors

Mu-Tu

Muscle sarcoma

Mu-Sa

* * *

CUTANEOUS SYSTEM, including APPENDAGES

Ct	<u>CUTANEOUS SYSTEM</u>	Ct
	INTERVENTIONS ON THE CUTANEOUS SYSTEM	see: App.2
Ct/Anat	NORMAL MORPHOLOGY OF THE CUTANEOUS SYSTEM	see: App.3
Ct/Hi	Skin	Ct
Ct	Hair	"
	Nails	"
Sud	Sweat	"
Sud-Gl	Sudoriferous glands	"
Ct(Pigm)	Cutaneous pigments	"
Seb-Gl	Sebaceous glands	"
Plu	Plumage, scales, claws, hoofs and other cutaneous appendages	"
Ct-Sex	Sexual skin	"
Ct/Chem	CHEMISTRY OF THE CUTANEOUS SYSTEM, see: Class 17	
Ct/Phyg	GENERAL PHYSIOLOGY OF THE CUTANEOUS SYSTEM	see: App.5
Ct-f	Cutaneous function in general	Ct-f
	Covering and protection	"
	Secretion and excretion	"
	HORMONE SECRETION BY THE SKIN	"
Ct/Pharm	GENERAL PHARMACOLOGY OF CUTANEOUS EXTRACTS	see: App.6
Ct ← Var	Effect of various Agents upon morphology and function of the cutaneous system	Ct ← Var
Ct/PA	PATHOLOGIC ANATOMY OF THE CUTANEOUS SYSTEM	see: App.7
<u>Ct</u>	DISEASES OF THE CUTANEOUS SYSTEM IN GENERAL	<u>Ct</u>
	Dermatoses in general	<u>Ct-osis</u>
	Cutaneous malformations	<u>Ct-Malf</u>
	Cutaneous pigmentation	<u>Ct-Pigm</u>
	Vitiligo	<u>Vitiligo</u>
	Alopecia	<u>Alopecia</u>
	Leukoderma	<u>Leukoderma</u>
	Darier's disease	<u>Ct-Darier</u>
	Acanthosis nigricans	<u>Acant.nigr.</u>
	Molluscum contagiosum	<u>Moll.cont.</u>
	Eczema	<u>Eczema</u>
	Dermatitis herpetiformis Duhring	<u>Ct-ititis-Herpet</u>
	Pemphigus	<u>Pemphigus</u>
	Erythema multiforme bullosum	<u>Eryth.multif.bull.</u>
	Erythema nodosum	<u>Erythema nodosum</u>
	Epidermolysis bullosa	<u>Epydermolysis bull.</u>
	Behcet syndrome	<u>Behcet</u>

Virus vesicles	<u>Virus ves.</u>
Mycoses	<u>Mycoses</u>
Scabies	<u>Scabies</u>
Discoid lupus erythematosus	<u>LE-Discoid</u>
Dermatomyositis	<u>Ct-Mu-itis</u>
Myxedema without hypothyroidism	"Ct-Tr↓"
Psoriasis	<u>Psoriasis</u>
Parapsoriasis	<u>Parapsoriasis</u>
Multiple angiosarcoma of skin	<u>Ct-Kaposi</u>
Lichen planus	<u>Lichen planus</u>
Keratoderma blennorrhagicum	<u>Keratoderma blenn.</u>
Urticaria, incl. angioedema	<u>Urt</u>
Urticaria pigmentosa	<u>Urt-Pigm</u>
Erysipelas	<u>Erysipelas</u>
Keloid	<u>Keloid</u>
Scleroderma	<u>Scleroderma</u>
Neurodermatitis	<u>Ct-Nr-itis</u>
Herpes zoster	<u>Ct-Zona</u>
Tuberculosis of the skin	<u>Ct-TB</u>
Syphilis of the skin	<u>Ct-Syphilis</u>
Cutaneous xanthoses	<u>Ct-Xanthoses</u>
Cutaneous tumors	<u>Ct-Tu</u>

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SENSE ORGANS

Ot	<u>EAR</u>	Ot
	INTERVENTIONS ON THE EAR	see: App.2
Ot/Anat	NORMAL MORPHOLOGY OF THE EAR	see: App.3
Ot/Hi	Internal ear	Ot
	Middle ear	"
	External ear	"
Ot/Chem	CHEMISTRY OF THE EAR	see: Class 17
Ot/Phyg	GENERAL PHYSIOLOGY OF THE EAR	see: App.5
Ot ← Var	Effect of various Agents upon morphology and function of the ear	Ot ← Var
Ot/PA	PATHOLOGIC ANATOMY OF THE EAR	see: App.7
Ot	DISEASES OF THE EAR IN GENERAL	Ot
	Otitis media	<u>Ot-itis</u>
	Otosclerosis	<u>Ot-Scl</u>
	Tumors of the ear	<u>Ot-Tu</u>

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Oc	<u>EYE</u>	Oc
	INTERVENTIONS ON THE EYE	see: App.2
Oc/Anat	NORMAL MORPHOLOGY OF THE EYE	see: App.3
Oc/Hi	Morphology of the eye in general	Oc
Oc	Eyeball	"
	Periocular orbital tissues	"
	Eyelids	"
Lacr-Gl	Lacrimal glands	"
Lacr-sen	Lacrimal secretion	"
Oc/Chem	CHEMISTRY OF THE EYE	see: Class 17
Oc/Pharm	GENERAL PHARMACOLOGY OF OCULAR EXTRACTS	see: App.6
Oc ← Var	Effects of various Agents upon the morphology and function of the eye	see: App.6
Oc/PA	PATHOLOGIC ANATOMY OF THE EYE	see: App.7
Oc	DISEASES OF THE EYE IN GENERAL	Oc

Ocular malformations	<u>Oc-Malf</u>
Ocular inflammations, iritis, iridocyclitis, endophthalmitis, scleritis, panophthalmitis, episcleritis	<u>Oc-ititis</u>
Conjunctivitis	<u>Conjunctivitis</u>
Exophthalmos (non-endocrine)	<u>Oc-Ex</u>
Boeck's sarcoid of the eye	<u>Oc-Boeck</u>
Sympathetic ophthalmia	<u>Oc-Sy-ititis</u>
Phthisis bulbi	<u>Oc-Phthisis</u>
Glucoma	<u>Glucoma</u>
Cataract	<u>Cataract</u>
Papilledema	<u>Papilledema</u>
Arteriosclerotic retinopathy	<u>Oc-Ar-Scl</u>
Ocular hemorrhage	<u>Oc-BL</u>
Diseases of the retina in general	<u>Retina</u>
Ocular tumors	<u>Oc-Tu</u>

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Ns

NOSE

Ns

INTERVENTIONS ON THE NOSE	see: App. 3
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Ns/Anat

Ns/Hi

Ns

NORMAL MORPHOLOGY OF THE NOSE	see: App. 3
Morphology of the nose in general	Ns
Conchae	"
Paranasal sinuses	"

Ns/Chem

CHEMISTRY OF THE NOSE	see: Class 17
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Ns/Phyg

GENERAL PHYSIOLOGY OF THE NOSE	see: App. 5
--------------------------------------	-------------

Ns/Pharm

GENERAL PHARMACOLOGY OF NASAL EXTRACTS	see: App. 6
--	-------------

Ns ← Var

Effect of various Agents upon the morphology and function of the nose	Ns ← Var
--	----------

Ns/PA

PATHOLOGIC ANATOMY OF THE NOSE	see: App. 7
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Ns

DISEASES OF THE NOSE IN GENERAL	Ns
Inflammations of the nose in general	<u>Ns-ititis</u>
Allergic rhinitis	<u>Ns-ititis-IM</u>
Rhinophyma	<u>Rhinophyma</u>
Ozena, atrophic rhinitis	<u>Ozena</u>
Rhinoscleroma	<u>Ns-Scler-Tu</u>
Nasal polyps	<u>Ns-Polyp</u>
Sinusitis	<u>Sinusitis</u>
Nasopharingeoma	<u>Ns-Phar-Tu</u>
Nasal tumors	<u>Ns-Tu</u>

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SSSS

CLASS 11

SSSD

DIFFUSE SYSTEMS OF TISSUES

Ti

TISSUE IN GENERAL

Ti

Cti

CONNECTIVE TISSUE

Cti

Cti/Anat

Cti/Hi

Cti

NORMAL MORPHOLOGY OF CONNECTIVE TISSUE see: App. 3

Morphology of connective tissue in general

Cti

Loose connective tissue

"

Intercellular substance

"

Collagenous fibers

"

Elastic fibers

"

Amorphous ground substance

"

Cells

Fibroblasts, unidentified mesenchymal
cells

"

Lymphoid wandering cells

"

Histiocytes

"

Mastcells

"

Plasma cells

"

Eosinophils

"

Pigment cells

"

Fat cells

"

Dense connective tissue

"

Regular connective tissue

"

Tendons

"

Fibrous membranes

"

Lamellated connective tissue

"

Connective tissue with special properties

"

Mucous connective tissue

"

Elastic tissue

"

Reticular tissue

"

Adipose tissue

"

Pigment tissue

"

Connective tissue of the laminae propriae

"

Spread

Adip

Pigm

Cti-Spread

Cti/Chem

CHEMISTRY OF CONNECTIVE TISSUE see: Class 17

Cti/Phyg

GENERAL PHYSIOLOGY OF CONNECTIVE TISSUE see: App. 5

Cti/Pharm

GENERAL PHARMACOLOGY OF CONNECTIVE TISSUE EXTRACTS see: App. 6

Cti ← Var

Effect of various Agents upon the morphology and
function of connective tissue (See also: regeneration,
Wound-healing, and Inflammation) Cti ← Var

Cti/PA

PATHOLOGIC ANATOMY OF CONNECTIVE TISSUE see: App. 7

SSSS

CLASS 11

SSSD

Cti

DISEASES OF CONNECTIVE TISSUE IN GENERAL

Cti

Collagen diseases in general	<u>Cti-Collagen</u>
(For specific organ changes in certain collagen diseases see other Classes, as Class 4, 8, 9)	
Rheumatic diseases in general	<u>Rh</u>
Rheumatic fever	<u>Rh-Temp</u>
Panniculitis	<u>Panniculitis</u>
Lupus erythematosus disseminatus	<u>LE</u>
Besnier-Boeck-Schaumann's sarcoid	<u>Cti-Sarcoid</u>
Connective tissue tumors in general	<u>Cti-Tu</u>
Fibroma	<u>Fibr-Tu</u>
Fibrosarcoma	<u>Sa-Fibro</u>
Mastocytoma	<u>Mastocyt-Tu</u>
Lipomas	<u>Lip-Tu</u>
Diffuse symmetrical lipomatosis of neck of Madelung	<u>Lip-Sym-Tu</u>
Adipositas dolorosa	<u>Adip-Dol</u>
Lipodystrophy progressiva	<u>Lipodyst.</u>
Liposarcomas	<u>Sa-Adip</u>

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RES

RETICULOENDOTHELIAL SYSTEM

RES

(Only generalities concerning the RES and changes produced in it will be listed here. The diseases of the RES see Class 3. Regional changes in phagocytic activity are catalogued with the organs predominantly concerned.)

Phag

Phagocytosis

"

*

Hib-Gl

HIBERNATING GLAND

Hib-Gl

Hib-Gl

NORMAL MORPHOLOGY OF THE HIBERNATING GLAND

"

Hib-Gl ← Var

Effect of various Agents upon the morphology and function of the hibernating gland

Hib-Gl ← Var

Hib-Gl/PA

PATHOLOGIC ANATOMY OF THE HIBERNATING GLAND

see: App.7

* * *

SSSS

CLASS 12

SSSD

CYTOLOGY

Cytology

GENERAL CYTOLOGY

Cytology

Cytoplasm	"
Cell-membranes, Organoids (mitochondria, Golgi apparatus, cell-center, fibrils, inclusions of carbohydrates, lipids, proteins, chromophils, pigments, crystals, secretory granules, other inclusions)	"
Nucleus	"
Nuclear membranes	"
Nucleolus	"
Cell division (mitosis, chromosomes, amitosis)	"
Sex-chromosome	"
Cytologic changes produced by various Agents throughout the body)	Cytology ← Var

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REGENERATION, WOUND-HEALING and INFLAMMATIONReg
RegREGENERATION

Regeneration in general
 (Reg in special organs is listed with the
 organ in other Classes)

Reg
"

Infl

INFLAMMATION

Infl

Inflammation in general
 (This part is reserved primarily for experi-
 mental work concerned with the mechanism of
 Infl, and the factors, which can influence
 it; and for the data concerning localized
 experimental inflammations in the subcutaneous
 connective tissue, skin, eyes, joints, large
 serous cavities. Other inflammations are
 listed under the name of the inflamed organ.
 Inflammatory diseases and localized inflamma-
 tions produced by chemical irritants in man
 are listed in the Classes of the affected
 organs)

Anad

Anaphylactoid inflammation

"

SSP

Sanarelli-Shwartzman Phenomenon

"

*

Infl

Inflammation. List in this SSSD all localized experimental
 inflammations which occur in the subcutaneous connective
tissue, skin, eyes, joints, large serous cavities, as
 well as the general anaphylactoid inflammation and the
Sanarelli-Shwartzman Phenomenon. Other inflammations are
 listed under the name of the inflamed organ (e.g., the
 nephrotoxic nephritis of Masugi under R).

If inflammation is generalized, list under symbol of
 each organ in which noteworthy changes occur or, at least,
 under the most intensely affected organ (e.g., the blood-
 vessels in the hyalinosis due to DOC-overdosage).

In localized inflammations it is important to specify:
 1) the site, 2) the principal changes observed, and 3)
 the topical irritant, quite apart from any Agent which may
 have influenced the entire inflammatory reaction. For
 example, take an observation on inflammatory changes in
 the skin (site) of the mouse induced by topical application

SSSS

SSSD

Infl (continued)

of croton oil (irritant), with special reference to mast-cell disintegration (change). Assume that here the course of the inflammation had been modified by systemic treatment with ACTH. All this can be simply expressed thus:

'(Ct-it is (Mast-cell) ← Crot)' ← ACTH/Mouse

The seven types of experimental inflammations, which are now commonly used as standard tests in research will be codified as follows:

Art-it is

1) Topical Irritation Arthritis. An Art-it is in which special fibroblast changes are described after topical treatment with formalin and systemic treatment with Δ^1 -CON in the rat is written:

'(Art-it is Fibroblast) ← Fo' ← Δ^1 -CON/Rat

Topical anaphylactoid inflammation produced by the injection of anaphylactoidogenic agents (dextran, egg-white, antihistaminics, 5HT) directly into the joint region of the paw in rats, is listed as an Art-it is, e.g.:

'(Art-it is ← Egg-white)' ← CON-Ac/Rat

Gr-P

2) The Granuloma-Pouch (Gr-P). A Gr-P (in which no tissue element is the subject of special attention) produced by topical administration of croton oil and influenced by systemic treatment with STH in the rat, will be written:

'(Gr-P ← Crot)' ← STH /rat

3) Systemic anaphylactoid inflammation. An Anad produced in the adrenalectomized rat by systemic administration of egg-white is codified:

Anad ← Adr-X + Egg-white /Rat

SSP-L

4) The local Sanarelli-Shwartzman Phenomenon. For instance, if a rabbit is sensitized by a subcutaneous injection of typhoid toxin and then a local response in the treated area is elicited by the systemic administration of the same toxin, an SSP-L will result. Assume that the local vessel-lesions, as influenced by systemic cortisone treatment, were the topic of special interest in this work, this observation will be written:

'(SSP-L-Vs ← Typhoid-To)' ← CON + Typhoid-To /Rb

Here typhoid-To must be indicated as having been used both locally and systemically, because in the SSP-L the topical and systemic pathogens are not necessarily the same.

SSSS

Infl (continued)

SSP-G

5) The general Sanarelli-Shwartzman Phenomenon.
 Assume that a general SSP is produced by repeated subcutaneous injections of a crude (chemically unidentified) bacterial toxin preparation in rabbits; assume furthermore, that the effect of systemic treatment with ACTH upon the kidney is the principal topic of interest. This observation would be written:

$$\text{SSP-G(R)} \leftarrow \text{ACTH} + \overline{\text{Bact-To}} / \text{Rb}$$

Arthus

6) The Arthus Phenomenon. If an Arthus Phenomenon is produced in the thyroxin-treated rabbit by subcutaneous injections of horse serum, and no special tissue constituent receives particular attention, write:

$$^1(\text{Arthus} \leftarrow \text{B/Horse}) \leftarrow \text{TX} / \text{Rb}$$

In a case like this, it is redundant to indicate that horse serum was also injected systemically (to sensitize for the subsequent local reaction), since otherwise an Arthus could not have been obtained.

Art-Poly

7) Experimental Polyarthritis. If an adrenalectomized rat maintained on DOC develops a polyarthritis upon systemic treatment with tumor extract or exudate, we would write:

$$\text{Art-Poly} \leftarrow \text{Adr-X} + \text{DOC-Ac} + \text{Tu-E} / \text{Rat}$$

* * *

INFECTIONS, MICROBES, PLANTS and INVERTEBRATESINFECTIONS

Infections

Viral diseases	"
Rickettsial diseases	"
Diseases due to spirochetes	"
Coccal diseases	"
Mycoses	"
Protozoan diseases	"
(Metazoan diseases and maladies see Class 15)	
(Infectious diseases of special organs are filed in the corresponding Classes)	

*

MPI

MICROBES, PLANTS and INVERTEBRATES

MPI

MPI ← Var

Changes under the influence of Agents which are of interest to medicine	"
--	---

Viruses	"
Rickettsiae	"
Spirochetes	"
Bacilli	"
Cocci	"
Fungi	"
Protozoa	"
Leptothrix	"

(In this Part are filed changes observed in microbes, plants and invertebrates, under the influence of Agents which are of interest to medicine, for example, the effects of hormones, autonomic blocking agents, antihistaminics, or organ extracts, upon the appearance or multiplication of microbes. Thus, a change produced by estradiol in the ovaries of a worm would be listed here, not under OVARY (Class 2).)

* * *

REACTIONS TO VENOMOUS ANIMALS, INSECTS and PARASITES

Nematode (Roundworm) infections	VIP
Ancylostomiasis	"
Trichocephaleasis (trichuriasis)	"
Ascariasis	"
Oxyuriasis	"
Strongyloidosis	"
Trichinosis	"
Filariasis	"
Cestode (Tapeworm) infections	"
Teniasis	"
Echinococcoses (hydatid cyst)	"
Hymenolepiasis	"
Dipylidiasis	"
Diphyllobothriasis	"
Sparganosis	"
Trematode (Fluke) infections	"
Distomiasis	"
Intestinal distomiasis	"
Liver distomiasis	"
Pulmonary distomiasis	"
Schistosomiasis	"
Anthropods	
Chilopoda (including centipedes)	"
Crustaces (including cyclops, the intermediate host of the Medina worm and fish tapeworm, crabs and crayfish)	"
Arachnida (including ticks, mites, spiders and scorpions	"
Insecta (including blood-sucking flies, fleas, lice, hemophagous bugs, filth and myiasis-producing insects, netting, vesicating and stinging insects)	"
Vertebrates	"
Toad venoms, snake bites	"

* * *

TUMORS

Tu	Tumors	Tu
(This part is reserved for experimental work on tumors and for general considerations on spontaneous tumors, irrespective of their site; All endocrine tumors are filed under the name of the gland. Non-endocrine tumors are also listed with the principally affected organ. In the present Class we distinguish only the following five Sections):		
Tu	HUMAN TUMORS	"
Tu-i	EXPERIMENTAL TUMORS	"
	Induced tumors	"
	Transplanted tumors	"
Tu	SPONTANEOUS TUMORS OF ANIMALS IN GENERAL	Tu
	Spontaneous mixed tumors	"
Tu ← Var	Effect of various Agents upon tumors in general	Tu ← Var
Tu/Chem	CHEMICAL CHANGES IN TUMOR TISSUE AND STUDIES ON THE METABOLISM OF TUMORS IN VITRO	see: Class 17
Gr-P(Tu)	Experimental tumor induced or transplanted in the granuloma pouch	

* * *

METABOLISM (Including DIETS and METABOLISM OF DRUGS)

Metab < Ti	Tissue metabolism in general	Metab < Ti
BMR	Basal metabolic rate	BMR
RQ	Respiratory quotient	RQ
Tempi	Body temperature	Tempi
G-Soma	Body weight	G-Soma
Diet (Intake)	Intake of diet	Diet Intake
Diet (Absorp)	Absorption of substances (in general) from alimentary tract	Absorption < Int
	Absorption of substances (in general) from connective tissue	Absroption < Cti

CHO

CARBOHYDRATES

Carbohydrate metabolism and balance studies in general

Glu	Glucose	Glu
Gg	Clycogen	Gg
PS	Other polysaccharides	"
	Inulin	"
	Pectin	"
PS-Lip	Lipopolsaccharides	PS-Lip
PS-Muco	Mucopolysaccharides	PS-Muco
Hyalac	Hyaluronic acid	"
PS-Prot	Polysaccharide proteins	PS-Prot

Tricac

TRICARBOXYLIC ACID CYCLE

Citrates
Isocitrates
Acetoacetates
Alpha-ketoglutarates
Fumarates
Lactates
Oxalates
Pyruvates
Succinates
Other sugars

Tricac

" " " " " " " "

Lip

LIPIDS

Lipac	Fatty acids	Lip
Cho	Cholesterol	Cho
Lip-Prot	Lipoproteins	Lip-Prot
Lip-P	Phospholipids	Lip-P
K	Ketones	K

N

NITROGENOUS COMPOUNDS

Nucleo-Prot	Nucleoproteins	Nucleo-Prot
Prot	Proteins	Prot
A1b	Albumins	"
G1b	Globumins	"
NPN	Nonprotein nitrogen	NPN
	Urea	"
Creat	Creatin, creatinin	Creat
Creat-P	Phosphocreatin, phosphagen	"

" " " " " " " "

CLASS 17

SSSD

SSSS

Amac

AMINO ACIDS	Amac
Glycocol (Glycine)	"
Alanine	"
Serine	Cysteine	Cystine	Amac
Threonine	Ethionine	Methionine	"
Norvaline	Valine	Norleucine	"
Leucine	Isoleucine	Canavanine	"
Citrulline	Lysine	l-Arginine	"
Guanidine	Ornithine	Asparagine	"
Glutamine	Hydroxyglutamic acid	Phenylalanine	"
Tys	Tyrosine	Tryptophane	Histidine	"
DOPA	DOPA
Urac	Urac
PAH	"
<u>Nuclac</u>	<u>Nuclac</u>
<u>Prot-Muco</u>	<u>Prot-Muco</u>
<u>Prot-Glu</u>	"

INORGANIC ELEMENTS AND COMPOUNDS

Elements

Actinium	Ac	Neodymium	Nd
Aluminium	Al	Neon	Ne
Americium	Am	Neptunium	Ne
Antimony	Sb	Nickel	Ni
Argon	A	Niobium	Nb
Arsenic	As	(Colombium)	Nb
Astatine	At	Nitrogen	N
Barium	Ba	Osmium	Os
Berkelium	Bk	Oxygen	O
Beryllium	Be	Palladium	Pd
Bismuth	Bi	Phosphorus	P
Boron	B	Platinum	Pt
Bromine	Br	Plutonium	Pu
Cadmium	Cd	Polonium	Po
Calcium	Ca	Potassium	K
Californium	Cf	Praseodymium	Pr
Carbon	C	Promethium	Pm
Cerium	Ce	Protactinium	Pa
Cesium	Cs	Radium	Ra
Chlorine	Cl	Radon	Rn
Chromium	Cr	Rhenium	Re
Cobalt	Co	Rhodium	Rh
Copper	Cu	Rubidium	Rb
Curium	Cm	Ruthenium	Ru
Dysprosium	Dy	Samarium	Sm
Erbium	Er	Scandium	Sc
Europium	Eu	Selenium	Se
Fluorine	F	Silicon	Si
Francium	Fr	Silver	Ag
Gadolinium	Gd	Sodium	Na

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Gallium	Ga	Strontium	Sr
Germanium	Ge	Sulfur	S
Gold	Au	Tantalum	Ta
Hafnium	Hf	Technetium	Tc
Helium	He	Tellurium	Te
Holmium	Ho	Terbium	Tb
Hydrogen	H	Thallium	Tl
Indium	In	Thorium	Th
Iodine	I	Thulium	Tm
Iridium	Ir	Tin	Sn
Iron	Fe	Titanium	Ti
Krypton	Kr	Tungsten (Wolfram)	W
Lanthanum	La	Uranium	U
Lean	Pb	Vanadium	V
Lithium	Li	Xenon	X
Lutetium	Lu	Ytterbium	Yb
Magnesium	Mg	Yttrium	Y
Manganese	Mn	Zinc	Zn
Mercury	Hg	Zirconium	Zr
Molybdenum	Mo		

pH
CO₂
NH₄
CO₃

H₂O

H₂O-Metab
Ur

Osmosis

Acid base balance
Carbon dioxide
Ammonium
Bicarbonates

Osmosis

pH
"
"
"
"

WATER

H₂O

Water metabolism in general
Diuresis
Fluid intake
(For blood-volume see: Class 3)

Enz

ENZYMES

Enz

Hydrolases
 Carbohydrases
 Amylases
 Lactase
 Maltase
 Saccharase (sucrase, invertase)
 Emulsin (glucosidase)
 Cellulase

Nucleases
 Polynucleotidase
 Nucleotidase
 Nucleosidase

Amidases
 Arginase
 Urease
 Glutaminase
 Transaminase

Purine deaminases	Peptidases
Adenase	Aminopolypeptidase
Guanase	Carboxypeptidase
	Dipeptidase
	Prolinase
Proteinases	Esterases
Pepsin	Lipase
Uropepsin	Esterases
Trypsin	Phosphatases (P-ase)
Antitrypsin	Sulfatases
Cathepsin	Cholinesterase (ACh-ase)
Rennin	Cholineacetylase
Chymotrypsin	Lecithinases
Papain	
Ficin	Iron enzymes
Enterokinase	Catalase
Fibrinolysin	Cytochrome oxidase
Plasmin inhibitor	Peroxidase
Staphylokinase	
Streptokinase	
Copper enzymes	
Tyrosinase (polyphenol oxidase, monophenol oxidase)	
Ascorbic acid oxidase	
Enzymes containing coenzymes I and/or II	
Alcohol dehydrogenase	
Malic dehydrogenase	
Isocitric dehydrogenase	
Lactic dehydrogenase	
β -Hydroxybutyric dehydrogenase	
Glucose dehydrogenase	
Robinson ester dehydrogenase	
Glycerophosphate dehydrogenase	
Enzymes which reduce cytochrome	
Succinic dehydrogenase (as ordinarily prepared)	
Yellow enzymes	
Warburg's old yellow enzyme	
Diaphorase	
Haas enzyme	
Xanthine oxidase	
d-Amino acid oxidase	
l-Amino acid oxidases	
TPN-Cytochrome C reductase	
DPN-Cytochrome C reductase	

CLASS 17

SSSD

Enz

SSSS

Mutases

Vit

Aldehyde mutase
Glyoxalase

Hydrases

Fumarase
Aconitase
Enolase
Aspartase
Serine deaminase

Desmolases

Zymohexase (aldolase)
Carboxylase
 β -Keto carboxylases
Amino acid decarboxylases
Carbonic anhydrase

Other enzymes

Phosphorylase (Pyl-ase)
Phosphohexoisomerase
Hexokinase
Phosphoglucomutase
Lysozyme
Lipemia clearing factor
Steroidases

(For enzymes characteristic of certain endocrine-organ activities, see corresponding Classes, e.g., renin and hypertensinase under kidney.)

Enz-Co-factors

BBP

Enzyme co-factors

"

Blood and bile pigment

BBP

AMP

ADP

ATP

Adenosine monophosphate

ADP

Adenosine diphosphate

"

Adenosine triphosphate

"

Vit

VITAMINS

Vit

Vitamin A, Anti-infective, antixerophtalmic
vitamin, exerophtol

"

Vitamins B

Vit-B₁Vitamin B₁, Thiamine, betabion, aneurine,
thiaminium, antiberiberi vitamin

"

Vit-B₂Vitamin B₂, Riboflavin, lactoflavin, Vitamin G
Vitamin B₆, Pyridoxine, hexabione, adermine ...

"

SSSS

CLASS 17

SSSD

Vit-B ₆ -D	Derivatives of Vitamin B ₆	Vit
Vit-B ₁₂	Vitamin B ₁₂ , LLD factor, lactobacillus Lactis Dorner factor, cyanocobalamin, cobione, cobamine, dodox, dodecative, biocres, rubramine, berubigen, peraemon, bevidox, anacobin, betalin-12, pernipur, anti- pernicious anemia principle.	"
Vit-B ₁₂ ^b	Hydroxocobalamine, Vitamin B _T	"
Vit-B ₁₂ ^c	Nitritocobalamine, Biotin	"
Vit-Folic	Vitamin B (Folic acid), PGA, pterocylglutamic acid, Vitamin Gc, Vitamin M, liver lactobacillus casei factor, folvite	"
Vit-Folinic	Vitamin B (Folinic acid), citrovorum factor	"
Vit-PABA	Vitamin B _X , para-aminobenzoic acid, amben, bacterial vitamin H ¹ , anti-gray- hair factor, achromotrichia factor	"
Vit-Pantoth	Vitamin B (Pantothenic acid), an achromotrichia factor of the Vitamin B complex	"
Vit-Niacin	Vitamin G (Niacin) Vitamin PP (see below)	"
	Vitamin C	
Vit-Asc	Vitamin C, Ascorbic acid	"
	Vitamin D	
Vit-D ₁	Vitamin D ₁ , a monomolecular addition compound of Vitamin D ₂ with lumisterol	"
Vit-D ₂	Vitamin D ₂ , Calciferol, drisdol, irradiated ergosterol, ergocalciferol	"
Vit-D ₃	Vitamin D ₃ , Activated 7-dehydrocholesterol, cholecalciferol	"
Vit-D ₄	Vitamin D ₄ , dehydrovitamin D ₂	"
DHT	Vitamin D (AT 10), Dihydrotachysterol, hytakerol, a Ptr-H-like derivative of Vitamin D ₂	"
	Other vitamins	
Vit-Ch	Choline	"
Vit-E	Vitamin E, α-Tocopherol, antisterility vitamin, evion	"

SSSS

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SSSD

Vit-F	Vitamin F, Essential fatty acid factor (linolenic and linoleic)	Vit
(Vitamin G	Vitamin B ₂)	"
Vit-Biotin	Vitamin H, Biotin, a factor which cures egg-white disease in rats	"
Vit-K ₁	Vitamin K ₁ , 3-phytylmenadione, antihemorrhagic vitamin. (Useful in prothrombin deficiency and reverses dicumarol action)	"
Vit-K ₂	Vitamin K ₂ , Antihemorrhagic vitamin, slightly less active than K ₁	"
Vit-Folic	Folic acid	"
Vit-P	Vitamin P, Citrin, permeability vitamin. A term applied to a group of substances con- cerned with the maintenance of normal conditions in the walls of small blood vessels.	"
Vit-Nic	Vitamin PP. Niacinamide nicotinic acidamide	"
Vit-L	Vitamin L. A group name for "lactation factors," the existence of which is still dubious	"

Var-Metab

VARIOUS METABOLITES AND EXOGENOUS CHEMICALS

Var-Metab

(Those are listed in the Part which do not fit obviously
into other categories within this Class. Little known
or unimportant compounds may be listed by their generic
names/in the SSS overlined/ in one of the following
groups)

An	Anesthetic drugs	"
VIP	Animal poisons	"
AB	Antibiotics	"
Hn↓	Antihistaminics	"
<u>Malaria↓</u>	Antimalaric drugs	"
<u>Metab↓</u>	Antimetabolites	"
<u>Mit↓</u>	Antimitotic drugs	"
<u>Infl↓</u>	Antiphlogistic drugs	"
<u>Stress↓</u>	Antistress drugs	"
<u>Tr↓</u>	Antithyroid drugs	"
<u>ABA</u>	Autonomic blocking agents	"
<u>Barb</u>	Barbiturates	"
<u>Bact-To</u>	Bacterial toxins	"
<u>Cagen</u>	Carcinogens	"
<u>Calyt</u>	Carcinolytics	"
<u>Cr↑</u>	Cardiac stimulants	"
<u>Cell-To</u>	Cytotoxic drugs	"
<u>Hep-sen↑</u>	Cholagogues	"
<u>Spermia↓</u>	Contraceptives	"

SSSS

CLASS 17

SSSD

Ur↑
 Dyes
 Erg
 Gases
 Hn-Lib
 Infl-M
 Ltgen
 Infl↑
 Ste
 Psy
 Sulfa
 SH↓
Var-Metab-To
Var-Metab
Vs-c†

Diuretic-drugs	Var-Metab
Dyes	"
Ergot derivatives	"
Gases	"
Histamine liberators	"
Inflammatory mediators	"
Lathyrogenic compounds	"
Prophlogistic drugs	"
Non-hormonal unidentified steroids	"
Psychotomimetics	"
Sulfa-drugs	"
Sulfhydryl inhibitors	"
Various toxic metabolites	"
Various unidentified metabolites in blood and tissue	"
Vasoconstrictor substances	"

DISEASES OF METABOLISM

(Those which affect certain organs preferentially,
are listed with the corresponding Classes.)

Glycogenosis, von Gierke's disease	Gg-osis
Meliturias (other than glycosurias)	Mel
Hypoglycemia	Glu↓-B
Adiposity	Adip↑
Pathologic leanness of undetermined origin	Adip↓
Acidosis in general	pH↓
Alkalosis " "	pH↑
Hyperlipemias in general	Lip↑B
Carotenemia	"
Amyloidosis	Amyloid
Macroglobulinemia	Macro-Glb
Cryoglobulinemia	Cryo-Glb
Agammaglobulinemia	γ-Glb↓B
Hyperpotassemia	K↑ < B
Derangements in mineral metabolism in gen.	Mineral-Metab
Derangements in water metabolism " "	H ₂ O-Metab
Calcinosis universalis	Ca-osis
Steatorrhea	Steatorrhea
Melanin pigmentation	Pigm
Hemochromatosis (bronze diabetes)	Hemochromatosis
Ochronosis, alkaptonuria	Ochron-Alkapt
Porphyria	F-ch
Tropical sprue	SprueT
Non-tropical sprue	SprueN
Kwashiorkor	Kwash
Lignac-Fanconi syndrome (see Bone, Class 8)	
Rickets	Vit-D↓
Hypercalcemia	Ca↑ < B
Hypokalemia	K↓ < B
Hypophosphatasia	P-ase↓

IMMUNITY

(Only generalities concerning immune reactions and the presence of antibodies in blood and tissues are listed in this Part. Hypersensitivity reactions and allergic diseases, which tend to affect certain organs preferentially, are listed in the Classes reserved for these organs)

IM	GENERAL PHYSIOLOGY OF ALLERGIC AND IMMUNE REACTIONS	IM
	Chemistry of antibodies	"
<u>IM↑</u>	Mechanism of antibody-formation	"
	Serologic disease-producing agents, allergens, antigens, vaccines	"
<u>IM ← Var</u>	Antibodies in blood and tissues influenced by various Agents	<u>IM ← Var</u>
Ana	ANAPHYLAXIS (EXPERIMENTAL)	
	Generalities concerning the mechanism of anaphylaxis IM	
Ana ← Var	Anaphylaxis as influenced by various Agents ...	Ana ← Var
<u>IM</u> <u>Serum</u>	IMMUNOLOGIC DISEASES IN GENERAL	<u>IM</u>
	Serum sickness and serum shock	"

* * *

CONDITIONSINTERNAL ENVIRONMENT (excluding metabolism)

Morb
Res Diseases in general, unclassifiable diseases
State (general resistance)

Morb
Res

G.A.S.

GENERAL ADAPTATION SYNDROME

GENERALITIES see: App.1

Stressors or alarming stimuli

(in general, such Agents are discussed in the corresponding other Classes; here we list only those which are of particular interest in connection with the stress-concept)

First mediators of stress

Stress test

FM
ST

Stress(G.A.S.) ← Var

The whole G.A.S., as influenced by various Agents, including crossed resistance and crossed sensitivity (Changes in individual Targets are listed in the corresponding Classes) Stress(G.A.S.)←Var

Stress
Res

DISEASES OF ADAPTATION

Res
"

Diseases of resistance
(no definite site or known cause)

Shock
Pedatr

Shock

"

Pedatropy

"

Genet

GENETICS

Genet

(For cytologic problems, including chromosomes, see: Class 12: Cytology. Constitutional factors, special sensitivity or insensitivity of animal species or races and prenatal influences are considered as Agents belonging to Class 19, in determining their Order of Precedence when they act upon other Targets.)

Malf

MALFORMATIONS

Malf

(Those limited to organs are catalogued in the Classes corresponding to the affected parts. Here we list only general malformations and generalities concerning the mechanism of developmental anomalies.)

GENERALITIES see: App.1

Malformation of the body as a whole

Malf

Monsters

"

Siamese twins

"

Malformations of the head

"

SSSS

CLASS 19

SSSD

Marfan-S

Malformations of the trunk
 Malformations of the extremities
 Marfan syndrome

Malf
 "
 "

Age

AGE

(Primarily as an Agent capable of influencing
 the response of various Targets)

Age

GENERALITIES

see: App.1

AgeAge↑Age↓

Anomalies of aging
 Premature senility
 Delayed aging and infantilism of undet-
 ermined origin

Age

"

"

Age ← Var

Factors influencing the aging process

Age ← Var

EXTERNAL ENVIRONMENT

(Here are listed only those external factors
 which do not fit naturally into formerly men-
 tioned groups.)

Hib

Season

Season

Hib

G↑

Hibernation

Balneo-Geogr

G↓

Balneologic and geographic factors

G

Q↓

Acceleration

"

Q↑

Deceleration

"

Tempe↑
Tempe↓

Suspension

"

Altitude and anoxia, reduced atmospheric pressures

Q

Hyperventilation, caisson, increased " "

"

Decompression

"

Heat, burn

Tempe

Cold, frostbite

"

Aviation

Aviation

Habitat in general (water for fish, etc.).

Habitat

Premature birth

Premy

Vibration

Vibration

Social conditions

Social

Captivity of man or of wild animals (condi-
 tions incident to imprisonment)

Captivity

War

War

Diurnal

Diurnal variations

Rhythm

Rhythm

Pa

Parabiosis

Pa-To

Parabiosis-intoxication

Trauma

Trauma (systemic)

Ray-Light

Visible light

Ray-Solar

Solar radiation

Ray-Io

Ionizing rays

SSSS

CLASS 19

SSSD

Ultraviolet rays	Ray-UV
Grenz rays	Ray-Grenz
Radio, short waves	Ray-Radio
Sound	Sound
Ultrasound	Ultrasound
Electricity, electroshock	Electr
Stressors	Stress↑

* * *

INDEX OF NEW OR RARE DRUGSDrugs?

(Those drugs are listed here in alphabetic order, which do not fit into any other divisions, or which are little known. In the latter case both the scientific and the trade name should be mentioned.

* * *

SSSS

CLASS 20

SSSD

PARAMEDICAL TOPICS

In this Class are listed, strictly in alphabetic order those subjects which do not belong to medicine, but are considered to be of importance to the physician.

* * *

APPENDICESTHE ORDER OF PRECEDENCE IN THE STATIC CATEGORIES

The descriptive "static observations" can be catalogued simply by the usual, progressive arborization which leads from the largest towards successively smaller groups. The general lines of this progressive arborization are rather stereotypic, within any one of the static categories no matter to which subject they are applied. Therefore, the principles which guide the cataloguing of descriptive material are not repeated with each item in the Order of Precedence tables, but outlined separately in the following eight Appendixes, which correspond to the eight static categories in our system:

1. GENERALITIES
2. DESCRIPTION OF INTERVENTIONS ON THE TARGET
3. NORMAL MORPHOLOGY
4. CHEMISTRY
5. GENERAL PHYSIOLOGY
6. GENERAL PHARMACOLOGY
7. PATHOLOGIC ANATOMY
8. CLINICAL ASPECTS OF DISEASE

*

SSSS

APPENDIX IGENERALITIES

Rev

REVIEWS

Generalities concerning a whole group are always listed at the beginning of the group to which they refer. Consequently, general reviews (including encyclopedias, textbooks and other general articles) which deal with medicine as a whole, precede all other entries in the file, while special reviews are placed at the head of the compartment to which they refer.

The Order of Precedence of these reviews is determined by the symbol to the left of the first stroke, e.g., a review on the ovary in general (Ov/Rev) is placed at the very beginning of the Part Ovary. Then follow reviews in foreign languages, arranged alphabetically.

Reviews concerning relationships between two Targets or between a Target and some theoretic subject, are filed with the help of the colon (our symbol for relations). In all these instances, the higher precedence item is placed to the left of the colon.

Book reviews are not listed in our Index, except for those which deal with members of our Staff.

Lay reviews are taken only if exceptionally instructive, e.g., Stress/Lay Rev.

HISTORY

Historic surveys are placed immediately after the general reviews on the same subject.

OTHER GENERALITIES

Other generalities come next and, like the reviews and historic survey, are also arranged according to Targets as far as possible.

In all of these categories, the Target may be an anatomic unit, a chemical constituent of the body, or even a condition, e.g., stress.

Finally, it will be kept in mind that, although they themselves are static material, generalities can head a compartment in a dynamic portion of the file, e.g., reviews and theories concerning the role played by nutritional factors in pregnancy are coded:

Pre ← Diet/Rev and Pre ← Diet/The.

These cards are then placed at the head of the column of the same entries.

SSSS

APPENDIX 2DESCRIPTION OF INTERVENTIONS ON THE TARGETS

Meth

PROCEDURES WHICH TRANSFORM A TARGET INTO A NEGATIVE AGENT

The techniques used to transform a Target into a negative Agent are described, immediately after the morphologic description of the organ, in the following order:

..-X

..-Xp

- (1) Total extirpation, e.g., Adr-X *)
- (2) Partial extirpation, e.g., Adr-Xp
- (3) Other topical destructive interventions,
e.g., direct exposure to ionizing rays:
'(Adr ← Ray-Io)' For the '()' symbol see the Symbols.

Su

Surgical interventions.

PROCEDURES WHICH TRANSFORM A TARGET INTO A POSITIVE AGENT

The techniques used to transform a Target into a positive Agent are listed, immediately after the morphologic description of the organ, in the following order:

..-t

..-Imp

- (1) Transplantation, e.g., Adr-t
- (2) Implantation of organs or tissues which do not "take" but act merely by virtue of the substances which they contain, e.g., Adr-Imp
(Chemical procedures are treated in the Chemistry Sections according to Appendix 4)

IN VITRO PROCEDURES

Immediately after the implantation techniques come the methods of tissue cultures, organ cultures and organ perfusion in vitro.

*) The pseudoextirpation of an endocrine gland with certain drugs, as thiourea for the thyroid, or alloxan for the pancreas, is also listed in this category.

*

SSSS

APPENDIX 3NORMAL MORPHOLOGY

GENERALITIES (see: App.1)

Anat

ANATOMY

Generalities

Meth

MethodsDescription of structure

Hi

HISTOLOGY

GeneralitiesMethodsDescription of structureHistochemistry

Hormones

Carbohydrates

Lipids

Proteins

Other organic substances

Inorganic substances (incl. water content)

CytologyStroma

Connective tissue

Blood-vessels

Lymph-vessels

Hemopoietic tissue

Nerves and ganglia

Adipose-tissue

Other stroma elements

COMPARATIVE MORPHOLOGY (Anatomy and Histology together)

GeneralitiesFishAmphibiansReptilesMammalsBirds

(The individual species are listed alphabetically)

EMBRYOLOGY

GeneralitiesDescriptive (with regard to man)Comparative (species other than man)

The

THEORIES (Concerning the histophysiology of the gland)

The:Cell-Cell

Which cell is derived from which other cell?

The:Cell-H

Which cell produces which hormone?Pathways of secretion.Other histophysiological theories.

SSSS

Chem

APPENDIX 4CHEMISTRY

GENERAL CHEMICAL COMPOSITION OF THE TARGET

Generalities (see: App.1)

Chem-Comp/..

Organic compounds (except hormone content, which see in Section "Hormone content of various Tissues")Inorganic compounds

CHEMISTRY OF THE HORMONE(S) OF THE TARGET

Generalities (see: App.1)Terminology, incl. trade names

E

Extraction. Preparation of the hormone from natural sources, incl. purification and separation from other hormones.

Str

StructureSyn
BiosSynthesis including biosynthesis

Chem-Physical

Physical chemistry, incl. solubility, crystallography, melting point, optic rotation, X-ray diffraction, UV-spectrum infrared spectrum, chromatography, etc.

Anlt

Analytical chemistry, incl. all chemical methods used for determination of the hormone.

Chem-Act

Chemical activation. Increase in the activity of the hormone due to chemical interventions in vitro.
For pharmacologic activation see: App.6

Chem-Inact

Inactivation. Reverse of the above.

Chem-Res

Resistance, e.g., to other compounds, pH changes, heat, etc.

Preserv

Preservation, incl. durability and chemical preservatives and procedures which increase the "shelf-life".Chem-Special
reactionsSpecial reactions which are characteristic of the hormone but are not commonly used for analytic or synthetic purposes.

Chem-D

Chemistry of derivatives, incl. both biologically active and inactive derivatives.

APPENDIX 2

SSSS

Phyg

GENERAL PHYSIOLOGY

(This category is primarily reserved for problems of humoral physiology
Generalities (see: App.1)

Mech-Sen

Mechanism of secretion, incl. the pathways through which a gland receives hormonal or nervous secretory stimuli.

Mech-Act

Mechanism of action, incl. all intermediate steps between the Agent and the manifestations of its action.

Class

Classification, that is, the categories into which the various endogenous Agents can be divided. Here we list, also, special forms which may take in vivo, the necessity of subdividing into several components, substances previously thought to be one single hormone and the discovery of new hormones whose identity is still questionable.

Biog

Biogenesis. Factual data which may shed light upon the biogenesis of a hormone should be listed in the dynamic section, e.g., the in vitro biogenesis of aldosterone from desoxycorticosterone in the adrenals: ((ALDO < Adr ← DOC)). However, theoretic discussions are listed here if they have merit. When such theories are based on original observations, they may represent one of the rare instances in which double entries - both in the dynamic and in the static section - are desirable. For purely chemical experiments on synthesis of active hormone derivatives outside cells see: Chem-Act.

Metab

Metabolism of the hormones, incl. their fate in the body as a whole, or in one of the tissues. The possible necessity for double entries is the same here as it is in connection with problems of biogenesis (see above). For purely chemical experiments see: Chem-Inact..

Utilization of the hormones for the performance of their functions. There are many publications on this subject, although the existence of such hormone utilization has not yet been definitely proven. Of course, there can be no doubt about the metabolic destruction of hormones, quite apart from the performance of their function, but this is listed under Metabolism above.

*

SSSS

Pharm

APPENDIX 6GENERAL PHARMACOLOGYGENERALITIES see: App.1

- St** Standardization. The bioassay of pharmacologic activity, e.g., ACTH/St/Adr > Vit-Asc ← Hyp-X /Rat
- Ap** Application. The routes of administration. The local action of compounds, upon tissues at the site of application is catalogued as a dynamic observation in a comparatively independent unit within the body, e.g., '(V ← EDIOL)' Application of drug to the embryo during pregnancy by administration to mother is considered transplacental application, e.g., COL/Ap/Pl.
- Solv** Solvent, e.g., EDIOL/Solv/Oil
- Dose: Effect** Dose:Effect curves. The relationship between dosage and the resulting changes in a Target, including the effect of dividing the total dose administered during a given period of time. Only general articles are to be catalogued under Pharmacology; specific data should be treated as dynamic observations, e.g., BP: Glu< B ← A
- Withdrawal effects and metahormonal effects. Changes which occur following withdrawal of an Agent and permanent changes caused by temporary treatment.
- Pharm:Chem** Relationship between the pharmacologic and chemical effects of a drug.
- Pharm:Pharm** Interrelations between different types of pharmacological actions within the same compound.
- Pharm-Act** Pharmacologic activation. E.g., prolongation of insulin action by admixture with zinc and other procedures for obtaining "long-acting" hormone preparations. Also, increase in the activity of a hormone, due to conjoint treatment with a "conditioning" Agent.
- Pharm-Inact** Pharmacologic inactivation. The reverse of the above.
- Sens** Sensitization. Increase in reactivity, incl. cumulate actions following repeated treatment with the same compound.
- Desens** Desensitization. The reverse of the above.
- Pharm-Res↑** Pharmacologic resistance. Unusually weak responsiveness, not due to previous treatment, e.g., the insulin resistance of certain diabetics (IN/Pharm-Res↑/IN↓) congenital resistance to hormones.
- Pharm-Res↓** Excessive sensitivity. The reverse of the above.
- Pharm-IM** Immune reactions. E.g., allergy to hormones and the formation of immune bodies, incl. anti-hormones.
- Species-Res** Species specificity of resistance. Innate differences in the sensitivity of various animal species to a compound, e.g., COL/Species-Res/Gp
- To** Toxicity. Overdosage side-effects, see also:App.8, Complications. Only general toxic effects should be listed here, special descriptions are listed among the corresponding classes.

SSSS

APPENDIX 7

PA

PATHOLOGIC ANATOMY

(In this category we list only morphologic lesions in the Target itself. Anatomic changes secondary to lesions in the Target are treated as dynamic observations. The Order of Precedence within the Pathologic Anatomy is:)

Generalities (See: App.1)

Aplasia

Hypoplasia

Hyperplasia

Accessory glands

Other malformations

Hemorrhages and other vascular lesions

Degenerative changes

Inflammations

Tumors

(If the description of a disease is limited to the pathologic changes, it should be codified as PA and filed in the division of the corresponding disease, e.g., Art-Rh/PA)

*

APPENDIX 8CLINICAL ASPECTS OF DISEASE

(In this category we list only generalities. Special information is codified according to the Order of Precedence tables. E.g., factors suspected of being of importance are listed as Agents, and complicating organic lesions or diagnostic signs as Targets. The Order of Precedence is:)

Generalities (see: App.1)

Def

Definitions

Class

Classification (subgroups within the disease entity)

Incidence in general (The effect upon incidence, of genetic factors, geographic conditions, age, pregnancy, etc., are treated as dynamic observations in which these factors figure as Agents)

P

Pathogenesis

Clinical course, incl. signs and symptoms

Co

Complications, (see also: App.6; Toxicity)

-D

Diagnosis

D-Diff

Differential diagnosis *)

Progn

Prognosis

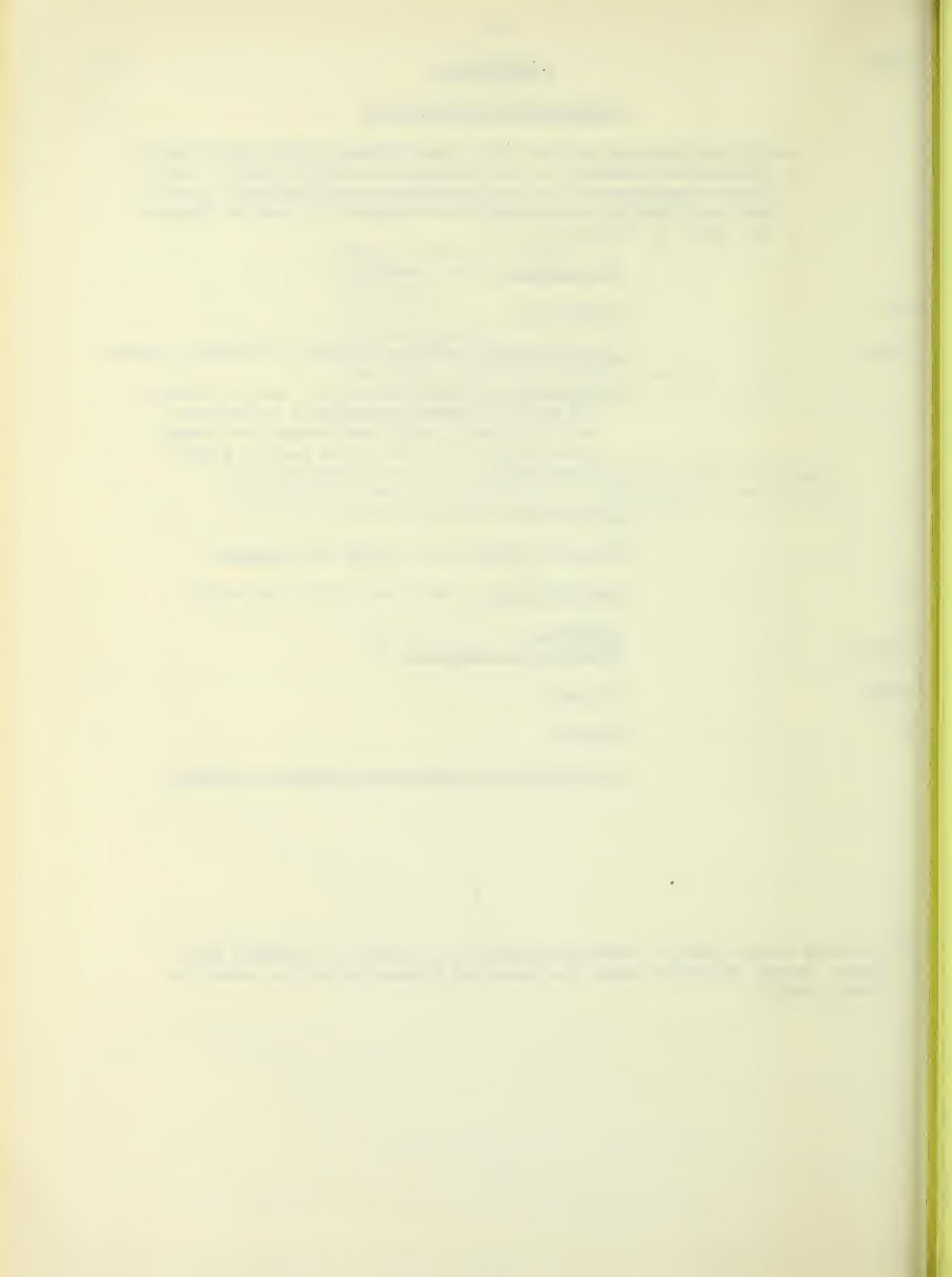
R

Therapy

Corresponding spontaneous diseases in animals

*

- *) Diseases which resemble endocrine maladies, and could be confused with these, should be listed under the endocrine disease which they simulate, under D-Diff.



A L P H A B E T I C I N D E X O F S Y M B O L S

SSSS

A

AN

AB

ABA

ABA

ABA

Abs

Abs

Ac

ac

Ac

Aca

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o A

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d d

o A

d d

<u>SSSS</u>		
<u>A</u>		
<u>AAN</u>	Adrenaline	Adr-H
<u>AB</u>	Aminoacetonitrile	<u>Ltgen</u>
<u>ABA</u>	Antibiotics	<u>Var-Metab</u>
	Autonomic Blocking Agents in the widest sense, including: Adrenolytics, antihistaminics, histamine liberators, antipyretics (presumed to act on thermoregulation through autonomic nervous system), ganglioplegics, parasympatholytics, sympatholytics. See: Generic Names	"
<u>ABA</u> -"Hib"	Drugs producing artificial hibernation	"
<u>ABA-Hexam</u>	Hexamethonium	"
<u>Absc</u>	Abscess	
<u>Absorption</u>	Absorption of non-hormonal substances from the intestine or tissues is listed under the corresponding SSSD of Metabolism among the Targets, e.g.: Lip(Absorption < Cti) ← CON The absorption of mixed diets is listed under general metabolism, e.g.: Diet-Absorption ← A The rate of absorption of a hormone is listed under Pharmacology (subheading: Application), e.g.: ACTH/Ap/i.v.	<u>Lip</u>
<u>Ac</u>	Acetyl or acetate	
<u>ac</u>	Acid - to be used only as part of symbols, e.g., Lacac, Lipac	
<u>AC</u>	Antiphlogistic Corticoids	Adr-H
<u>Acant. nigr.</u>	Acanthosis nigricans	<u>Ct</u>
<u>♀ or ♂-Acc</u>	Accessory sex organs (see also Symbols ♀ and ♂)	(Class 2) En
<u>♀-Acc</u>	Diseases of the female accessory sex organs in general	<u>♀-Acc</u>
<u>♂-Acc</u>	Diseases of the male accessory sex organs in general	<u>♂-Acc</u>
<u>♂-Acc-itis</u>	Inflammations of the male accessory sex organs	"
<u>♀-Acc-Malf</u>	Malformations of the female accessory sex organs	<u>♀-Acc</u>
<u>♂-Acc-Malf</u>	Malformations of the male accessory sex organs	<u>♂-Acc</u>

SSSS

SSSD

<u>♂-Acc-Tu</u>	Tumors of the male accessory sex organs	<u>♂-Acc</u>
ACh	Acetylcholine	<u>Nr-H</u>
ACh-ase	Acetylcholine esterase, cholinesterase	<u>Enz</u>
<u>Achondr</u>	Achondroplasia	<u>Os</u>
<u>Acrocyanosis</u>	Acrocyanosis	<u>Cr-Vs</u>
Act	Activation, e.g., Pharm-Act	
ACTH	Adrenocorticotropic Hormone, Corticotrophin	<u>Hyp-H</u>
ACTH-M	Mineralocorticotropic Hormone(s)	"
ACTH-RF	ACTH releasing factor	<u>Nr-H</u>
Act-Relative	Action relative of a Cpd on various organs, e.g., of A on BP, Glu < B, etc.	
Adip	Adipose tissue, fat tissue	<u>Cti</u>
<u>Adip↓</u>	Pathologic leanness of undetermined origin	<u>Metab</u>
<u>Adip↑</u>	Adiposity	"
<u>Adip-Dol</u>	Adipositas dolorosa	<u>Cti</u>
<u>AdipG-S</u>	Adiposogenital Syndrome	<u>Nr</u>
ADP	Adenosine diphosphate	<u>ATP</u>
Adr	Adrenals	(Class 2) <u>En</u>
Adrc	Adrenal cortex	<u>Adr</u>
Adrc-E	Adrenal Cortical Extract	<u>Adrc-E</u>
<u>AdrF↑</u>	Adrenal hyperfunction due to increased folliculoid secretion	<u>Adr</u>
<u>AdrG-S</u>	Adrenogenital Syndrome	"
<u>Adr-ititis</u>	Adrenal inflammation	"
Adrm	Adrenal medulla	<u>Adrm</u>
<u>Adrm↑</u>	Adrenomedullary hyperfunction	<u>Adr</u>
<u>Adrm↑-Tu</u>	Pheochromocytoma	"
ADRST	Adrenosterone	"
<u>AdrT↑(Hirsutism)</u>	Adrenocortical virilism (excluding actual <u>AdrG-S</u> or <u>CIT↑</u> , specially identified, e.g., <u>Adr-Ganglioneuroma</u>)	<u>Adr</u>

<u>SSSS</u>		
<u>AF</u>	Artificial folliculoids chemically unrelated to hormones, e.g., Acrylonitrile, Stilbo	F
<u>AF-TACE</u>	Tri-p-Anisyl-Chloroethylene, an artificial folliculoid	"
<u>Age</u>	Anomalies of aging	Class 19
<u>Age↓</u>	Delayed aging and infantilism of undetermined origin	"
<u>Age↑</u>	Premature senility, progeria, Werner-S	"
<u>AL</u>	Anterior lobe of hypophysis	Hyp
<u>AL↓</u>	Hypofunction of anterior lobe, e.g., <u>AL↓-Simmonds</u>	Hyp
<u>AL↑</u>	Hyperfunction of anterior lobe	"
<u>AL↑-Acr</u>	Acromegaly	"
<u>Alb</u>	Albumins	Prot
<u>AL↑-Berardinelli</u>	Berardinelli's syndrome	Hyp
<u>AL↑-Cushing</u>	Cushing's syndrome (hypophyseal or of unidentified cause)	"
<u>ALDO</u>	Aldosterone	Adrc-H
<u>AL↓-Dwarfism</u>	Hypophyseal dwarfism	Hyp
<u>AL-E</u>	Anterior lobe extract	Hyp
<u>Alg</u>	Algia, pain, e.g., Dent-Alg, Cer-Alg, Alg-Abdominal	Nr-f
<u>AL↑-Gig</u>	Hypophyseal gigantism	Hyp
<u>AL-H</u>	Anterior lobe hormone. This designation is used for not yet definitely characterized hormones	Hyp-H
<u>AL↓-Infantilism</u>	Hypophyseal infantilism	Hyp
<u>All</u>	Alloxan	Pn-X
<u>All</u>	Alloxan-type drugs	"
<u>AL↓-Sheehan</u>	Sheehan's syndrome	Hyp
<u>AL↓-Simmonds</u>	Simmond's disease	"
<u>Amac</u>	Amino acids	(Class 17) Amac
<u>Amerrh</u>	Amenorrhea, other than menopausal; (Menopause is ♀-Clt)	Ov
<u>Amniotic fluid</u>	Amniotic fluid	Pl
<u>AMP</u>	Adenosine monophosphate	ATP

SSSS		SSSD
<u>Amyloid</u>	Amyloidosis	<u>Metab</u>
An	Anesthesia	Nr-f
An	Anesthetic drugs, sedatives, hypnotics, analgesics	<u>Var-Metab</u>
Ana	Anaphylaxis, exp. anaphylactic shock	(Class 18) IM
"Ana"	Anaphylaxis-like reactions exclusive of Anad	
Anad	Anaphylactoid inflammation	Infl
<u>Ana-Shock</u>	Anaphylactic shock, clinical	IM
Anat	Anatomy	(App.3) Anat
ANDROST	Androsterone	<u>T</u>
<u>Aneurism</u>	Aneurism	Cr-Vs
Anlt	Analytical chemistry	(App.4) Chem
An-B	Sleep therapy, (ABA="Hib" and Temp↓="Hib")	<u>ABA</u>
ANS	Autonomic nervous system	Nr
ANTHELONE	Anthelone	<u>GI-H</u>
Ao	Aorta	Cr-Vs
AOP	21-Acetoxy pregnenolone	<u>OC</u>
<u>Ao-Sten</u>	Coarctation of the aorta	<u>Cr-Vs</u>
Ap	Application. Route of administration of hormone or drug. Except for the conventional abbreviations of i.m., i.v., s.c., i.p. and p.o., this is indicated by the symbol of the site of application preceded by <; (intrasplenic: < Sp, intrathecal: < Csi, intra-arterial: < Ar, intracutaneous: < Ct, etc.) e.g., ACTH/Ap/ < Sp, COIA/Ap/p.o. (For Ap of Dr to Emb during Pre, see App.6: Ap.)	
APN	β-Aminopropionitrile, a substance which produces experimental lathyrism	<u>Ltgen</u>
App	Appendix	GI
Ar	Artery	
<u>Arrh-Tu</u>	Arrhenoblastoma	Ov
<u>Ar-Scl</u>	Arteriosclerosis in its widest sense, including atherosclerosis	<u>Cr-Vs</u>

SSSS		SSSD
Art	Articulations, joints	Art
<u>Art</u>	Articular diseases in general	<u>Art</u>
<u>Art-Gout</u>	Gouty arthritis	"
Arthus	Arthus Phenomenon	Infl
Art-itis	Experimental arthritis	"
<u>Art-LP</u>	Legg-Perthes - not <u>Os-Chondr-LP</u> (Osteochondrosis)	<u>Art</u>
<u>Art-MS</u>	Arthritis of Marie-Struempell, hypertrophic spondylitis	"
<u>Art-Nr</u>	Neuropathic arthritis of Charcot	"
<u>Art-Os</u>	Osteoarthritis, degenerative arthritis, hypertrophic spondylitis	"
Art-Poly	Polyarthritis (experimental)	Infl
<u>Art-Rh</u>	Rheumatoid arthritis	<u>Art</u>
<u>Art-Rh-Felty</u>	Felty's Syndrome	"
<u>Art-Rh-Tempi</u>	Arthritis of Rheumatic Fever	"
<u>Art-Rh-Palindr.</u>	Palindromic Rheumatism	"
<u>Art-Rh-Reiter</u>	Reiter's disease	"
<u>Art-Rh-Still</u>	Juvenile rheumatoid arthritis (Still's disease)	"
<u>Art-Shoulder-Hand-S</u>	Shoulder-Hand-Syndrome	"
<u>Art-Tu</u>	Tumors of the joints	"
Ar:Ve	Arteriovenous difference, e.g., Glu(Ar:Ve)	
-ase	Suffix which designates enzymes, e.g., P-ase, ATP-ase, Pyl-ase	
<u>Ataxia-Friedreich</u>	Friedreich's ataxia	Nr
ATP	Adenosine triphosphate	ATP
ATP-ase	Adenosine triphosphatase	Enz
<u>Atr</u>	Atrophy	
<u>Ats</u>	Atherosclerosis	<u>Ar-Scl</u>
Auxin	All plant hormones	Class 20
A:V	(see Ar:Ve)	

B

B	Blood or serum. Unidentified blood-constituents (e.g., Toxic substances) are filed under this heading. See also: B-Perf, B-Cells	B
B↓	Loss of blood in general, or hemorrhage into certain organs, e.g., Adr(B↓)	B↓
<u>B↓</u>	Anemia	<u>B-Osm</u>
<u>Bact</u>	Bacteria and other microbes. The names of <u>microorganisms</u> are interruptedly underlined. <u>Microorganisms</u> can be targets if they themselves have been examined, not merely the tissue reactions produced by them.	
<u>Bact↓</u>	Antibacterial agents other than antibiotics	Var-Metab
<u>Bact-To</u>	Bacterial toxins	"
<u>BAL</u>	British antilewisite, 2-3 dimercaptopropanol	"
<u>Balneo</u>	Balneology, climatology, hydrotherapy	External Environment
<u>B↓-Aplastic</u>	Aplastic anemia	<u>B-Osm</u>
<u>Barb</u>	Barbiturates	Var-Metab
<u>Baso</u>	Basophil cells	
<u>B-baso</u>	Blood basophilic eosinophil	<u>B-Osm</u>
<u>BBP</u>	Blood and bile pigments	Metab
<u>B-Cells</u>	Blood cells, blood count, if cell types specified: B-Eo, B-Poly, B-Lympho, B-Ery-Werlhof	<u>B-Osm</u>
<u>B-Cg</u>	Blood-coagulation	"
<u>B-Cg↓</u>	Diseases due to decreased blood-coagulability	<u>B-Cg↓</u>
<u>B-Cg↓</u>	Anticoagulants	Var-Metab
<u>B-Cg↓-Fibrinogen↓</u>	Hypofibrinogenemia	<u>B-Cg</u>
<u>B-Cg↓-Hemophilia</u>	Hemophilia	"
<u>B-Cg↓-Prothrombin↓</u>	Hypoprothrombinemia	"
<u>B-Cg↓-SH</u>	Schoenlein-Henoch's allergic nonthrombopenic purpura (nonthrombocytopenic)	"
<u>B-Cg↓-Tc↓-To-IM</u>	Toxic-allergic thrombocytopenic purpura	"
<u>B-Cg↓-Tc↓-Werlhof</u>	Idiopathic thrombocytopenic purpura (Werlhof)	"

<u>Behcet-S</u>	Behcet's syndrome (as a variant of Erythema nodosum)	<u>Ct</u>
B-Eo	Eosinophils in blood	B-Osm
<u>B↑-Eo</u>	Eosinophilic leucemia	<u>B-Osm</u>
<u>B↓-Ery</u>	Simple chronic anemia	"
<u>B↑-Ery</u>	Polycythemia in general, erythremia, polycytemia rubra vera, Vaquez disease, Osler's disease	"
<u>B↓-Ery-Blastosis</u>	Erythroblastosis fetalis	"
<u>B↓-Tempi</u>	Hemorrhagic fever	Infect
B-Flow	Blood-flow. The rate of blood-flow through an endocrine gland is listed under Anatomy of the gland (subheading: Vs)	
B-Hb	Hemoglobin in blood	B-Osm
<u>B↓-Hemolytic</u>	Hemolytic anemias	<u>B-Osm</u>
B-Ht	Hematocrit	B-Osm
Biog	Biogenesis. The production of a hormone in the body, e.g., biogenesis of corticoids in adrenals	
Bios	Biosynthesis. Microbial synthesis	
<u>B↑-Leuco</u>	Leukemia in general	<u>B-Osm</u>
<u>B↑-Lympho</u>	Lymphocytic leucemia	"
<u>B↓-Macrocytic</u>	Macrocytic anemias in general	"
<u>B↓-Mediterr.</u>	Mediterranean anemia	"
<u>B↑-Mono (Infect)</u>	Glandular fever (Pfeiffer) Infectious mononucleosis	"
BMR	Basal Metabolic Rate	(Class 17) Metab
<u>B↑-Myelo</u>	Myelocytic leucemia	<u>B-Osm</u>
B-Osm	Blood and Bone-marrow	(Class 3) B-Osm
<u>B-Osm</u>	Diseases of blood and bone-marrow in general	<u>B-Osm</u>
<u>B↓-Ovalo</u>	Ovalocytosis	"
BP	Blood-pressure	Cr-Vs
<u>BP↓</u>	Hypotension	<u>Cr-Vs</u>
<u>BP↑</u>	Hypertension	"

B-Perf	Crossed circulation. When two or more animals (or parts of animals are connected by crossed circulation, each partner is identified by a Roman numeral, e.g., the adrenaline content of the adrenal blood in one dog (I) as influenced by nervous interventions on an adrenalectomized partner (II) in crossed circulation is written: '(A < B < Adr/B-Perf-I/Dog)' ← '(Adr-X + Nr-Le/B-Perf-II-Dog)	
<u>B↓-Pernicious</u>	Pernicious anemia	<u>B-Osm</u>
<u>B↑-Plasma cells</u>	Plasmacytosis	"
<u>BP↓-Orthostatic</u>	Orthostatic hypotension, filed under <u>Cr-Vs</u>	"
BRADYKININ	Bradykinin	(Class 2) H
Bron	Bronchi	Resp
<u>Bron-Ca</u>	Bronchocarcinoma	<u>Resp</u>
<u>Bron-ectasis</u>	Bronchiectasis	"
<u>Bron-ititis</u>	Bronchitis	"
Brucellosis	Brucellosis	<u>Infect</u>
<u>B↓-Sickle</u>	Sickle-cell anemia	B-Osm
B-Sludge	Blood-sludging	B-Osm
BSP	Bromsulphalein	
<u>B↓-Sp</u>	Splenic anemia (Banti)	<u>B-Osm</u>
<u>B↓-Sphero.</u>	Hereditary spherocytosis	"
B-t	Blood-transfusion (which is essentially a transplantation: -t)	
B-Tc	Blood thrombocytes	B-Osm
B < Ur	Hematuria	<u>Ur-Duct</u>
<u>Bursitis</u>	Bursitis	<u>Art</u>
B-Vol	Blood volume	B-Osm
<u>B-Vol</u>	Diseases of blood volume in general	<u>B-Osm</u>
BZ55	N ₁ -sulfanilyl-N ₂ - butylcarbamyl, an antidiabetic drug	<u>IN-Sulfa</u>

-c	Contraction, e.g., Mu-c, Cr-c, U-c	
<u>C</u>	Corticoids not otherwise specified in all the categories; (<u>C</u> is Carbon)	Adr
<u>C↓</u>	Hypocorticoidism, Addison's disease	Adr
<u>C↑</u>	Hypercorticoidism in general	"
Ca	Carcinoma (experimental)	
<u>Ca↑ < B</u>	Hypercalcemia	Metab
<u>Cagen</u>	Carcinogenic compounds	Var-Metab
Calculi	Calculi; not lithiasis	
<u>Calyt</u>	Carcinolytic compounds	Var-Metab
<u>Ca-osis</u>	Calcinosis universalis	Metab
Cap-Perm	Capillary permeability	Cr-Vs
Cap-Res	Capillary resistance	"
Car	Carotid	Vs
Car-Gl	Carotid gland or body	(Class 2) En
Car-Sinus	Carotid sinus	Vs
Catalepsy	Catalepsy	Nr-f
<u>Cataract</u>	Cataract	Oc
<u>Catatonia</u>	Catatonia	Nr
<u>Ca < Ti</u>	Chondrodysplasia calcificans congenita	Metab
Cav	Cavity or space	
CCl ₄	Carbon tetrachloride	
CCl ₃ H	Chloroform	
<u>C↑-Cushing</u>	Cushing's Syndrome of adrenal origin	Adr
Cer	Cerebral, brain	(Class 1) Nr
<u>Cer-Alg</u>	Headache	Nr
Cer-Aqueduct	Cerebral aqueduct	Nr
<u>Cer-Ar-Scl</u>	Psychoses with cerebral arteriosclerosis	Nr

SSSS		SSSD
<u>Cer-B↓</u>	Apoplexy	Nr
Cerbl	Cerebellum	Nr
<u>Cer-ititis-Epidemic</u>	Epidemic encephalitis	Nr
<u>Cer-ititis-Virus</u>	Virus encephalitis	"
Cg	Coagulation	
Cg-Gl	Coagulating gland	♀-Acc
Chem	Chemistry. - Throughout the all-endocrine section the chapter "Chemistry" (e.g., Adr/Chem) is meant to include both the chemistry of the hormones and of the non-hormone constituents of the gland	(App.4) Chem
Chem=Comp	Chemical composition of an organ (except its hormone content). Use this symbol only for reviews. Otherwise, express chemical composition with the symbols < for components of non-endocrine, and > for those of endocrine organs, e.g., Lip < Hep, Adr > Vit-Asc This procedure is necessitated by the Order of Precedence, which gives precedence to endocrines over all chemical constituents except hormones.	
<u>Chemo-C</u>	Chemically determined cortocoids	C
<u>Chlor-Tu</u>	Chloroma	B-Osm
<u>CHO</u>	Carbohydrates	Metab
Cho	Cholesterol	Lip
<u>Cholecystitis</u>	Cholecystitis	Hep
CHOLECYSTOKININ	Cholecystokinin	GI-H
Chromat	Chromatography	(App.4) Chem
Class	Classification or class	
Clp	Chlorpromazine, largactyl, thorazine	ABA
Cic	Cicatrix, scar formation	Class 13, Wound healing
♀-Clt	Female climacteric, Menopause	Ov
<u>♂-Clt</u>	Male climacteric, Andropause	Te
CMC	Carboxymethylcellulose	CHO
CNS	Central Nervous System	Nr
CNS-Cav	Cavities of CNS, ventricles, aqueduct, central canal	"

Co	Complication. Use only for general reviews, e.g., BP↑/Co; otherwise, indicate the specific complication as a Target, e.g.: Psy ← ACTH, Im ← B-t (<u>Co</u> is Cobalt)	(App.8) Co
Coit	Copulation, mating, sexual intercourse	Sex
Col	Colon	GI
COL	Cortisol, Hydrocortisone, Kendall's Cpd F	GC
Δ^1 -COL	Prednisolone	AGC
COL-Ac	Cortisol acetate	GC
<u>Colitis</u>	Colitis	GI
COLS	Cortisol hemisuccinate	GCS
Coma	Coma	Nr-f
Comp	Comparative morphology (includes Anatomy and Histology)	
CON	Cortisone, Kendall's Cpd E	GC
Δ^1 -CON	Prednisone	AGC
CON-Ac	Cortisone acetate	GC
Cond	Conditioning, conditioned, e.g., Rfl-Cond	Nr-f
<u>Conjunctivitis</u>	Conjunctivitis	Oc
CONS	Cortisone succinate or hemisuccinate	GCS
Constitution	Constitution	Genet
COST	Corticosterone, Cpd B	Adrc-H
Cpd	Compound	
cr	Case report, should be used only in case of simple description of a disease without offering any other importance or special relations.	
Cr	Cardiac, Heart	Cr
<u>Cr</u>	Cardiac disease	<u>Cr</u>
\overline{Cr}	Cardiac stimulants	Var-Metab
<u>Cr-Alg</u>	Cardiac pain, or angina pectoris, filed under: <u>Cr-Vs</u>	
Cran	Cranium or cranial	Os
<u>Cran-Phar-Tu</u>	Craniopharyngioma	Hyp

SSSS		SSSD
<u>Cr-c</u>	Heart failure .	<u>Cr-Vs</u>
<u>Creat</u>	Creatine or creatinine	<u>N</u>
<u>Cr-endo-itis</u>	Endocarditis	<u>Cr-Vs</u>
<u>Cr-itis</u>	Carditis	"
<u>Cr-itis-Rh</u>	Rheumatic carditis	"
<u>Cr-Malf</u>	Cardiac malformations	"
Crot	Croton oil	
<u>Cr-Rhythm</u>	Cardiac rhythm	<u>Cr-Vs</u>
<u>Cr-Scl</u>	Cardiac sclerosis, cardiac arteriosclerosis	"
Crt	Cartilage, e.g., <u>Os-Crt-itis-dissecans</u>	Os
<u>Cr-Thromb</u>	Cardiac thrombosis and infarction	<u>Cr-Vs</u>
<u>Cr-Tu</u>	Cardiac tumors	"
<u>Cr-WPW</u>	Wolf-Parkinson-White Syndrome	"
<u>Cryo-Glb</u>	Cryoglobulinemia	<u>Metab</u>
Csf	Cerebro spinal fluid	Nr
Ct	Cutaneous, cutis, derma, skin	Ct
<u>Ct</u>	Cutaneous diseases in general	Ct
<u>C↓T↑</u>	Hypocorticoid-hypertestoidism, congenital adrenal hyperplasia of Wilkins (including Debre-Fibiger)	<u>Adr</u>
<u>C↑T↑</u>	Achard-Thiers Syndrome	"
<u>Ct-Darier</u>	Darier's disease	Ct
Cti	Connective tissue	Cti
<u>Cti</u>	Connective-tissue diseases in general	Cti
<u>Cti-Collagen</u>	Collagen diseases in general	"
<u>Cti-Sarcoid</u>	Sarcoidosis, Besnier-Boeck-Schaumann's disease	"
Cti-Spread	Spread	Cti
<u>Ct-itis-Herpet.</u>	Dermatitis herpetiformis duhring	Ct
<u>Ct-Kaposi</u>	Multiple agniosarcoma of skin, Kaposi's sarcoma	"
<u>Ct-Malf</u>	Cutaneous malformations	"

SSSS

SSSD

<u>Ct-Mu-itis</u>	Dermatomyositis	<u>Ct</u>
<u>Ct-Nr-ititis</u>	Neurodermatitis	"
<u>Ct-osis</u>	Dermatoses in general	"
<u>Ct-Syphilis</u>	Syphilis of the skin	"
<u>Ct-TB</u>	Tuberculosis of the skin	"
"Ct-Tr↓"	Cutaneous myxoedema	"
<u>Ct-Tu</u>	Cutaneous tumors	"
<u>Ct-Xanthoses</u>	Cutaneous xanthoses	"
<u>Ct-Zona</u>	Herpes Zoster, zona, shingles	"
<u>Cushing</u>	Cushing's syndrome. (If primarily due to adrenal hyperfunction, write: <u>C↑-Cushing</u> ; if primarily of hypophyseal origin or, of unidentified cause, write: <u>AL↑-Cushing</u>)	
"Cushing"	Cushing's-disease-like syndrome, e.g., that produced by ACTH or salicylates.	<u>AL↑-Cushing</u>
Cycle	Includes estrus and menstruation. Estrus is defined as the condition during which fertile mating can occur (SSSD: ♀), but the estrus of the male, whose cyclicity is seasonal, should be filed in SSSD: Season. The cycle is regarded as a Target only, when stimuli influence the entire estrus behaviour, e.g., Cycle ← Light. Otherwise, the effect of stimuli eliciting estrus-like changes in the uterus, vagina, mammary gland, etc., is discussed under each of the corresponding accessory sex-organs but still filed in SSSD: ♀, e.g., U ← EDIOL	

D

D	Diagnosis, only reviews on diagnosis should be thus listed; the specific signs and symptoms of a disease should be treated as its Targets, e.g., $Oc \leftarrow Tr \uparrow$, $Glu < B \leftarrow IN \downarrow$	App.8
<u>-D</u>	Chemical derivatives of preceding Cpd., e.g., A-D stands for Adrenaline derivatives	
DANDROST	Dehydroisoandrosterone	T
11-D-COL	11-Desoxocortisone (Reichstein's Cpd S)	Adrc-H
17-D-CON	17-Desoxycortisone (Kendall's Cpd A)	"
DDD	1,1-Dichloro-2,2-bis(p-chlorophenyl)-ethane	D
D-Diff	Differential diagnosis, e.g., $Ptr \downarrow / D\text{-Diff}$ (" $Ptr \uparrow$ ")	App.8
Dec	Deciduoma, placentoma	♀-Acc
Def	Definition	D
<u>Dementia</u>	Dementia	Nr
Dent	Teeth	Os
Desens	Desensitization	D
<u>Detergent</u>	E.g., Polysorbate, Tween 80	D
DFP	Di-isopropylfluorophosphate	D
DHT	Dihydrotachysterol	Vit-D
Diet↓	Fasting, starvation, quantitative malnutrition	Metab
Diet↑	Overeating, forced feeding	"
Diff	Differential, e.g., $Tr \uparrow / D\text{-Diff}$	"
Disc	Discussion	D
<u>Disk</u>	Spondylolisthesis or disk Syndrome	Art
DIT	Diiodothyronine	Tr-H
Ditys	Diiodotyrosine	Amac
DNP	Dinitrophenol	D
DOC	Desoxycorticosterone	Adre-H
DOC-Ac	Desoxycorticosterone acetate	"
DOC-G	Desoxycorticosterone glucoside	"

SSSS		SSSD
DOCS	Desoxycorticosterone succinate or hemisuccinate	Adre-H
DOPA	3,4-dihydroxyphenylalanine	Amac
DOPAmine	3,4-dihydroxyphenylethylamine	"
DPN	Diphosphopyridine nucleotide, Coenzyme I	Enz
DPNH	Reduced Coenzyme I	"
<u>Dr</u>	Drug(s). When a paper describes the actions of many drugs of a certain type, it is usually sufficient to <u>list them under</u> their generic names, e.g., AB, ABA, An-Dr, etc.	
Dr?	Under this heading are filed in strictly alph. order scientific or little-known substances to assist with their identification, e.g., halotestine?	
DRNA	Desoxyribonucleic acid	Nuclac
Du	Duodenum	GI
Duct	Excretory passage. This symbol is added as a suffix to the symbols of organs, e.g., R-Duct, Pn-Duct, Hep-Duct (not: Bile-Duct)	
DUOCRIN	Duocrine and other blood-sugar depressing duodenal extracts	GI-H
DUODENIN	Duodenin	"
<u>Dupuytren</u>	Dupuytren contracture	Art
<u>Dwarfism</u>	Dwarfism of unknown origin	Os
<u>Dysgermin-Tu</u>	Dysgerminoma (in male see: Seminoma)	Ov
<u>Dyst</u>	Dystrophy	

E

E	Extraction of Extract, e.g., Adrc-E, AL-E, PL-E		
ECC-S	ECC-Syndrome; a syndrome characterized by excitement with choreiform and circling movements, produced by various compounds, for instance: aminonitriles, chlorinated ethylamines and triazenes.	Nr-Lt	
ECG	Electrocardiogram	Cr-Vs-f	
<u>Eczema</u>	Eczema	Ct	
(Edema	If appraised morphologically (clinically or histologically), put under name of organ affected, e.g., Pm-Edema. If water-content is determined chemically, put under water in tissues, e.g., H ₂ O < Hep.		
EDIOL	Estradiol	F	
EDTA	Sodium ethylenediamine tetraacetic acid		
EEG	Electroencephalogram	Nr-f	
Ejaculate	Sperm, spermiation	Cl-Acc	
Electr	Electricity, electrical. (Listed first when electric phenomena in non-endocrine tissues are described, e.g., Electr < Cti means electric phenomena in Cti)	External environment	
Ely	Electrolytes	OE	
Elements	Write symbols underlined, e.g., <u>Na</u> , <u>Ca</u> , <u>S</u> , <u>Co</u> , <u>I</u> . In chemical formulae underline symbol only of element (if any) which determines the position in the file, e.g., HgCl ₂ (filed as <u>Hg</u>), NaCl (filed as <u>Na</u>), but CCl ₃ H (filed as chloroform)-- See also: Organic-inorganic salts in Addendum to White Pages of SSS.		
The following list will serve as a memory aid:			
Actinium	<u>Ac</u>	Bismuth	<u>Bi</u>
Aluminium	<u>Al</u>	Boron	<u>B</u>
Americium	<u>Am</u>	Bromine	<u>Br</u>
Antimony	<u>Sb</u>	Cadmium	<u>Cd</u>
Argon	<u>A</u>	Calcium	<u>Ca</u>
Arsenic	<u>As</u>	Californium	<u>Cf</u>
Astatine	<u>At</u>	Carbon	<u>C</u>
Barium	<u>Ba</u>	Cerium	<u>Ce</u>
Berkelium	<u>Bk</u>	Cesium	<u>Cs</u>
Beryllium	<u>Be</u>	Chlorine	<u>Cl</u>

List of Elements (cont'd)

Chromium	<u>Cr</u>	Phosphorus	<u>P</u>
Cobalt	<u>Co</u>	Platinum	<u>Pt</u>
Copper	<u>Cu</u>	Plutonium	<u>Pu</u>
Curium	<u>Cm</u>	Polonium	<u>Po</u>
Dysprosium	<u>Dy</u>	Potassium	<u>K</u>
Erbium	<u>Er</u>	Praseodymium	<u>Pr</u>
Europium	<u>Eu</u>	Promethium	<u>Pm</u>
Fluorine	<u>F</u>	Protactinium	<u>Pa</u>
Francium	<u>Fr</u>	Radium	<u>Ra</u>
Gadolinium	<u>Gd</u>	Radon	<u>Rn</u>
Gallium	<u>Ga</u>	Rhenium	<u>Re</u>
Germanium	<u>Ge</u>	Rhodium	<u>Rh</u>
Gold	<u>Au</u>	Rubidium	<u>Rb</u>
Hafnium	<u>Hf</u>	Ruthenium	<u>Ru</u>
Helium	<u>He</u>	Samarium	<u>Sm</u>
Holmium	<u>Ho</u>	Scandium	<u>Sc</u>
Hydrogen	<u>H</u>	Selenium	<u>Se</u>
Indium	<u>In</u>	Silicon	<u>Si</u>
Iodine	<u>I</u>	Silver	<u>Ag</u>
Iridium	<u>Ir</u>	Sodium	<u>Na</u>
Iron	<u>Fe</u>	Strontium	<u>Sr</u>
Krypton	<u>Kr</u>	Sulfur	<u>S</u>
Lanthanum	<u>La</u>	Tantalum	<u>Ta</u>
Lead	<u>Pb</u>	Technetium	<u>Tc</u>
Lithium	<u>Li</u>	Tellurium	<u>Te</u>
Lutetium	<u>Lu</u>	Terbium	<u>Tb</u>
Magnesium	<u>Mg</u>	Thallium	<u>Tl</u>
Manganese	<u>Mn</u>	Thorium	<u>Th</u>
Mercury	<u>Hg</u>	Thulium	<u>Tm</u>
Molybdenum	<u>Mo</u>	Tin	<u>Sn</u>
Neodymium	<u>Nd</u>	Titanium	<u>Ti</u>
Neon	<u>Ne</u>	Tungsten (Wolfram)	<u>W</u>
Neptunium	<u>Np</u>	Uranium	<u>U</u>
Nickel	<u>Ni</u>	Vanadium	<u>V</u>
Niobium (Colombium)	<u>Nb</u>	Xenon	<u>Xe</u>
Nitrogen	<u>N</u>	Ytterbium	<u>Yb</u>
Osmium	<u>Os</u>	Yttrium	<u>Y</u>
Oxygen	<u>O</u>	Zinc	<u>Zn</u>
Palladium	<u>Pd</u>	Zirconium	<u>Zr</u>

Emb Embryology or Embryo

Emb-X Removal of embryo, leaving placenta in situ.
 (See also Pre-X)

EMG Electromyogram Mu

En Endocrine Class 2

-endo Suffix designating internal surfaces, e.g., Cr-endo, U-endo

ENG Electroneurogram Nr-f

SSSS		SSSD
ENTEROCRININ	Enterocrinin	GI-H
ENTEROGASTRONE	Enterogastrone	"
<u>Enz</u>	Enzymes	(Class 17) Enz
<u>Enz-Cofactor</u>	Cofactors (to be used only when referring to long list which cannot be enumerated)	
Eo	Eosinophils, e.g., in blood: B(Eo), or in hypophysis: Hyp(Eo)	
EONE	Estrone	F
<u>Epidermolysis bull.</u>	Epidermolysis bullosa	Ct
<u>Epilepsy</u>	Epilepsy	Nr
<u>Erg</u>	Ergot derivatives (for LSD see <u>5HT-↓</u>)	Var-Metab
Ery	Erythrocytes	B-Osm
<u>Erysipelas</u>	Erysipelas	Ct
ERYTHROPOIETIN	Erythropoietin	H
ESR	Erythrocyte Sedimentation Rate	B-Osm
EST	Electroshock Threshold	Nr-f
Et	Ethyl	
Et-NT	17-Ethyl-19-nor-testosterone	T
Et-OH	Ethanol, alcohol	

F

-f	Function, e.g., R-f, Nr-f	
<u>F</u>	Folliculoids	(Ov)E
<u>F↑</u>	Hyperfolliculoidism in general	Ov
<u>Fatigue</u>	Chronic fatigue	Nr
<u>F-C</u>	Formaldehydehydrogenic Corticoids	(Adr) C
F-COL	9(a)-fluorocortisol	(Adr) AC
<u>Fibr-Tu</u>	Fibroma	Cti
<u>Fibrositis</u>	Fibrositis	Art
<u>Flu</u>	Influenza	Infect
<u>FM</u>	First Mediator(s) of G.S.A. -- The "Alarm signal" substance(s) liberated from directly injured cells during local stress	Res
Fo	Formalin	
<u>Focal-S</u>	Focal Syndrome or focal infection	Infect
<u>F-Tu</u>	Folliculoma, granulosa-cell tumor	Ov
Frs	Fractions, e.g., <u>17-KS</u> (Frs)	
FSH	Follicle Stimulating Hormone	GTH

G

G Gravity. If used as a Target, G means body-weight as a whole and is combined with the word soma, e.g., G-Soma

G↓ Deceleration External environment

G↑ Acceleration " "

G.A.S. General Adaptation Syndrome Res

GASTRIN Gastrin GI-H

Gen General GI

Generic names Designations for entire groups of related compounds are best discussed conjointly. For example, comparatively little-known or unimportant compounds, which belong to one of the following pharmacologic groups, may be listed merely as: AB, ABA, AF, An-Dr, Hn↓, Hn-Lib, Bact-To, Cagen, Calyt, C, derivatives of better-known compounds (by attaching -D to name of more familiar compound, e.g., A-D for a rare adrenaline derivative), Di-Dr, Dyes, F, GC, GTH MC, Sulfa, Thio. If, in addition to many unimportant derivatives of a group, a paper also reports on one important, well-known representative, the former are lumped under the closest generic entry, e.g., ABA, but the latter is listed under its own symbol, e.g., Clp. The symbols of generic names are always overlined.

Genet Genetics

Geogr Geographic distribution, e.g., Tr↑ ← Spain (write only the name of the country) External environment

Gg Glycogen CHO

Ggl Ganglion Nr

Gg-osis von Gierke's disease, glycogen-storage disease Metab

GI Gastrointestinal tract (Class 7) GI

GI Gastrointestinal disease(s) GI

Gig Gigantism, e.g., AL↑-Gig

GI-Malf Malformations of the gastrointestinal tract "

Ging Gingiva GI

SSSS		
<u>Ging</u>	Diseases of the gums	<u>GI</u>
<u>GI-Tu</u>	Gastrointestinal tumors	"
Gl	Gland	
<u>Glaucoma</u>	Glaucoma	<u>Oc</u>
<u>Glb</u>	Globulins	<u>Prot</u>
<u>γ-Glb↓ < B</u>	Agammaglobulinemia	<u>Metab</u>
Glu	Glucose	<u>CHO</u>
Glu-6-P-ase	Glucose-6-Phosphatase	<u>Enz</u>
<u>Glu-Prot</u>	Glucoprotein	"
Glu-Subst	Glucose Substitutes (in diets for diabetics)	
Gn	Glutathione	"
GN	Glucagon	<u>Pn-H</u>
Gp	Guinea pig	
Gr	Granuloma (e.g., Gr-P, <u>Lyn-Gr</u>)	
<u>Gr-Eo</u>	Eosinophilic granuloma (e.g., Os-Gr-Eo, Ct-Gr-Eo for bone and skin eosinophilic granuloma)	
Growth	(Write Os if skeleton, and G if body-weight is used as an indicator)	
Gr-P	Granuloma Pouch (See: Infl)	
Gr-P (Tu)	(See: Tu)	
Gs	Gastric, Stomach	<u>GI</u>
<u>Gs</u>	Diseases of the stomach in general	<u>GI</u>
<u>Gs-ititis</u>	Gastritis	"
G-Soma	Body-weight	
<u>GTH</u>	Gonadotrophic Hormones. Use this designation only for mixtures, or when specific principle (FSH, LH, LTH) is not identified	<u>Hyp-H</u>

H

H

Hormone. Comparatively unknown hormones or hormone-analogues should be listed in brackets after the symbol of their generic names. Thus:
17-KS (Etiocholanolone) L ($17\text{-OH-}\Delta^1\text{-PROG}$)
The hormone-content of tissues and body fluids is filed in the SSSD which corresponds to the hormone in question. This is true even if a change in hormone-content is induced by injection of a hormone of higher precedence rating in the Order of Precedence. Thus, the effect of adrenaline on estrone-content of the urine is listed under ovary, thus: EONE < Ur ← A

H?

Doubtful or unidentified Hormone

(Class 2)

H↓

Antihormones. SSSD: H↓. Individual members of this group should be identified, thus: LH↓, TTH↓. Each of these is placed in a separate SSSD after corresponding H, but list reviews according to App.6, e.g., LH/Pharm=IM/LH↓/Rev.

Habitat

Milieu in which an animal lives (e.g., H_2O for fishes)

External environment

Hb

Hemoglobin. If in blood, write: B-Hb

Hb < Ur

Hemoglobinuria

B-Osm

Hb < Ur-Paroxysmal

Paroxysmal Hemoglobinuria

"

HCl

Hydrochloric acid

pH

Heberden

Heberden's nodes

Art

HEMATOPOIETIN

Hematopoietin

H?

Hep

Hepatic, Liver

(Class 7) Hep

Hep

Hepatic diseases

Hep

Hep-Atr

Acute yellow hepatic atrophy

"

Hep-Duct

Bileducts

Hep

Hep-Duct

Diseases of the bileducts

Hep

Hep-itis

Hepatitis

"

Hep-Malf

Hepatic malformations, including malformations of the biliary passages

"

Hep-Scl

Hepatic cirrhosis or sclerosis

"

Hep-sen

Bile

Hep

Hep-sen↑

Cholagogics

Var-Metab

SSSS		SSSD
<u>Hep-Tu</u>	Tumors of the liver, gallbladder and bileducts	<u>Hep</u>
Hep-Ves	Gallbladder	Hep
<u>Hep-Ves</u>	Diseases of the gallbladder	<u>Hep</u>
<u>Hep-Vs</u>	Disturbances of the hepatic circulation	"
Hexm	Hexamethonium (Write <u>ABA-Hexm</u>)	
Hi	Histology (e.g., Adrc/Hi/ <u>Lip</u>)	
5HIAA	5-Hydroxyindole acetic acid	5HT
Hib	Hibernation	External environment
"Hib"	Artificial hibernation in general (e.g., Reviews). Write: Temp↓ if cold, and ABA if drugs are used to induce hibernation. As agent we don't write "Hib"	Nr
Hib-Gl	Hibernating gland, brown fat	Res
Hippurac	Hippuric acid	<u>Urac</u>
Hn	Histamine	<u>Nr-H</u>
<u>Hn↓</u>	Antihistamine(s)	<u>Var-Metab</u>
<u>Hn-Lib</u>	Histamine liberator(s), e.g., Hn-Lib-48/80	"
H ₂ O	Water. (If water-content is determined chemically, put under water in tissues, e.g., H ₂ O < Hep. See also: Edema)	Metab
<u>H₂O-Metab</u>	Derangements in water metabolism, in general.	<u>Metab</u>
H ₂ O < Ti	Edema in general	H ₂ O
Hp	Heparin	<u>B-Cg↓</u>
HPT	Hypertensin or angiotonin	<u>RPS</u>
HPT-ase	Hypertensinase	"
HPT-gen	Hypertensinogen	"
5HT	5-Hydroxytryptamine, serotonin or enteramine	(Class 2) En
<u>5HT↓</u>	5-Hydroxytryptamine antagonists	<u>Var-Metab</u>
5HT-Cells	Enterochromaffin or argentaffin cells	5HT
5HTP	5-Hydroxytryptophane	"
<u>5HT-Tu</u>	Carcinoid	"

Hyal	Hyalinoses. Written after affected organ, e.g., R(Hyal). If many organs are affected list only under vessels, thus: Vs(Hyal) ← DOC + R-Xp + <u>NaCl</u>	
Hyalac	Hyaluronic acid	
Hyalase	Hyaluronidase	Enz
Hydralazine	Hydrazinophthalazine (Trade name: Apresoline)	
Hyp	Hypophysis	(Class 2) En
<u>Hyp</u>	Hypophyseal diseases in general	<u>Hyp</u>
<u>Hyp↓</u>	Hypopituitarism	"
<u>"Hyp↓"</u>	Panhypopituitarism, Hypopituitarism in general	"
<u>"Hyp↑"</u>	Panhyperpituitarism, Hyperpituitarism in general	"
Hyp-E	Crude hypophyseal extracts	<u>Hyp-H</u>
<u>Hyp-itis</u>	Inflammation of the hypophysis	<u>Hyp</u>
Hypt	Hypothalamus	Nr
<u>Hyp-Tu</u>	Non-endocrine hypophyseal tumors	<u>Hyp</u>
<u>Hysteria</u>	Hysteria	Nr

I

-i	Induced, e.g., Tu-i	
<u>I*</u>	Radioiodine. Since most of the radioiodine is rapidly incorporated into PBI* in the body, <u>I*</u> is indexed as if it were hormonal iodine, unless there are special reasons to proceed otherwise.	<u>Tr-H</u>
IAA	Indole-acetic acid	5HT
<u>Icterus</u>	Icterus, jaundice	<u>Hep</u>
IDPN	Iminodipropionitrile is a substance producing the ECC-S	<u>Lt-gen</u>
Il	Ileum	GI
<u>Il-itis</u>	Ileitis	<u>GI</u>
<u>Il-itis-Regional</u>	Regional ileitis	"
i.m.	Intramuscular	
Im	Infundibulum	Nr
IM	Immunology, serology and allergy. Used also to designate a serologic Agent (a serum or antibody), or its effects, e.g., IM-B, IM ← CON	
<u>IM</u>	"Spontaneous" disease due to immunologic causes, e.g., allergy, serologic, allergic disease	<u>IM</u>
<u>IM</u>	Immune bodies (antibodies) in blood or tissue	<u>IM</u>
<u>IM↑</u>	Serologic disease-producing agent, allergen, antigen	"
Im-Le	Stalk Section	Nr
Imp	Implantation of organs which do not survive as grafts. (See also: -t)	
<u>IM-R-To</u>	Blood-renal-toxin. Serum containing nephrotoxic antibodies. If manner of preparation is important, they may be indicated, e.g. R ← '(B/Rb ← R/Duck)' /Rat	
<u>IM-To</u>	Immunological toxin	<u>IM</u>
IN	Insulin	<u>Pn-H</u>
<u>IN↓</u>	Hypoinsulinism, Diabetes mellitus	<u>Pn</u>
<u>IN↑</u>	Hyperinsulinism	"
Inact	Inactivation	App.4
INCRETIN	Incretin	<u>GI-H</u>

IN-Dr

To be used for all insulin drugs other than the
IN-Sulfa's

IN

Infect

Infection. If infectious diseases do not affect any organ selectively, they are filed in Class 14: Infections. Spontaneous diseases, thus:
TB ← CON /Man. Experimental infections, thus:
Anthrax ← ACTH + B.anthracis /Sheep or
Infect ← CON + Bact /Rat. Infections which tend to affect individual organs selectively are listed according to their site, thus: Pm-TB ← Isoniazid /Man

IN

Infect-Mono

Infectious mononucleosis, lymphadenosis

B-Osm

Infl

Inflammation. (See: Index)

(Class 13) Infl

Infl↓

Antiphlogistic drugs

Var-Metab

Infl↑

Prophlogistic drugs

"

Infl-M

Mediators of inflammation. A generic name for actual or hypothetical substances which transmit the stimulus for inflammation (Leucotaxine, LPF, etc.) excluding histamine

"

INHIBIN

A doubtful testicular hormone which allegedly inhibits GTH-Sen

Te-H-Var

IN-PZ

Protamine-Zinc-Insulin

IN

Int

Intestine

GI

Intersex

Intersexuality (if true sex has not been determined)

(Class 2) Sex

"♂ Intersex"

True hermaphroditism with both male and female gonads

Sex

"♀ Intersex"

An intersex in which presence of ovary has been definitely verified

"

"♂ Intersex"

An intersex in which male gonad has been definitely verified

"

Invertebrates

Invertebrates as such (not individual parts of them) are listed as Targets, e.g., Invertebrates ← STH (not G ← STH /Moth), the same is true of microbes and plants.

Endocrine glands including sex glands of invertebrates are filed with the invertebrates but the endocrine organs is mentioned in brackets, e.g., Psammechinus miliaris (ovum) ← H, means effects of hormones on the ovum of Psammechinus miliaris; Hormones of Invertebrates are also filed with the Invertebrates but explanatory remarks are added in brackets.

SSSS

i.p.

Intraperitoneal

Isoniazid

Isonicotinic acid hydrazide

-itis

This suffix attached to any sign indicates
 inflammation, e.g., Pn-it is -- Pancreatitis
 (To direct into proper SSSD)

i.v.

Intravenous

*

J

jga

Juxtaglomerular apparatus. (Write: R(jga))

R

Jj

Jejunum

GI

Jj-it is

Jejunitis

GI

K

<u>K</u>	Ketones	<u>Lip</u>
KALLIKREIN	A hypotensive and hyperglycemic urinary excretion product, urohypotensin. Presumed to be a pancreatic hormone.	<u>Pn-H</u>
<u>K↓ < B</u>	Hypokalemia	<u>Metab</u>
<u>Keloid</u>	Keloid	<u>Ct</u>
<u>Keratoderma blenn.</u>	Keratoderma blennorrhagicum	"
<u>KGS</u>	Ketogenic steroids (e.g., <u>17-KGS</u>)	<u>C</u>
<u>17-KGS</u>	17-Ketogenic steroids	"
<u>Krukenberg-Tu</u>	Krukenberg tumor	<u>Ov</u>
<u>KS</u>	Ketosteroids, e.g., <u>11-KS</u> , <u>17-KS</u>	<u>C</u>
<u>11-KS</u>	11-Ketosteroids	"
<u>11,17-KS</u>	11,17-Ketosteroids	"
<u>17-KS</u>	17-Ketosteroids	<u>T</u>
<u>Kwash.</u>	Kwashiorkor	<u>Metab</u>

L

<u>L</u>	Luteoids	<u>L</u>
<u>L</u> [↑]	Hyperluteoidism in general	<u>Ov</u>
Labor	As Target, see: U-c(labor) As Agent, see: Pre(labor)	
Lac	Lactation. The state of the body during milk production. If the mammary gland secretion itself is the Target, write: Ma-sen	
"Lac"	Milking, dairy performance	
Lacac	Lactic acid	<u>Tricac</u>
Lacr-Gl	Lacrymal gland	<u>Oc</u>
Lacr-sen	Lacrymal secretion	"
Lar	Larynx	Resp
Le	Lesion. This symbol is also used for Stimulation since, in many instances, the distinction between the two cannot be made, as in a nerve-lesion (Nr-Le) induced by the topical application of a chemical to a nerve. Also includes fractures.	
<u>LE</u>	Lupus Erythematosus	<u>Cti</u>
LE-Cell	Lupus Erythematosus cell	B-Osm
<u>LE-Discoid</u>	Discoid Lupus Erythematosus	<u>Ct</u>
Leuco	Leucocyte(s). If in blood: B-Leuco	
Leydig	Leydig cells, interstitial cells of testis.	Te
LH	Luteinizing Hormone	<u>GTH</u>
LI	Langerhans Islets	Pn
Lib	Libido sexualis	Nr
<u>Lib</u>	Aberrations of libido, excessive (<u>Lib</u> [↑]), or sub-normal (<u>Lib</u> [↓]), libido, homosexuality, transvestism	<u>Nr</u>
<u>Lichen planus</u>	Lichen planus	<u>Ct</u>
Lig	Ligature (e.g., Hep-Vs-Lig, Hep-Duct-Lig)	
<u>Lip</u>	Lipid(s). (Do not write Fat. See also: Adip) (Class 17) Metab	

SSSS		SSSD
Lipac	Fatty acids	Lip
<u>Lip↑ < B</u>	Hyperlipemias in general	<u>Metab</u>
<u>Lipodyst.</u>	Lipodystrophy progressiva	<u>Cti</u>
LIPOKAIC	Lipokaic	<u>Pn-H</u>
<u>Lip-Tu</u>	Lipomas	<u>Cti</u>
<u>Lip-Tu-Sym.</u>	Diffuse symmetrical lipomatosis of neck of Madelung	"
<u>Lip-P</u>	Phospholipids, Lecithin	<u>Lip</u>
<u>Lip-Prot</u>	Lipoproteins	"
<u>LI-Tu</u>	Langerhans-Islet tumors	<u>Pn</u>
<u>LMB-S</u>	Laurence-Moon-Biedl-Syndrome	<u>Nr</u>
LMF	Lipid-Mobilizing ("Clearing") Factor	<u>Enz</u>
LFF	Leucocytosis-Promoting Factor of Menkin	<u>Infl-M</u>
LSD	Lysergic Acid Diethylamide	<u>5HT↓</u>
-Lt	Experimental lathyrism, e.g., Nr-Lt, Os-Lt, etc. (Should be qualified as Os-Lt or Nr-Lt. If the syndrome is a clear-quoted case of ECC, it should be so filed)	
<u>Ltgen</u>	Lathyrogenic compounds or lathyrogens, includes AAN, MAAN, APN, IDPN as well as all the lathyrogenic plants seeds. All lathyrogens go into the same SSSD, whether they are pre- dominantly osteo-lathyrlic or ECC-S-producing, e.g., IDPN, AAN, APN go into the same SSSD but are always individually identified.	<u>Var-Metab</u>
LTH	Luteotrophic Hormone	<u>GTH</u>
<u>Cl-Tu</u>	Luteoma	<u>Ov</u>
Ly	Lymph	(Class 3) Ly
Ly	Lymphatic diseases in general	Ly
Ly-Cav	Serous cavities in general	Ly
<u>Ly-Cav-itis</u>	Polyserositis	Ly
Ly-Cell	Cell count in lymph	Ly
Ly-Cr	Lymph-Heart	"
<u>Ly-edema</u>	Elephantiasis, lymphedema	Ly

SSSS		
Lympho	Lymphocyte(s). If in blood: B-Lympho	
Lyn	Lymph-node(s)	Ly
<u>Lyn-Gr-Tu</u>	Lymphogranulomatosis, Hodgkin's disease, granuloma malignum	Ly
Lyn-Hemo	Hemo-lymphnodes	
<u>Lyn-itis</u>	Lymphadenitis	"
<u>Lyn-Tu</u>	Lymphomas, including Brill-Symmers' disease	"
<u>Lyn-Sa</u>	Lymphosarcoma	"
<u>Lyn-Tu</u>	Other lymph-node tumors	"
Ly-Vs	Lymph-Vessel(s)	Ly
<u>Ly-Vs-itis</u>	Lymphangitis	Ly

M

m	Medulla, e.g., Osm, Adrm	
Ma	Mammary gland Factors influencing either the structure (Ma \leftarrow T) or the secretion (Ma-sen \leftarrow LTH) of the mammary gland are considered under Ma, but the chemical composition of milk is listed under Metabolism	♀-Acc
Ma	Diseases of the mammary gland in general	♀-Acc
σ -Ma	Mammary gland of male	σ -Acc
σ -Ma↑	Cynecomastia	σ -Acc
MAAN	Methylene-amino-acetonitrile	Ltgen
Macro-Glb	Macroglobulinemia of Waldenstrom	Metab
Macro-molecules	Only for compounds which do not fit in any category.	
MAD	Methylandrostenediol	T
Ma-itis-Cystic	Cystic mastitis	♀-Acc
Malaria↓	Antimalarial drugs	Var-Metab
Malf	Malformations. Since these always develop during embryonic life, the age-factor in their genesis need not be registered, e.g., CNS $>$ Malf \leftarrow IN(to mother) /Rat (Class 19) Malf	"
Marfan-S	Arachnodactyly	"
Ma-sen	Milk	♀-Acc
Ma-sen↑	Persistent lactation	Lac
Mastcell	Mast cells	Cti
Mastocytoma	Mastocytoma	Cti

<u>SSSS</u>		
<u>Ma-Tu</u>	Mammary tumors	<u>♀-Acc</u>
<u>MC</u>	Mineralocorticoid(s)	<u>Adre-H</u>
<u>MC↓</u>	Salt-losing Hormone	<u>MC</u>
<u>MC↓</u>	Hypomineralocorticoidism, hypoaldosteronism	<u>Adr</u>
<u>MC↑</u>	Hypermineralocorticoidism, hyperaldosteronism	"
<u>MC↑(primary aldosteronism)</u>	Primary aldosteronism, it is a subdivision of hypermineralocorticoidism	"
<u>Me-</u>	Methyl (as a Target goes under Metabolites)	
<u>Mech-Act</u>	Mechanism(s) of action	
<u>Mech-sen</u>	Mechanism(s) of secretion	
<u>Med</u>	Medicine	
<u>Medobl</u>	Medulla oblongata	<u>Nr</u>
<u>Me↓</u>	Melituriyas, other than glycosurias	<u>Metab</u>
<u>Meningitis</u>	Meningitis	<u>Nr</u>
<u>Me-NT</u>	Methyl-nor-testosterone or methyl-estrenolone	<u>T</u>
<u>Merrh</u>	Menorrhagia or Metrorrhagia. A single symbol is used for both conditions because of the many transitional forms between them	<u>Ov</u>
<u>Merrh-Dys</u>	Dysmenorrhea	"
<u>Me-T</u>	Methyl-testosterone	<u>T</u>
<u>Metab</u>	Metabolism	(Class 17) <u>Metab</u>
<u>Metab</u>	Diseases of the Metabolism in general	<u>Metab</u>
<u>Metab↓</u>	Hypometabolism due to unknown causes. (That due to hypopituitarism and hypothyroidism is filed as <u>Hyp↓</u> and <u>Tr↓</u>)	"
<u>Metab↓</u>	Antimetabolites	"
<u>Metab < Ti</u>	O ₂ consumption and general metabolism of tissues	<u>Var-Metab</u>
<u>Metam</u>	Metamorphosis	
<u>Meth</u>	Methods, e.g., Adr/Hi/Meth/ <u>PAS</u> . (Do not write technique or procedure.)	

SSSS

SSSD

METHOXYEONE	Methoxy-estrone	<u>F</u>
<u>Migraine</u>	Migraine	<u>Nr</u>
<u>Mikulicz</u>	Mikulicz' disease	<u>Sal-Gl</u>
Milieu E	External environment in general	(Class 19)
Milieu I	Internal environment in general	(Class 19)
<u>Mineral-Metab</u>	Derangements in mineral metabolism in general	<u>Metab</u>
MIT	Moniodothyronine	<u>Tr-H</u>
Mit	Mitosis. If in many organs list in Part: Cytology, not under each individual organ. Otherwise, list under the organ (in parentheses). E.g., Adr(Mit), and file in SSSD of this organ.	
<u>Mit↓</u>	Antimitotics	<u>Var-Metab</u>
Mitys	Monoiodotyrosine	<u>Amac</u>
Mky	Monkey	
ML	Hypophyseal Middle Lobe	<u>Hyp</u>
ML-E	Middle Lobe Extract	"
<u>ML-H</u>	Other Middle Lobe Hormones	"
Mo	Morphine, e.g., Mo-D for morphine derivatives	
<u>Moll. cont.</u>	Molluscum contagiosum	<u>Ct</u>
<u>Mongol</u>	Mongolism	<u>Nr</u>
Mono	Monocyte(s). (If in blood: B-Mono)	
<u>Morb</u>	Morbidity, Disease(s). The symbols and names of diseases are underlined. Diseases may be Targets or stimuli according to the Order of Precedence, but morphologic changes in endo- crine glands are filed in the subsection Pathologic Anatomy with each gland, e.g., Adr/PA/Infl. The effect of an Agent upon a disease as a whole is listed under the name of the disease (not under State or under any one sign), e.g., Rh-Art ← ACTH or IN↓ ← IN-Sulfa. A disease which can be mistaken for an endocrine disease should be classified under Differential Diagnosis -- e.g., Ptr/D-Diff/*Ptr↓" (for pseudo- hypoparathyroidism) -- as well as in a separate SSSD of its own, immediately after the corres- ponding endocrine disease. Experimentally induced diseases are not underlined.	

If two diseases influence each other, they are filed under the one of higher priority writing and they are connected by a colon.
E.g., IN↓:Pm-TB

<u>Morb?</u>	<u>Unclassifiable diseases</u>	<u>Morb?</u>
<u>Morb. Synonyms</u>	Rare synonyms of diseases are listed after <u>Morb-Var</u> (Class 19)	
MPI	Microbes, plants and invertebrates.	(Class 14) MPI
MTH	Melanophorotrophic Hormone, intermedin	<u>Hyp-H</u>
Mu	Muscle(s)	(Class 8) Mu
Mu	Muscular diseases in general	<u>Mu</u>
<u>Mu-Asthenia</u>	Myasthenia in general (For Myasthenia Gravis see: <u>Tm↑-Mu</u>).	"
Mu-c	Muscular contraction, exercise. Indicate specific type, thus: Mu-c(Swimming)	<u>Mu</u>
<u>Mu-c↓</u>	Anti-epileptic and anti-convulsive drugs	<u>Var-Metab</u>
<u>Mu-Dyst</u>	Muscular dystrophies	<u>Mu</u>
<u>Mu-itis</u>	Myositis	"
<u>Mu-itis-Os</u>	Myositis ossificans	"
Muellerian-duct	Muellerian-duct	<u>Q-Acc</u>
Mu-Lt	Experimental lathyrism of muscles	<u>Mu</u>
<u>Mu-Tu</u>	Muscle tumors	<u>Mu</u>
<u>Mycoses</u>	Mycoses	<u>Ct</u>
<u>Myco-tb</u>	<u>Mycobacterium tuberculosis</u>	
<u>Myel-Tu</u>	Plasmocytic (multiple) myeloma of Kahler	<u>B-Osm</u>

N

<u>N</u>	Nitrogenous products in general	(Class 17) <u>N</u>
NA	Noradrenaldine, Arterenol	A
<u>-Necro</u>	Necrosis, gangrene (e.g., <u>Hep-Necro</u>)	"
<u>NH₄Cl</u>	Ammonium Chloride	"
<u>Noma</u>	Noma	<u>GI</u>
<u>NPN</u>	Non-protein nitrogen	<u>N</u>
<u>Nr</u>	Nerve(s)	(Class 1) <u>Nr</u>
<u>Nr</u>	Diseases of the nervous system in general	<u>Nr</u>
<u>Nr-Alg</u>	Neuralgia	"
<u>Nr-ALScl</u>	Amyotrophic lateral sclerosis	"
<u>Nr-Anorexia</u>	Anorexia nervosa	"
<u>Nr-Arachnoiditis</u>	Arachnoiditis	"
<u>Nr-osis-Anxiety</u>	Anxiety neuroses	"
<u>Nr-osis-Compulsive</u>	Compulsive neuroses	"
<u>Nr-Periodic</u>	Any periodic disease of the nervous system. If special type indicate in brackets, e.g., <u>Nr-Periodic (ANS)</u>	"
<u>Nr-Sydenham</u>	Sydenham's chorea	"
<u>Nr-Syphilis</u>	Nervous syphilis, including pentral paresis and tabes dorsalis	"
<u>Nr-Trauma</u>	Traumatic diseases of the nervous system	"
<u>Nr-Tu</u>	Tumors of the nervous system	"
<u>Nr-Wernicke</u>	Wernicke's polioencephalitis	"
<u>Nr-Wilson</u>	Hepatolenticular degeneration of Wilson	"
<u>Ns</u>	Nose	(Class 10) <u>Ns</u>
<u>Ns</u>	Nasal diseases in general	<u>Ns</u>
<u>Ns-Gr</u>	Nasal granuloma	"
<u>Ns-itis</u>	Inflammations of the nose in general	"
<u>Ns-itis-IM</u>	Allergic rhinitis, hayfever	"

SSSS		
<u>Ns-Polyps</u>	Nasal polyps	<u>Ns</u>
<u>Ns-Scleroma</u>	Rhinoscleroma	"
<u>Ns-Tu</u>	Nasal tumors	"
NT	Nortestosterone	T
<u>Nuclac</u>	Nucleic acids	<u>N</u>
<u>Nucleo-Prot</u>	Nucleoproteins	<u>Nuclac</u>
<u>Nr-Asthenia</u>	Neurasthenia	<u>Nr</u>
<u>Nr-Bulbar</u>	Bulbar and pseudobulbar palsy	"
<u>Nr-Enuresis</u>	Enuresis	"
<u>Nr-Fibromas</u>	Neurofibromatosis, v. Recklinghausen	"
<u>Nr-GB</u>	Guillain-Barré Syndrome	"
<u>Nr-H</u>	Neurohormones, including neurosecretory materials (histologically demonstrated) and ACTH-RF	<u>Nr-H</u>
<u>Nr-Huntington</u>	Huntington's chorea	<u>Nr</u>
<u>Nr-ititis</u>	Neuritis	"
<u>Nr-ititis-Poly</u>	Polyneuritis	"
<u>Nr-Landry</u>	Landry's Syndrome	"
Nr-Le	Nerve lesion	Nr
Nr-Lt	Experimental nervous lesions which have been compared to clinical neuro-lathyrism but are not necessarily related to it, e.g., the ECC-S and various acute nerve lesions produced by lathyrus extracts	"
<u>Nr-Lt</u>	Clinical neuro-lathyrism, the spontaneous disease characterized by spastic paralysis, not identical with ECC-S	<u>Nr</u>
<u>Nr-Malf</u>	Malformations of the nervous system	"
<u>Nr-MS</u>	Multiple sclerosis	"
Nr(Mu-junction)	Neuro-muscular junction	Nr-f
<u>Nr-osis</u>	Neuroses in general	<u>Nr</u>
Nr-Mu-c	Neuromuscular reactions incl. tremor, convulsions	Nr

0

<u>O</u>	Oxygen	External environment
<u>Ol</u>	Anoxia or hypoxia	External environment
<u>Ol↑</u>	Hyperventilation, excessive oxygenation	"
OBG	Obstetrics and Gynecology	
Oc	Ocular, eye	(Class 10) Oc
<u>Oc</u>	Ocular diseases in general	"
<u>Oc-Ar-Scl</u>	Arteriosclerotic retinopathy	"
<u>Oc-B↓</u>	Ocular hemorrhage	"
<u>Oc-Boeck</u>	Boeck's sarcoid of the eye	"
Oc-Ex	Exophthalmos. If considered as a clinical entity, write: <u>Oc-Ex</u> . If merely a sign of hyperthyroidism, write: Oc-Ex ← <u>Tr↑</u>	"
<u>Ochron-Alkaopt</u>	Ochronosis and/or alkaptonuria	Metab
<u>Oc-IN↓</u>	Diabetic retinopathy	Oc
<u>Oc-itis</u>	Ocular inflammations, iritis, iridocyclitis, choroiditis, uveitis, retinitis, chorio-retinitis, endophthalmitis, scleritis, panophthalmitis, episcleritis	"
<u>Oc-Malf</u>	Ocular malformations	"
<u>Oc-Phthisis</u>	Phthisis bulbi	"
<u>Oc-Sy-itis</u>	Sympathetic ophthalmia	"
<u>Oc-Tu</u>	Ocular tumors	"
<u>OE</u>	Other elements. A symbol used for classifying observations concerning elements, too numerous to deserve individual mention and not specifically listed in the order of Precedence.	(Class 17) <u>OE</u>
Oes	Oesophagus	GI
<u>Oes</u>	Diseases of the oesophagus	GI
OH-	Hydroxy	
<u>OH-C</u>	Hydroxycorticoids	C
OH-DIONE	Hydroxydione, 21-hydroxypregnandione (Viadril R)	STE
<u>Oligomerrh</u>	Oligomenorrhea	<u>Amerrh</u>

<u>Or</u>	Oral cavity, mouth, including tongue and gustatory system	<u>GI</u>
<u>Or</u>	Diseases of the oral cavity in general	<u>GI</u>
<u>Os</u>	Ossification, bone. Used for observations more specifically concerned with skeletal structures than with body-weight. (The latter are filed under G.)	(Class 8) <u>Os</u>
<u>Os</u>	Diseases of the bone in general	<u>Os</u>
<u>Os↑-Cran</u>	Cranial hyperostosis	"
-ose	Suffix to indicate sugar	
<u>Os-Gr-Eo</u>	Eosinophilic granuloma of bone	<u>Os</u>
<u>Os-Garg.</u>	Gargoylism	"
<u>Os-Imperfecta</u>	Osteogenesis imperfecta	"
-osis	Suffix which designates degenerative disease, e.g., <u>Gg-osis</u> , <u>Art-osis</u>	"
<u>Os-itis</u>	Osteitis	"
<u>Os-itis deformans</u>	Osteitis deformans, Paget's disease	"
<u>Os-Malacia</u>	Osteomalacia	"
<u>Os-Malf</u>	Malformations of bones	"
<u>Osm</u>	Bone marrow (Os + Medulla)	(Class 3) <u>B-Osm</u>
<u>Osm-Fanconi</u>	Fanconi's bone-marrow disease (as distinguished from de Toni Fanconi's syndrome, renal amino-acid diabetes)	<u>B-Osm</u>
Osmosis	Stands for osmotic or oncotic power	Metab
<u>Osmosis↓</u>	Decreased osmotic pressure	Metab
<u>Osmosis↑</u>	Increased osmotic pressure	"
<u>Osm-Tu</u>	Bone marrow tumors in general	<u>B-Osm</u>
<u>Os-Pelvic</u>	Pelvis, incl. Ilium, Ischium, Pubic bone, Acetabulum, e.g., <u>Os-Pelvic</u> (Ligament)	<u>Os</u>
<u>Os-Petrosis</u>	Marble bones, osteopetrosis (Albers-Schoenberg's disease)	<u>Os</u>
<u>Os-Pm</u>	Pulmonary osteo-arthropathy, Marie's disease	"
<u>Os-Porosis</u>	Osteoporosis	"

SSSS

SSSD

<u>Os-R</u>	Renal osteodystrophy, "Renal Rickets"	<u>Os</u>
<u>Os-R-Glu < Ur</u>	DeToni Fanconi' Debre's "Renal Ricketts and Renal Diabetes"	"
<u>Os-Scl</u>	Osteosclerosis	"
<u>Os-Sudeck</u>	Sudeck's syndrome, acute post-traumatic bone atrophy	"
<u>Os-TB</u>	Tuberculous spondylitis, Pott's disease	"
<u>Os-Tu</u>	Osseous tumors	"
<u>Ot</u>	Otology, ear	(Class 10) <u>Ot</u>
<u>Ot</u>	Otological diseases in general	<u>Ot</u>
<u>Ot-itis</u>	Otitis media	"
<u>OTL</u>	Otorhinolaryngology	
<u>Ot-Scl</u>	Otosclerosis	<u>Ot</u>
<u>Ot-Tu</u>	Tumors of the ear	"
<u>Ov</u>	Ovary	(Class 2) <u>En</u>
<u>Ov</u>	Ovarian diseases in general	<u>Ov</u>
<u>Ov↓</u>	Ovarian hypofunction in general	"
<u>Ov↑</u>	Ovarian hyperfunction in general	"
<u>Ov-Apl</u>	Ovarian aplasia, Morgagni-Turner (or Albright) Syndrome	"
<u>Ov(Bidder)</u>	Bidder's organ, derivative of ovarian tissue	<u>Ov</u>
<u>Ov(C1)</u>	Corpus luteum	"
<u>Ov-Dermoid-Tu</u>	Dermoid tumors, irrespective of their localization	<u>Ov</u>
<u>Oviduct</u>	Diseases of the oviduct in general	<u>♀-Acc</u>
<u>Ov-itis</u>	Inflammation of the ovaries	<u>Ov</u>
<u>Ov-Oviduct-Absc</u>	Tuboovarian abscess.	<u>Ov-itis</u>
<u>Ov↓-Pub</u>	Delayed puberty of ovarian or undetermined origin, Ovarian infantilism.	"
<u>Ov↑-Pub</u>	Precocious puberty of ovarian or undetermined origin	"
<u>Ov-Scl</u>	Ovarian sclerosis	"
<u>Ov-Scl-Cyst</u>	Sclerocystic or polycystic ovary	"
<u>Ov-T↑</u>	Ovarian virilism in general, including hirsutism and virilism due to unidentified causes. (See also: Intersex)	"

SSSS

SSSD

Ov-Tu

Other ovarian tumors

OvOv-Tu-MeigsMeigs (or Demon-Meigs) Syndrome, Ovarian fibromas
with hydrothorax

"

Ovum

Ov

OX

Oxytocin

Hyp-HOxy-Tcycl

Oxytetracycline

Ozena

Ozena, atrophic rhinitis

Ns

SSSS

SSSD

P

P

Pathogenesis. If general discussion of pathogenesis, list thus: Tr↑/P; if a special pathogenic agent is considered, thus: Tr↑ ← I(P)

Pa

Parabiosis. Parabiosis experiments are considered under headings determined by the treatment which the twins receive. In the case of multiple stimuli, these are listed in the usual Order of Precedence. The parabiosis itself is regarded as one of the stimuli. E.g., the effect of ovariectomy and estradiol treatment of one parabiont on pituitary histology in the other is listed in SSSD:

Hyp (Morphology) thus:

'(Hyp/Pa-I)' ← '(Ov-X + EDIOL/Pa-II)'

If both parabionts are treated, this is indicated by the position of brackets, the parabiont receiving the higher precedence treatment being listed first, thus:

'(Hyp/Pa-I)' ← '(Hyp-X/Pa-II) + '(EDIOL/Pa-I)'

PA

Pathologic anatomy. Only organ changes of primarily morphologic interest and especially those not due to any identifiable Agent are filed under this heading, e.g., Ov/PA/Malf/Ectopy/Man

App. 7

PAH

p=Amino=hippuric acid

Panniculitis

Panniculitis

Cti

Papilledema

Papilledema

Oc

Paral

Paralysis

Nr

Paral-Agitans

Paralysis agitans

"

Paral-Bell

Facial paralysis, Bell's palsy

"

Paral-Periodic

Periodic familial paralysis

"

Paramyotonia Congenita Paramyotonia Congenita

Mu

Parapsoriasis

Parapsoriasis

Ct

Parotin

Parotin

Sal-Gl

PAS

Materials tingible with Periodic Acid Schiff stain,
(e.g., acid polysaccharides)

Var-Metab

PAS

Para-aminosalicylic acid

P-ase

Phosphatase

Enz

P-ase↓

Hypophosphatasia

Metab

PBI

Protein-Bound Iodine

Tr-H

SSSS		
Pbuta	Phenylbutazone	
PDIOL	Pregnanediol	L
PDIOLONE	Pregnanediolone	STE
P:E	Plasma-Erythrocyte ratio, e.g., <u>Na</u> < B(P:E)	B-Osm
<u>Pedatr</u>	Pedatropy, dystrophic children	Res
PEG	Pneumoencephalogram	Nr-f
<u>Pemphigus</u>	Pemphigus	Ct
<u>Pept-Ulc</u>	Peptic ulcer, do not write gastric or duodenal ulcer	GI
Perf	Perfusate(s). The hormone content of organ perfusates <u>in vitro</u> is discussed immediately following the hormone content of the blood in the general circulation, e.g., C < B(Perf), conjointly with the hormone content of the venous blood leaving that organ <u>in vitro</u> , e.g., C < B < Adr	
Peri	Periarteritis nodosa (experimental)	Vs
<u>Peri</u>	Periarteritis nodosa (spontaneous)	Vs
<u>Peri-Cran</u>	Cranial arteritis	Cr-Vs
Perit	Peritoneum	GI
Perit-H ₂ O	Ascites	"
Perm	Permeability (e.g., Cap-Perm)	
Pggl	Paraganglion	(Class 2) En
pH↓	Acidosis in general	Metab
pH↑	Alkalosis in general	"
Phag	Phagocytosis, e.g., '(Infl(Ery-Phag) ← Crot)'. RES [unless description deals only with limited region, e.g., Hep(Phag)]	
Phar	Pharynx	Resp
<u>Phar-itis</u>	Pharyngitis	Resp
Pharm	Pharmacology	App.6
Phyg	Physiology (general), e.g., Hyp/Phyg	App.5
Pi	Pineal	(Class 2) En
<u>Pi</u>	Pineal diseases in general	Pi

SSSS

SSSD

Pigm	Pigmentation, chromatophores. When generalized, SSSD: Cti, when limited to certain organs, pigmentation is expressed by compound symbols and listed in the SSSD of the organ in question, as a histologic characteristic, e.g., Ct(Pigm) Sp(Pigm) Oc(Pigm)	
<u>Pigm</u>	Melanin pigmentation	<u>Metab</u>
<u>Pi-Tu</u>	Nonendocrine pineal tumors	<u>Pi</u>
<u>Pi↑-Tu</u>	Pineal hyperfunction due to tumors	"
Pl	Placenta	Pre
<u>Pl_a</u>	Plasmodium (always precedes the name of the plasmodium)	
PL	Hypophyseal Posterior Lobe	Hyp
(PL↓ see VA↓)	Diabetes insipidus	Hyp
(PL↑ see VA↑)	Antidiabetes insipidus, excessive vasopressin secretion	"
Plant	Plant as such (not parts of them) are listed as Targets, e.g., Plants ← EDIOL, (not G or Ov ← EDIOL /Plant). Same is true of microbes and invertebrates.	
Plant-E	Plant extract go under Various Metabolites and exogenous chemicals	<u>Var-Metab</u>
PL-E	Hypophyseal Posterior Lobe Extract	PL-E
Plr	Pleura	Resp
<u>Plr</u>	Diseases of the pleura in general	<u>Resp</u>
Plr-H ₂ O	Pleural fluid	Plr
<u>Plr-ititis</u>	Pleuritis	<u>Resp</u>
<u>Pl-Tu</u>	Placental tumors, e.g., Pl-Tu-Hydat, Pl-Tu-Chorion	Pl
<u>Pl-Chorion-Tu</u>	Chorioneplithelioma	"
<u>Pl-Hydat-Tu</u>	Hydatidiform mole	"
Plu	Plumage	Ct
Pm	Pulmonary, Lung	Resp
<u>Pm</u>	Pulmonary diseases in general	<u>Resp</u>
<u>Pm-Absc.</u>	Pulmonary abscesses	"
<u>Pm-Anthr.</u>	Pulmonary anthracosis	"

SSSS		SSSD
<u>Pm-Ar-Scl</u>	Pulmonary arteriosclerosis, Ayerza's disease	<u>Resp</u>
<u>Pm-Asbest.</u>	Pulmonary asbestosis	"
<u>Pm-Atelect.</u>	Pulmonary atelectasis	"
<u>Pm-Beryll.</u>	Pulmonary berylliosis	"
<u>Pm-Cyst</u>	Pulmonary cysts	"
Pm-edema	Pulmonary edema	<u>Resp</u>
<u>Pm-Emph.</u>	Pulmonary emphysema	<u>Resp</u>
<u>Pm-Fibr.</u>	Pulmonary fibrosis	"
<u>Pm-Necro</u>	Pulmonary gangrene	"
<u>Pm-it is</u>	Pneumonia	"
<u>Pm-Myc.</u>	Mycotic diseases of the lung	"
<u>Pm-Pneumocon.</u>	Pneumoconiosis	"
<u>Pm-Silic.</u>	Pulmonary silicosis	"
PMT	Pentamethylenetetrazol, Metrazol, Cardiazol	
<u>Pm-TB</u>	Pulmonary tuberculosis	<u>Resp</u>
<u>Pm-Tu</u>	Pulmonary tumors	"
Pn	Pancreas	(Class 2) En
Pn	Pancreatic diseases in general	<u>Pn</u>
<u>Pn-it is</u>	Pancreatitis	"
<u>Pn-Scl</u>	Pancreatic sclerosis	"
<u>Pn-Scl-Cyst</u>	Sclerocystic pancreas	"
<u>Pn-Tu</u>	Nonendocrine pancreatic tumors	"
"Pn-X"	Pseudopancreatectomy or chemical pancreatectomy, (e.g., by alloxan or cobalt). This symbol is used only for brief reports which mention chemical pancreatectomy without specifying how it was accomplished, e.g., Glu < Ur ← "Pn-X". If the drug employed is known, it should be mentioned in the codification, e.g., Glu < Ur ← All.	Pn-X
P.o.o.	per os	
<u>Polio</u>	Poliomyelitis	<u>Nr</u>

SSSS		SSSD
POLONE	Δ^5 -Pregnenolone	Te-H
Polys	Polymorphonuclear leucocytes. (If in blood: B=Polys)	
POP	Paraoxypropiophenone or parahydroxypropiophenone	Stress↓
<u>Porph.</u>	Prophyria	<u>Metab</u>
Pre	Pregnancy. Pregnancy tests based on bioassay or chemical determination of hormones in body fluids are considered in the corresponding bioassay and analytical chemistry sections, e.g., LH/St/Ov/Rat(immature), or \bar{C} /Chem/Anlt/Silber-Porter technique All other pregnancy tests are classified under pregnancy.	Pre
<u>Pre</u>	Pregnancy diseases in general	<u>Pre</u>
"Pre"	Pseudopregnancy	♀-Acc
<u>"Pre"</u>	Pathologic pseudopregnancy	"Pre"
<u>Pre-B↓</u>	Anemia of pregnancy	Pre
Pre(labor)	Labor (as Agent) [as Target, see: U-c(labor)]	Pre
<u>Premen</u>	Premenstrual tension	Ov
<u>Premy</u>	Premature baby	(Class 19) External environment
Prep	Preputial glands	♂-Acc
<u>Pre-Prolonged</u>	Prolonged pregnancy	Pre
Preserv	Preservation. Length of "Shelf-Life" of a compound	Chem
<u>Pre-Tos</u>	Pregnancy toxicosis (including Eclampsia and Pre-Eclampsia)	Pre
Pre-X	Complete removal of embryo and placenta (See also Emb-X)	Pre
<u>Pre-X</u>	Spontaneous abortion	Pre
<u>Pre-X-Habitual</u>	Habitual abortion	"
PROG	Progesterone	L
Progn	Prognosis	App.8
Prop	Propyl	
Propac	Propionic acid	
<u>Prot</u>	Protein(s)	N

SSSS		SSSD
<u>Prot-Muco</u>	Mucoprotein(s)	<u>N</u>
<u>Pruritus</u>	Pruritus	<u>Nr</u>
PS	Polysaccharides	<u>CHO</u>
<u>PS-Lip</u>	Lipopolysaccharides	"
<u>PS-Muco</u>	Mucopolysaccharides	"
<u>Psoriasis</u>	Psoriasis	<u>Ct</u>
Psy	Psyche	<u>Nr-f</u>
<u>Psy</u>	Psychomimetic drugs including e.g. Mescaline (not including Adrenaline derivatives because they go under A-D)	<u>Var-Metab</u>
<u>Psy</u>	Psychosis	<u>Nr</u>
<u>Psy↓</u>	Mental retardation	"
<u>Psy↑</u>	Manic depressive psychosis	"
<u>Psy-Age↑</u>	Senile psychoses	"
<u>Psy-Coca</u>	Cocainism	<u>Psy-Dr</u>
<u>Psy-Dr</u>	Drug addictions in general	<u>Nr</u>
<u>Psy-Epileptic</u>	Epileptic psychoses	"
<u>Psy-Et-OH</u>	Alcoholism, including delirium tremens	<u>Psy-Dr</u>
<u>Psy-f</u>	Derangements of mental function (in general)	<u>Nr</u>
<u>Psy-Hashish</u>	Hashishism, Marihuana addiction	<u>Psy-Dr</u>
<u>Psy-IN</u>	Insulin addiction	"
<u>Psy-Mo</u>	Morphinism	"
<u>Psy-Sex</u>	Psychogenic aberrations and disorders of sex life, incl. frigidity, impotence, homosexuality, etc.	<u>Nr</u>
<u>Psy-To</u>	Toxic psychoses	"
<u>Pta</u>	Prostate	<u>♂-Acc</u>
<u>Pta</u>	Diseases of the prostate in general	<u>♂-Acc</u>
<u>♀-Pta</u>	Female prostate	<u>♀-Acc</u>
<u>"Pta-ititis"</u>	So-called 'prostatitis', prostatic hypertrophy	<u>♂-Acc</u>
Ptr	Parathyroid	(Class 2) En

SSSS

SSSD

<u>Ptr↓</u>	Hypoparathyroidism	<u>Ptr</u>
<u>"Ptr↓"</u>	Pseudohypoparathyroidism	"
<u>Ptr↑</u>	Hyperparathyroidism	"
<u>"Ptr↑"</u>	Pseudohyperparathyroidism = Albright's Polyostotic fibrous dysplasia	"
<u>Ptr-H</u>	Parathyroid hormone(s)	<u>Ptr</u>
<u>PTRIOL</u>	Pregnane-triol	<u>L</u>
<u>Ptr-Tu</u>	Nonendocrine parathyroid tumors	<u>Ptr</u>
<u>Ptr↑-Tu</u>	Hyperparathyroidism due to tumors	"
<u>Pub</u>	Puberty: ♀-Pub and ♂-Pub go in that order after sex in general	<u>Pub</u>
<u>PVP</u>	Polyvinylpyrrolidone	
<u>Pyelitis</u>	Pyelitis	<u>Ur-Duct</u>
<u>Pyl-ase</u>	Phosphorylase	<u>Enz</u>
<u>Pyruvac</u>	Pyruvic acid	

*

Q

<u>Quincke</u>	Quincke edema	<u>Morb-Var</u>
----------------	---------------	-----------------

	R		
R	Renal, Kidney	(Class 5)	R
R	Renal diseases in general		R
R8	"Figure of 8 ligature" on kidney, for the production of experimental renal hypertension		R
"R"	Artificial kidney		"

Radioactive elements Write symbol of element followed by exponential asterisk, e.g., I^* . Since these are not normal body constituents, it is unnecessary to indicate their introduction into the body, thus, write: $I^* < Tr \leftarrow Tr\downarrow$, not: $I^* < Tr \leftarrow T\uparrow + I^*$ However, radioactive precursors, which are transformed into other compounds in the body, must be listed, e.g., $CON^* < Adr \leftarrow Cho^*$, not merely: $CON^* < Adr$

<u>R-Ar-Scl</u>	Renal arteriosclerosis	R
Rau	Rauwolfia compounds, e.g., serpasil, reserpine	Var-Metab
Ray	Ray, wave	External environment
Ray-Grenz	Grenz rays	"
Ray-Io	Ionizing rays	"
<u>Ray-Io</u>	Chemical protecting radio-substances	Var-Metab
<u>Raynaud</u>	Raynaud's disease	<u>Cr-Vs</u>
Ray-Proton	Ray-Proton	Ray-Io
Ray-Short	Short wave, Hertz wave, Radio wave	External environment
Ray-Solar	Solar rays, light	"
Ray-UV	Ultraviolet rays	"
Rb	Rabbit	
R-BP↑	Experimental Renal Hypertension	R
<u>R > Ca</u>	Calcification of kidney	R
<u>R-Calculi</u>	Renal calculi (R-Calculi and Ur-Ves-Calculi)	"
R/Caps	Renal encapsulation and perinephritis techniques for the production of experimental renal hypertension	R
<u>R-Crush-S</u>	Crush Syndrome	R

SSSS

SSSD

Rct	Rectum	GI
<u>R-Cyst-Poly</u>	Polycystic kidneys	R
R-Duct	Renal Duct, Ureter	Ur-Duct
Reg	Regeneration, wound healing. As a suffix: regeneration of an organ, e.g., Hep-Reg	(Class 13) Reg
R-En	Experimental Renal Hypertension produced by endocrine kidney technique, endocrine kidney	R
RENIN	Renin, a pressor substance of the renal cortex	RPS
♀-Rep	Reproduction in the female	(Class 4)
♀-Rep↓	Female sterility and infertility	Pre
♂-Rep↓	Male sterility and infertility	Te
<u>Rep-Parthenogenesis</u>	Parthenogenesis	Pre
Res	Resistance, General resistance or state.	(Class 19) Res
RES	Reticulo-Endothelial System	(Class 11) Res
<u>RES-G</u>	Gaucher's disease	Sp
<u>RES-HSC</u>	Hand-Schüller-Christians disease	"
<u>RES-LS</u>	Letterer-Sive's disease	"
<u>RES-NP</u>	Niemann-Pick's disease	"
Resp	Respiratory system in general	(Class 6) Resp
<u>Resp</u>	Respiratory diseases in general	<u>Resp</u>
<u>RES-Xanth</u>	Xanthomatoses in general	Sp
Rev	Review	App.1
Rfl	Reflex	Nr
R(Glomeruli)	Glomeruli	R
<u>R-Glu < Ur</u>	Renal glycosuria	R
Rh	Rheumatic diseases in general	Cti
<u>Rh-Tempi</u>	Rheumatic fever	Cti
<u>Rhinophyma</u>	Rhinophyma	Ns
Rhombenc	Rhombencephalon, incl. Cerbl, Pons and Medobl.	Nr
Rhythm	Any cyclic variation other than those producing seasonal and diurnal changes	External environment

Ringer	Ringer solution	
<u>R-itis</u>	Nephritis	<u>R</u>
R(jga)	Juxtaglomerular apparatus	R
<u>R-KW</u>	Kimmelstiel-Wilson's disease, intercapillary nephrosclerosis	<u>R</u>
<u>R-Malf</u>	Renal malformations in general	"
RN	Relaxin	<u>Ov-H</u>
RNA	Ribonucleic acid	<u>N</u>
<u>R-osis</u>	Nephrotic syndrome	<u>R</u>
<u>R-osis-LN</u>	Lower nephron nephrosis	"
<u>RPS</u>	Renal Pressor Substance(s) in general	<u>RPS</u>
<u>R-Pyelo-ititis</u>	Pyelonephritis	<u>R</u>
RQ	Respiratory quotient	Resp
<u>R-Scl</u>	Nephrosclerosis	<u>R</u>
Rstr	Immobilization	<u>Nr-f</u>
<u>R-To-Sulfa</u>	Nephrotoxic sulfa drugs	<u>Var-Metab</u>
<u>R-Tu</u>	Renal tumors	<u>R</u>
R(Tubules)	Tubular system	R
<u>Rubeola</u>	Measles	<u>Infect</u>
<u>R-Ur↑</u>	Renal diabetes insipidus	<u>R</u>
R-Vs-Lig	Goldblatt clamp. or other procedures for the constriction of renal vessels, used to produce experimental renal hypertension	R
R-X	Nephrectomy	"

-S	Syndrome (e.g., <u>LMB-S</u> , <u>WF-S</u>)	
Sa	Sarcoma	
<u>Sa-Adip</u>	Liposarcomas	<u>Cti</u>
<u>Sa-Fibro</u>	Fibrosarcomas	"
Sal	Saliva	Sal-Gl
Sal-Gl	Salivary gland	(Class 7) Sal-Gl
<u>Sal-Gl</u>	Diseases of the salivary glands in general	
Salt-retaining-H	When not otherwise defined, should be filed under: <u>MC</u>	H
Salt-losing Hormone	See: <u>MC↓</u>	
s.c.	Subcutaneously	
SAN	Aminonucleoside	<u>AB</u>
<u>Scabies</u>	Scabies	<u>Ct</u>
<u>Scarlatina</u>	Scarlet fever	<u>Infect</u>
<u>Schizo</u>	Schizophrenia	<u>Psy</u>
<u>Sciatica</u>	Sciatica	<u>Nr</u>
Scl	Sclerosis or cirrhosis (e.g., <u>Hep-Scl</u>)	
<u>Scleroderma</u>	Scleroderma (Werner-S)	<u>Ct</u>
Seb-Gl	Sebaceous glands	<u>Ct</u>
<u>Semin-Tu</u>	Seminoma (For Seminoma in female see: Dysgerminoma)	<u>Te</u>
--sen	Secretion, e.g., U-sen, Pn-sen	
SEN	Secretin. A hormone of the duodenum and jejunum, which stimulates gastric secretion	<u>GI-H</u>
Sens	Sensitization	
<u>Serum</u>	Serum sickness, serum shock	<u>IM</u>
Sex-Chromatin		Sex
Sex-Ct	Sex skin	♀- or ♂-Acc
Sex-Diff	Sexual Differentiation	
SH-	Sulphydril compounds, mercapto-compounds	

SSSS

SSSD

SH↓

Sulfhydryl inhibitors

Var-Metab

Shock

Designates the condition as a separate disease entity which can be directly affected by agents.

Res

Sinusitis

Sinusitis

Ns

Sjoegren

Sjoegren's Disease

Sal-G1

Solv

Solvent, e.g., COL/Solv/Oil

(App.6)

Sp

Spleen

(Class 3) Sp

Sp

Splenic diseases in general

Sp

Sp↑

Hypersplenism

"

Species

In discussing observations made in a number of animal species, follow the order: invertebrates, fish, amphibia, reptiles, birds, and mammals (within each group in alphabetic order). With rarely-used animals give systematic name in parenthesis, e.g., Fish (*Rhodeus amarus*)

Spermia

Spermatogenic elements

Te

Spermia↓

Spermatocide, to be used only for agents which do not fit in any other category

Var-Metab

Spermia < ♀-Acc

Spermia in female sex organs

Pre

Sp↑-Hep↑

Hepato-splenomegaly

Sp

Spic

Spinal cord

Nr

Spreading

Spreading (see also Cti-Spread)

Sprue N

Indigenous sprue, celiac disease

Metab

Sprue T

Tropical sprue, aphthous cachexia

"

SSP

Sanarelli-Shwartzmann Phenomenon. Can be local (SSP-L), or general (SSP-G).

Infl

SSS

Symbolic Shorthand System

SSSD

Symbolic Shorthand System Division. The smallest dynamic subject category of our system. Here, the first-mentioned symbol no longer determines position

ST

Stress test

G.A.S.

St

Bioassay

(App.6) Pharm

<u>Ste</u>	Unidentified non-hormonal steroids	<u>Var-Metab</u>
<u>STE</u>	Steroids, too rare, or too numerous, or too poorly characterized to be indexed as individuals. File in SSSD of most closely related steroid hormone, e.g., <u>T</u> with <u>T</u> ; PDIOL with <u>L</u> . Steroids unidentified as to natural source and not particularly related to any one steroid hormone, by virtue of structure or activity (e.g., 6-OH-ALLO-PREGNANE), are filed arbitrarily under Adrenal (the highest precedence steroid-producing gland)	
<u>STE-ase</u>	Steroidase	Adr
<u>Steatorrhea</u>	Steatorrhea	<u>Metab</u>
<u>Sten</u>	Stenosis, coarctation, obstruction	
<u>STH</u>	Somatotrophic Hormone	<u>Hyp-H</u>
<u>Stilbo</u>	Diethylstilbestrol and derivatives	<u>F</u>
<u>Stim</u>	Stimulation (See: Le)	
<u>Str</u>	Structural chemistry	(App.4) Chem
<u>Streptolysin↓</u>	Antistreptolysin	<u>Enz</u>
<u>Stress</u>	Diseases of adaptation	Res
<u>Stress↓</u>	Anti-stress drugs	<u>Var-Metab</u>
<u>Strm</u>	Struma simplex, goiter without endocrine disturbances	<u>Tr</u>
<u>Strm-maligna</u>	Strm-maligna	<u>Tr-Ca</u>
<u>Su</u>	Surgery	
<u>Sud</u>	Sweat	Ct
<u>Sud-Gl</u>	Sudoriferous (sweat) glands	"
<u>Sud-Miliaria</u>	Miliarias	Ct
<u>Sulfa</u>	Sulfanylamide-D	<u>IN-Sulfa</u>
<u>Sv</u>	Seminal vesicles	<u>♂-Acc</u>
<u>Sy</u>	Sympathetic nervous system	Nr
<u>Syn</u>	Synthetic chemistry	(App.4) Chem
<u>Sy-Tu</u>	Sympathoblastoma	Nr

SSSS

<u>Syringomyelia</u>	Syringomyelia	<u>Nr</u>
Sy-X	Sympathectomy	Nr

T

<u>-t</u>	Transplant, transplantation, e.g., Ov-t < Sp ← LH, or transfusion, e.g., B-t. See also: Imp	
<u>=t</u>	Transplantation as a spontaneous disease. For example tumor metastases, e.g., Lyn-t ← <u>Ma-Ca</u> , or microbial metastases, e.g., Adr-t ← <u>Pm-TB</u> /Man	
<u>T</u>	Testoid(s), androgenic hormone(s)	
T	Testosterone	"
<u>T↓</u>	Testoid deficiency	<u>Te↓</u>
<u>TB</u>	Tuberculosis	<u>Infect</u>
<u>TBin</u>	Tuberculin	
Tc	Thrombocytes, e.g., B-Tc	
Tcycl	Tetracycline	
Te	Testis	(Class 2) En
<u>Te</u>	Testicular diseases in general	<u>Te</u>
<u>Te↓</u>	Testicular hypofunction in general. For andropause (including, spermatogenic insufficiencies) see <u>C-Clt</u>	"
<u>Te↑</u>	Testicular hyperfunction in general	"
TEA	Tetraethylammonium	
<u>Te-Crypt</u>	Cryptorchidism	<u>Te</u>
<u>Te-itis</u>	Orchitis	"
<u>Te↓-Klinefelter</u>	Klinefelter's syndrome	"
<u>Te↑-Leydig</u>	Testicular hyperfunction due to Leydig cell hyperplasia	"
<u>Te↑-Leydig-Tu</u>	Testicular hyperfunction du to Leydig cell tumors	"
TEM	Triethylenemamine	
<u>Te-Malf</u>	Malformations of the testis	"
Tempi	Internal temperature	Metab
Tempe	Temperature: Tempe↓ for cold; Tempe↑ for heat (including burns, frostbite)	External environment

SSSS		
<u>Tempi</u> ↓	Antipyretic drugs	Var-Metab
<u>Tempi</u> ↑	Pyrogenic drugs	
<u>Te↓-Pub</u>	Delayed puberty of testicular or undetermined origin	Te
<u>Te↑-Pub</u>	Precocious puberty of testicular or undetermined origin	"
TETRAC	Tetraiodothyroacetic acid	Tr-H
Te-X	Testis extirpation	Te
TH-COL	Tetrahydrocortisol	GC
TH-CON	Tetrahydrocortisone	"
The	Theory	
<u>Thio</u>	Thioureas	Tr
THRN	Thyronine, e.g., THRN-Dinitro	Tr-H
Ti	Tissue(s)	(Class 11) Ti
TIA	Topical Irritation Arthritis	(See: Infl)
Ti-Cult	Tissue culture(s)	See Signs: (())
Ti-E	Tissue extract	Var-Metab
Ti-necro	Gangrene	Ti
Tm	Thymus	(Class 2) En
<u>Tm</u>	Thymic diseases in general	<u>Tm</u>
<u>Tm</u> ↑	Thymic hyperfunction	"
<u>Tm-Iy-State</u>	Thymicolymphatic state	"
<u>Tm↑-Mg</u>	Myasthenia Gravis	"
<u>Tm-Tu</u>	Nonendocrine thymic tumors	"
To	Toxicity	(App.6) Pharm
<u>-To</u>	Toxin(s), e.g., <u>Bact-To</u>	
Ton	Tonsils	Resp

SSSS		SSSD
<u>Ton-itis</u>	Tonsilitis	<u>Resp</u>
<u>-Tos</u>	Toxicosis, e.g., <u>Pre-Tos</u>	
TPN	Triphosphopyridine nucleotide, Coenzyme II	<u>Enz</u>
T-Prop	Testosterone propionate	<u>T</u>
Tr	Thyroid	(Class 2) En
<u>Tr</u>	Thyroid diseases in general	<u>Tr</u>
<u>Tr↓</u>	Antithyroid drugs	<u>Var-Metab</u>
<u>Tr↓</u>	Hypothyroidism, Myxedema	<u>Tr</u>
<u>Tr↑</u>	Hyperthyroidism, Graves' (or Basedow's) disease	"
TRGLB	Thyroglobulin	<u>Tr-H</u>
<u>Tr-H</u>	Thyroid hormone(s)	"
TRIAC	Triiodothyroacetic acid	"
<u>Tricac</u>	Tricarboxylic acid cycle metabolites	(Class 17) Metab
TRIT	Triiodothyronin	<u>Tr-H</u>
<u>Tr-itis</u>	Inflammations of the thyroid in general	<u>Tr</u>
<u>Tr-itis-Atr</u>	Atrophic thyroiditis of Simmonds	"
<u>Tr-itis-Ly</u>	Lymphomatosa, Hashimoto's struma	"
<u>Tr-itis-Scl</u>	Chronic thyroiditis, Riedel's disease	"
<u>Tr-Tu</u>	Nonendocrine thyroid tumors	"
<u>Tr↑-Tu</u>	Hyperthyroidism due to tumors	"
Tr-X	Thyroidectomy	<u>Tr</u>
"Tr-X"	Pseudothyroidectomy or chemical thyroidectomy (e.g., by radioiodine or thioureas). This symbol is used only for brief reports which mention chemical thyroidectomy without specifying how it was accomplished, e.g., BMR ← "Tr-X". If the drug employed is known, it should be mentioned in the codification, e.g., BMR ← <u>I*</u> . In either case, file in SSSD: Tr-X	
TTD	Tetraethylthiuram disulfide, Antabuse	
TTH	Thyrotrophic hormone	<u>Hyp-H</u>
<u>T↑-Thecosis</u>	Ovarian virilism due to hyperthecosis, Stein-Leventhal syndrome	<u>Ov</u>

SSSS

Tu

Tumor. All endocrine tumors are filed under the name of the gland and written in this style:

Tr-Tu-t(Take) ← A /Rat
GTH < Ur ← Pl-Tu-Hydat /Man
Ptr-Aden-Tu ← CON /Man
 5HT-Tu/Man/Rev

As a rule, non-endocrine tumors are also listed with the principally affected organ and written in this style:

Ma-Ca ← Hyp-X /Man
Gs-Ca-i (Induction) ← Infl /Man (Class 16) Tu
 Only generalities, and tumors which have no characteristic site are listed here and written in this style: Sa/Rev
 Tu-Walker(Take) ← CON /Rat
 '(Tu-i(Induction) ← Dibenzanthracene)' ← EDIOL /Man
 If the site of tumor-induction is important it should be indicated by applying the principles outlined under Inflammation, e.g.,
 '(Melanoma-i < Ct ← Cagen)' ← Genet /Hamster
 Metastatic tumors are labelled as such by adding -t to the site of transplantation, e.g., Ov-t ← Gs-Ca /Man

The symbol of all tumors occurring in any organ is: Tu, marked after the symbol of the corresponding organ, e.g.: Ov-Tu. Tumors which have special names in the literature (e.g., seminoma, dysgerminoma) also have the same rule; instead of -oma we write Tu (Semin-Tu, Dysgermin-Tu). Tumors, which have separate divisions and are not included in the general Tu section of the Diseases, are indicated by marking the specific sign before Tu, e.g.: Ov-Meigs-Tu.

When the nature of the tumor is self-evident from its name and symbol, Tu is not necessary, e.g., Ca (carcinoma), Sa (sarcoma).

Tu

Tumor spontaneous, generally. Otherwise, listed with the corresponding organ

Tu

Nr

Tuber

Tuber cinereum

Tu-CaCancer (see: Tu)

Tu-i

Tumor induced (see: Tu)Tu (Incidence)Tumor spontaneous, incidence (see: Tu)

Tu-i (Induction)

Tumor induction (see: Tu)

Tu-t

Tumor transplanted (see: Tu)

Tu-t(Take)

Take of transplanted tumor (see: Tu)

Tu-X

Tumor extirpation (see: Tu)

TX

Thyroxin

TX-DThyroxin derivatives. All TX-D such as TRIT, DIT,TRIAC and TX itself, form one SSD. But PBI,

I* each form a separate SSSD

Tr-H

"

Typhoid

Typhoid fever

Infect

Tys

Tyrosine

Amac

SSSS		SSSD
U	Uterus	♀-Acc
<u>U</u>	Diseases of the uterus in general	<u>♀-Acc</u>
Ubb	Ultimobranchial body. (Accessory lateral thyroid, telobranchial, postbranchial, suprapericardial body.) A rudimentary but possibly endocrine structure, which is well developed only in embryos and lower vertebrates	(Class 2) En
U-c	Uterine contraction	U
U-c(labor)	Labor (as a Target). As Agent see: Pre(labor)	"
<u>U-endo-itis</u>	Endometritis	<u>♀-Acc</u>
<u>U-endo-osis</u>	Endometriosis	"
<u>U-Gl-Cyst</u>	Glandular cystic hyperplasia of the endometrium	"
<u>U-itis</u>	Metritis	"
Ulc	Ulcer (e.g., Pept-Ulc)	"
<u>Ulc-Colitis</u>	Ulcerative colitis	GI
Ur	Urine, diuresis	H ₂ O
<u>Ur↑</u>	Diuretic drugs	Var-Metab
Urac	Uric acid	N
<u>Ur < B</u>	Uremia	R
Ur-Cells	Cells in urinary sediment	Ur
Ur-Duct	The entire system of urinary passages from renal pelvis to urethra (R-Duct is ureter)	(Class 5) Ur-Duct
<u>Ur-Duct</u>	Diseases of the urinary passages in general	<u>Ur-Duct</u>
<u>Ur-Duct-c</u>	Urinary incontinence and frequency	"
<u>Ur-Duct-Tu</u>	Tumors of the urinary passages	"
<u>Urethritis</u>	Urethritis	"
UROGASTRONE	Urogastrone	GI-H
Urt	Urticaria, including Angioedema	Ct
<u>Urt-Pigm</u>	Urticaria pigmentosa	"
Ur-Ves	Urinary bladder	Ur-Duct

Ur-Ves-Calculi (See: R-Calculi)

Ur-Ves-itis Cystitis

Ur-Duct

U-Tu Uterine tumors

♀-Acc

V	Vagina	♀-Acc
V	Diseases of the vagina in general	V
VA	Vasopressin	Hyp-H
<u>VA↓</u>	Disease resulting of deficiency in the secretion of VA diabetes insipidus	Hyp
<u>VA↑</u>	Excessive VA secretion	"
Vag	Vagus	Nr
VAGOTONIN	Vagotonin	Pn-H
Vag-X	Vagotomy	Nr
Var	Various	
<u>Varix</u>	Varicose, veins	Cr-Vs
<u>Var-Metab</u>	Unidentified metabolites in blood and tissue (E.g., Var-Metab < B ← Schizo)	(Class 17) Metab
<u>Var-Metab-To</u>	Various metabolites (toxic) (E.g., Var-Metab-To < B)	Var-Metab
VDM	Vasodepressor material	R-H
Ve	Vein (e.g., Ve-Porta, Ve-Cava)	
VEM	Vaso-excitior material	R-H
Ves	Vesicle, or natural cyst (e.g., Ur-Ves, Hep-Ves)	
<u>Ve-Thromb.</u>	Thrombophlebitis	Cr-Vs
Vet-Med	Veterinary Medicine	Class 20
VILLIKININ	Villikinin	GI-H
VIP	Venomous animals, insects and parasites	(Class 15) VIP
<u>VIP</u>	Otherwise uncharacterized or characterized pre- parations of Venomous insects and parasites which are used as agents.	Var-Metab
<u>VIP</u>	Diseases due to venomous animals, insects and parasites	VIP
<u>Virus ves</u>	Virus vesicles	Ct
<u>Vit</u>	Vitamine(s)	(Class 17) Vit
<u>Vit↓</u>	Avitaminosis, e.g., Vit-B↓	Metab

Vitamins A

Vit-A Vitamin A. = Anti-infective, antixerophthalmic
vitamin, axerophthol Vit

Vit-A(Carotene) Provitamin A. "

Vitamins B

Vit-B Vitamin B-complex

Vit-B₁ Vitamin B₁.= Thiamine, betabion, aneurine, thiaminium,
antiberiberi vitamin "

Vit-B₂ Vitamin E₂.= Riboflavin, lactoflavin, vitamin G "

Vit-B₆ Vitamin B₆.= Pyridoxine, hexabione, adermine "

Vit-B₆-D Derivatives of Vit-B₆ (e.g., Desoxypyridoxine) "

Vit-B₁₂ Vitamin B₁₂.= LLD factor, lactobacillus Lactis Dorner
factor, cyanocobalamin, cobione, cobamine, dodox,
dodecavite, biocres, rubramine, berubigen, peraemon,
bevidox, anacobin, betalin-12, pernipur, anti-
pernicious anemia principle.

Vit-B₁₂^b Hydroxocobalamine "

Vit-B₁₂^c Nitritocobalamine "

Vit-B_T Vitamin B_T "

Vit-Ch Choline "

Vit-Folic Vitamin B (Folic acid).= PGA, pteroylglutamic acid,
vitamin Bc, vitamin M, liver lactobacillus
casei factor, folvite "

Vit-Folic↓ Aminopterin "

Vit-Folic↓ Vit-Folic antagonists (e.g., Aminopterin) "

Vit-Folinic Vitamin B (Folinic acid).= A reduction product of
folic acid, citrovorum factor "

Vit-Niacin Vitamin B (Niacin).= Vitamin PP (See below) "

Vit-PABA Vitamin B_x.= PABA, p-aminobenzoic acid, amben, bacterial
vitamin H¹, anti-gray hair factor, achromotrichia factor" "

Vit-Pantoth Vitamin B (Pantothenic acid).= An achromotrichia factor
of the vitamin B complex "

SSSS

SSSD

Vitamin C

Vit-Asc

Vitamin C.= Ascorbic acid

VitVitamin DVit-D₁Vitamin D₁.= A monomolecular addition compound of
vitamin D₂ with lumisterol

"

Vit-D₂Vitamin D₂.= Calciferol, drisdol, irradiated ergo-
sterol, ergocalciferol

"

Vit-D₃Vitamin D₃.= Activated 7-dehydrocholesterol,
cholecalciferol

"

Vit-D₄Vitamin D₄.= Dihydrovitamin D₂

"

DHT

Vitamin D (AT 10).= Dihydrotachysterol, hytakerol,
a Ptx-H-like derivative of vitamin D₂

"

Other vitamins

Vit-E

Vitamin E.= Tocopherol, antisterility vitamin, evion

"

Vit-F

Vitamin F.= Essential fatty acid factor (linolenic
and linoleic)

"

(Vitamin G

Vitamin B₂)

"

Vit-Biotin

Vitamin H.= Biotin, a factor which cures egg-white
disease in rats

"

Vit-Inositol

Inositol, Bios I, mouse antialopecia factor.

"

Vit-K₁Vitamin K₁.= 3-phytomenadione, antihemorrhagic
vitamin. (Useful in prothrombin deficiency and
reverses dicumarol action)

"

Vit-K₂Vitamin K₂.= Antihemorrhagic vitamin, slightly less
active than K₁

"

Vit-L

Vitamin L.= A group name for "lactation factors", the
existence of which is still dubious

"

Vit-Nic

Vitamin PP.= Niacinamide nicotinic acidamide

"

Vit-P

Vitamin P.= Citrin, permeability vitamin. A term
applied to a group of substances concerned with
the maintenance of normal conditions in the walls
of small blood vessels

"

Vit-T

Vitamin T (Even if it turns up not to be a true vitamin)

"

<u>SSSS</u>		
<u>Vitiligo</u>	Vitiligo	<u>Ct</u>
<u>Vol</u>	Volume (e.g., B-Vol)	
<u>Vs</u>	Blood-vessels.- Vessels, nerves and other special stroma elements are written after the name and filed in the section of the organ, e.g., Cer > Vs is filed under: CNS, unless the response is studied through the body. Observations on vessels in general are described as vascular contractions, e.g., Vs-c, if functional, or written in this style: Vs(<u>Ca</u>), Vs(Hyal), if morphologic	Cr-Vs
<u>Vs-Buerger</u>	Thromboangiitis obliterans of Buerger	<u>Cr-Vs</u>
<u>Vs-c↑</u>	Vasopressor substances in general	Var-Metab
<u>Vs (Diabetic Foot)</u>	Diabetic foot, as Target of <u>IN↓</u>	<u>Vs</u>
<u>Vs-Lig</u>	Vessel ligature	<u>Vs</u>
<u>Vs-Malf</u>	Blood-vessel malformations	<u>Cr-Vs</u>
<u>Vs-ORW</u>	Osler-Rendu-Weber's disease, hereditary hemorrhagic telangiectases	"
<u>Vs-Tu</u>	Hemangioma	<u>Vs</u>

*

W

<u>Water</u>	(See: H ₂ O)	
<u>WF-S</u>	Waterhouse-Friderichsen syndrome	<u>Adr</u>
<u>Wolffian-duct</u>	Wolffian duct	<u>d-Acc</u>

*

X

<u>X-rays</u>	(See: Ray)	
<u>-X</u>	Extirpation. Removal of tumors can be indicated by X but the tumor is not underlined, e.g., Tr-Tu-X -- Extirpation of a thyroid tumor	

SIGNS

- ← Action. In dynamic annotations it stands between the Target and the Agent, indicating damage, induction, cure, etc., e.g.: Adr ← TX
- + Agents are combined with this sign in their Order of Precedence.
- Hyphen is used for combining two symbols to form a third one. E.g.: Sal (saliva) Gl (gland) Sal-Gl (salivary gland)
- / Separation of units in static codifications, e.g.: AL/PA, or subdivision, e.g.: Tr ← Hyp-X / Rat
- /? Species not mentioned by author
- / (?) Species not mentioned by our source
- :
- Relationship between two Targets. This should be listed under both the higher and the lower priority one. E.g.: BPNa < B ← DOC and Na < B ← DOC. This sign is also used for the relationship between two Agents, e.g.: Adrc ← Hypt:Hyp, in this case if the lower priority one has some special importance for us, a double entry should be made, as: Adrc ← Hyp.
- .
- Period is used to designate abbreviations for subjects for which the SSS has no symbol. E.g.: Moll. cont. for molluscum contagiosum.
- ↓ Decrease, deficiency or hypofunction. Place after the corresponding symbol, e.g.: Vit-A↓ (For depleting agents write depleting, e.g.: Hn=depleting)
- ↑ Increase, excess or hyperfunction. E.g.: BP↑
- ⊤ This sign is used for all anti-compounds, e.g.: Hn⊤ for antihistaminics
- Overlining Compounds belonging to one pharmacological group are overlined, irrespective of their chemical formula. E.g.: An for anesthetic drugs, T for testoids.
- Underlining Spontaneous clinical diseases are underlined to distinguish them from experimental or induced diseases.
- Double underlining The official symbols of elements are double underlined to distinguish them from similar SSS symbols. Cl (corpus luteum) Cl (chloride).
- — — — — Interrupted underlining is used for the names of microorganisms.
- < In. For chemical content, e.g.: A < Adr; also used to indicate route of administration, e.g.: AB > Csf

SIGNS /Continued/

- () Parentheses indicate special histologic changes in the Target. E.g.: R(PAS) or special explanation concerning the previous symbol, e.g.: Tr-Tu(Adenoma). The bracketed note has no Order of Precedence in the file.
- (()) Double parentheses are used for in_vitro procedures e.g.: ((COL < Adr ← ACTH))
- '()' This sign separates an independent anatomic unit within a whole, e.g.: '(Art-ititis ← Fo)' ← ACTH for the topically produced arthritis treated with ACTH.
- (' ') This sign separates in_vivo procedures which happen to arrive within an in_vitro procedure, e.g.: ((Glu < ('Mu ← All + IN') ← Glu + Tempe)) /Rat
- "(' ()')" Parentheses within parentheses are used in those exceptional cases in which there are three relatively independent experimental fields within each other, e.g. when the ACTH content of the pituitary of pregnant rats is assayed by applying these pituitaries directly to the adrenals of hypophysectomised rats:
"(Adr ← '(Hyp ← Pre)')" ← Hyp-X /Rat
- " " Quotation marks indicate pseudo. E.g.: "Pre" for pseudopregnancy.
- (-) Withdrawal, discontinuation of a treatment, e.g.: R ← DOC(-) refers to metacorticoid changes in the kidney after discontinuation of DOC treatment.
- :- Without. If a subject is discussed especially in regards to the absence of some otherwise characteristic feature, e.g.: KW-S (:- IN↓) Kimmelstiel-Wilson syndrome without diabetes.
- ,
- Comma. When several Agents or Targets within the same unit fall into the same SSSD (division) they are listed in one line and separated by a comma. E.g.: U, V, Ma ← EDIOL, ESTRIOL, EONE /Rat
- *
- Asterisk is placed exponentially after the symbol of an element, in order to indicate radioactivity, e.g.: I* for radiciodine.
- ♀ Sign of the female sex is used: when the subject indicates special necessity; when the sex would otherwise not be clearly explained, e.g.: ♀-Intersex; when a normally male organ-rudiment is examined in females, e.g.: ♀-Pta ← T /Rat, for the effect of testosterone on the female prostate in the rat.
- ♂ Male sex and male targets under testoid hormone control.

SIGNS /Continued/L

indicates item to be filed in complex expressions, e.g.:
 $\text{Na}_2\text{H}/\text{PO}_4$ should be filed under phosphate and not under sodium.

R

Therapy, is used only for reviews and generalities.

Greek letters,
numbers and

lower-case letters

distinguishing isomeric compounds /as in p-amino benzene,
d,l-thyroxin/ have no order of precedence value in determining
the position of an entry in the file. E.g.: 2α -methyl-
 9β -chloro-hydrocortisone

* * *

I N D E X



<u>Pre-X</u>	Abortion	9
<u>Pre-X-Habitual</u>	Abortion habitual	9
<u>Pm-Absc</u>	Abscess, pulmonary	25
<u>Acant.nigr.</u>	Ananthosis nigricans	33
G↑	Acceleration	56
♀-Acc	Accessory sex organs, female	8
ACh	Acetazolamide, Diamox	-
AOP	Acetylcholine	2
C↑T↑	21-Acetoxypregnenolone	11
<u>Achondr</u>	Achard-Thiers syndrome	6
ac	Achondroplasia	31
pH	Acid	-
pH↓	Acid-base balance	48
<u>Acrocyanosis</u>	Acidosis in general	53
<u>AL↑-Acr</u>	Acrocyanosis	22
Hep-Atr	Acromegaly	5
C↓	Acute yellow hepatic atrophy	29
ADP	Addison's disease	6
AMP	Adenosine diphosphate	50
ATP	Adenosine monophosphate	50
	Adenosine triphosphate	50
Adip-Dol	Adipose tissue	37
<u>Adip↑</u>	Adipositas dolorosa	38
<u>AdipG-S</u>	Adiposity	53
Adr	Adiposogenital syndrome	3
Adrc	Adrenal	5
<u>AdrF↑</u>	Adrenal cortex	5
	Adrenocortical hyperfunction due to increased folliculoid secretion	6
Adrm	Adrenal medulla	5
<u>AdrT↑</u>	Adrenocortical virilism	6
<u>Adrm↑</u>	Adrenomedullary hyperfunction	6
A	Adrenaline	5
ACTH	Adrenocorticotropic hormone	4
ACTH-RF	ACTH releasing factor	2
<u>AdrG-S</u>	Adrenogenital syndrome	6
ADRST	Adrenosterone	6
ALDO	Aldosterone	5
<u>γ-Glb↓<B</u>	Agammaglobulinemia	53
Age	Age	56
<u>B↓-Leuco</u>	Agranulocytosis	19
Air-sac-f	Air-sacs	25
see: Osteopetrosis	Albers-Schönberg's disease	-
<u>Ov↑-Apl</u>	Albright's syndrome	7
AT6	Albumins	46
<u>Psy-Et-OH</u>	Alcoholism	3
pHT	Alkalosis in general	36
see: Ochronosis	Alkaptonuria	-
<u>Ns-ititis-IM</u>	Allergic rhinitis	36
All	Alloxan	14
O↓	Alopecia	33
<u>Anerrh</u>	Altitude, anoxia, reduced atmospheric pressure	56
AAN	Amenorrhea of ovarian origin	7
Amec	Aminocetonitrile	53
APN	Amino acids	47
	β-Amino propionitrile	53

NH	Ammonium	47
NH ⁴ Cl 4	Ammonium chloride	47
	Amorphous ground substance	37
<u>Amyloid</u>	Amyloidosis	53
<u>Nr-AL-Scl</u>	Amyotrophic lateral sclerosis	2
Anlt	Analytical chemistry	63
Anad	Anaphylactoid inflammation	40
Ana	Anaphylaxis (experimental)	54
Anat	Anatomy	62
ANDROST	Androsterone	11
B↓	Anemias in general	19
<u>B↓-Aplastic</u>	Anemia aplastic	19
<u>B↓-Hemolytic</u>	Anemia hemolytic in general	19
<u>B↓-Macrocytic</u>	Anemia macrocytic in general	19
<u>B↓-Mediterr</u>	Anemia mediterranean	19
<u>B↓-Pernicious</u>	Anemia pernicious	19
<u>B↓-Sickle</u>	Anemia, Sickle cell	19
<u>B↓-Ery</u>	Anemia, simple chronic	19
<u>B↓-Sp</u>	Anemia, splenic	19
An	Anesthetic drugs	52
<u>Aneurism</u>	Aneurism	22
see: Urticaria	Angiedema	-
<u>Cr-Alg</u>	Angina pectoris	22
see: Hypertnesin	Angiotonin	-
VIP	Animal poisons	52
<u>Nr-Anorexia</u>	Anorexia nervosa	3
O↓	Anoxia	56
AL	Anterior lobe of the hypophysis	4
ANTHELONE	Anthelone	27
<u>Pm-Anthr</u>	Anthracosis, pulmonary	26
AB	Antibiotics	52
B-Cg↓	Anticoagulants	52
PL↑	Antidiabetes insipidus	5
<u>TN-Sulfa</u>	Antidiabetics	15
see: Vasopressin	Antidiuretic hormone	4
Mu-c↓	Anti-epileptic, anticonculsive drugs	52
Hn↓	Antihistaminics	52
H↓	Antihormones	52
<u>Malaria↓</u>	Antimalaric drugs	52
Metab↓	Antimetabolites	52
MC↓	Antimineralocorticoid hormone	6
Mit↓	Antimitotic drugs	52
AC	Antiphlogistic corticoids	5
<u>Infl↓</u>	Antiphlogistic drugs	52
Tempi↓	Antipyretics	52
<u>RENIN↓</u>	Antirenin	23
Tr↓	Antithyroid drugs	52
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Arrhenoblastoma	-
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Bidder's organ, derivative of ovarian tissue	-
Bile	-
Bileducts	-
Biliary calculi	-
Biossay	-
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B-Baso	Blood basophilic eosinophil	19
BBP	Blood and bile pigment	50
B-Cg	Blood coagulation in general	18
B-Cell	Blood count	19
B-Flow	Blood flow	21
BP	Blood pressure	21
B-Sludge	Blood sludge	18
Vs	Blood vessels in general	21
B-Vol	Blood volume	18
G-Soma	Body weight	46
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Os	Bones	30
Osm	Bone marrow	18
BRADYKININ	Bradykinin	16
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BAL	British Anti Lewisite, dimercaptopropanol	52
BSP	Bromsulphalein	52
Bron	Bronchi	25
<u>Bron-ectasis</u>	Bronchiectasis	25
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see: Thromboangiitis obliterans	Buerger's disease	-
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<u>Bursitis</u>	Burn	56
	Bursitis	31

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C

<u>Ca-osis</u>	Calcinosis universalis	53
Cap	Capillary	21
<u>CHO</u>	Captivity (of man or wild animal)	56
<u>CO₂</u>	Carbohydrates	46
<u>CCl₄</u>	Carbon dioxide	-
CMC	Carbon tetrachloride	52
Carbutamide	Carboxy methylcellulose	52
<u>Tagen</u>	Carbutamide, Nadisan, N ₁ -sulfanyl-N ₂ -butylcarbamyl	15
<u>SHT-Tu</u>	Carcinogens	52
<u>Calyt</u>	Carcinoid	16
<u>Tu-Ca</u>	Carcinolytics	52
Cr	Carcinoma in general, cancer	-
<u>Cr+</u>	Cardiac diseases in general	21
<u>Cr-Thromb</u>	Cardiac stimulants	52
	Cardiac thrombosis, infarct	22
PMT	Cardiazol	52

Cr-Vs	Cardiovascular system	21
<u>Cr-itis</u>	Carditis	22
see: Lipemia	Carotenemia	-
Car-Gl	Carotid gland	16
Crt	Cartilages	30
cr	Case report	-
<u>Cataract</u>	Cataract	36
<u>Catatonia</u>	Catatonia	3
CNS-Cav	Cavities of the central nervous system	1
	Cell	39
Ly-Cells	Cell-count in lymph	17
	Cell divisions	39
Spic-Cav	Central canal	1
CNS	Central nervous system	1
Cerbl	Cerebellum	1
Cer-Cav	Cerebral cavities	1
	Cerebral cortex	1
	Cerebral peduncle	1
Csf	Cerebrospinal fluid	1
Cer	Cerebrum	1
see: Neuropathic arthritis	Charcot's disease	-
Chem-Act	Chemical activation	63
Chem-Inact	Chemical inactivation	63
Chem-Res	Chemical resistance	63
Chem	Chemistry	63
Chem-D	Chemistry of derivatives	63
CCl ₃ H	Chloroform	53
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Cho	Cholesterol	46
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ACh-ase	Cholinesterase (see also: Enzymes)	49
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<u>Pl-Chorion-Tu</u>	Chorioneopithelioma	10
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Cic	Cicatrix, scar formation	40
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Class	Classification	67
<u>♂-Clt</u>	Climacteric male, andropause	11
<u>♀-Clt</u>	Climacteric female	7
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Cg-Gl	Coagulating gland	12
<u>Ao-Sten</u>	Coarctation of the aorta	22
	Cocci and coccal diseases	43
Co-Enz	Coenzyme	50
Tempe↓	Cold	56
<u>Cti-Collagen</u>	Collagen diseases in general	38
	Collagenous fibres	37

Col	Colon	27
see: Unconsciousness	Coma	-
Co	Complication	67
Cpd	Compound	-
17-D-CON	Compound A, 17-Dehydrocorticosterone	6
COST	Compound B, Corticosterone	6
CON	Compound E, Cortisone	5
11-D-COL	Compound S, Desoxycortisol	6
<u>Nr-osis-Compuls</u>	Compulsive neuroses (see also: Neuroses)	3
Cond	Conchae	36
<u>Conjunctivitis</u>	Conditioning	-
Cti	Conjunctivitis	36
Cti Lamina Propria	Connective tissue	37
Cnsc	Connective tissue of the laminae propriae	37
<u>SpermiaI</u>	Consciousness	2
-c	Contraceptives	52
see: Neuromuscular reactions	Contraction	52
see: Sexual intercourse	Convulsions	-
<u>Cr-Scl</u>	Copulation	-
Ov(Cl)	Coronary sclerosis, arteriosclerosis of the heart	22
C	Corpora quadrigemina	1
COST	Corpora striata	1
COL	Corpus luteum	7
COLS	Corticoids in general	5
CON	Corticosterone	6
<u>Peri-Cran</u>	Cortisol	5
<u>Os↑-Cran</u>	Cortisol succinate, hemisuccinate	5
<u>Cran-Phar-Tu</u>	Cortisone	5
<u>Creat</u>	Cranial arteritis	22
<u>Creat</u>	Cranial hyperostosis	30
B-Perf	Craniopharyngioma	5
R-Crush-S	Creatine	46
<u>Cryo-Glb</u>	Creatinine	46
<u>Te-Crypt</u>	Crossed circulation	-
<u>Q↑-Cushing</u>	Crush-syndrome	24
<u>AL↑-Cushing</u>	Cryoglobulinemia	53
<u>Ct-Pigm</u>	Cryptorchidism	11
Ct	Cushing's syndrome of adrenal origin	6
<u>Ur-Ves-ititis</u>	Cushing's syndrome of hypophyseal origin	4
<u>Pm-Cyst</u>	Cutaneous appendages	33
<u>Cell-To</u>	Cutaneous pigmentation	33
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	Cycle	9
	Cystitis	24
	Cysts of the lung	26
	Cytology	39
	Cytoplasm	39
	Cytotoxic drugs	52

D

<u>Ct-Darier</u>	Darier's disease	33
G↓	Deceleration	56
<u>Dec-Tu</u>	Deciduoma	10
Def	Decompression	56
-osis	Definition	-
DANDROST	Degenerative disease suffix	-
17-D-CON	Dehydroandrosterone	11
<u>Age↓</u>	Dehydrocorticosterone	6
see: Alcoholism	Delayed aging of undetermined origin	56
<u>Dementia</u>	Delirium tremens	-
DenseCti	Dementia	3
<u>Ct-itis-Herpet</u>	Dense connective tissue	37
<u>Ct-Mu-itis</u>	Dermatitis herpetiformis of Duhring	33
<u>Ct-osis</u>	Dermatomyositis	34
<u>Ov-Dermoid-Tu</u>	Dermatoses in general	33
Desens	Dermoid cysts, irrespective of their localization	8
DOC	Desensitization	65
DOC-G	11-Desoxycorticosterone	5
DOCS	Desoxycorticosterone glucoside	6
11-D-COL	Desoxycorticosterone succinate and hemisuccinate	6
DRNA	Desoxycortisol	6
<u>VA↓</u>	Desoxyribonucleic acid	47
<u>IN↓</u>	Diabetes insipidus	5
Vs(Diabetic Foot)	Diabetes mellitus, hypoinsulinism	15
D	Diabetic foot	21
see: Acetazolamide	Diagnosis	67
DDD	Diamox	52
DDT	1,1-Dichloro-2,2-bis(p-chlorophenyl)-ethane	52
	Dichloro-diphenyl-trichlor-ethane	52
Diet	Diencephalon	1
Diet (Absorp)	Diet in general	46
Diet (Intake)	Diet absorption	46
Stilbo	Diet intake	46
Diff-D	Diethylstilbestrol and derivatives	7
<u>Lipoma-Sym</u>	Differential diagnosis	67
see: Estradiol	Diffuse symmetrical lipomatosis of the neck of Madelung	38
DOPA	Dihydrofolliculin	-
DOPAmine	3,4-Dihydrophenylalaline	47
DHT	3,4-Dihydrophenylethylamine	47
DIT	Dihydrotachysterol	51
DFP	Diiodothyronin	13
Ditys	Diisopropylfluorophosphate	52
DNP	Diiodotyrosine	47
DPN	Dinitrophenol	52
<u>Disk</u>	Diphosphopyridine nucleotide	49
<u>LE-Discoid</u>	Disc syndrome, spondylolisthesis	31
Disc	Discoid lupus erythematosus	34
<u>Morb</u>	Discussion	-
<u>Stress</u>	Diseases in general	55
Ur	Disease of adaptation	55
Ur↑	Diuresis	23
Diurnal	Diuretic drugs	52
	Diurnal variations	56

Dose: Effect	Dose-effect curves	65
Dr	Drugs in general	52
<u>Psy-Dr</u>	Drug addiction in general	3
Duct	Ductus, excretory passage	-
see: Dermatitis herpetiformis	Duhring's syndrome	-
DUOCRIN	Duocrin	27
DUODENIN	Duodenin	27
Du	Duodenum	27
<u>Dupuytren</u>	Dupuytren's contracture	31
<u>Dwarfism</u>	Dwarfism in general	30
<u>AL↓-Dwarfism</u>	Dwarfism, hypophyseal	5
Merrh-Dys	Dyes	52
	Dysmenorrhea	8

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E

Ot	Ear	35
ECC-S	Syndrome, characterised by excitement with choreiform and circling movements, produced by IDPN, etc.	1
<u>Eczema</u>	Eczema	33
H ₂ O<Ti	Edema in general	48
Sperm	Ejaculate	12
	Elastic fibers	37
	Elastic tissue	37
Electr	Electricity, electroshock	57
ECG	Electrocardiography	21
EEG	Electroencephalography	2
EMG	Electromyography	32
ENG	Electroneurography	2
See: Electricity	Electroshock	-
EST	Electroshock threshold	2
see: Inorganic elements	Elements	-
see: Lymphedema	Elephantiasis	-
Emb	Embryo, embryology	9
<u>Pm-Emph</u>	Emphysema, pulmonary	25
<u>Cer-ititis-Epidemic</u>	Encephalitis, epidemic (see also: Epidemic)	3
<u>Cer-ititis-Virus</u>	Encephalitis, virus	3
-endo	Suffix for internal surfaces	-
<u>Cr-endo-ititis</u>	Endocarditis	22
En	Endocrines in general	4
R-En	Endocrine kidney, technique for experimental hyper-	23
<u>U-endo-ososis</u>	\tension/	9
<u>U-endo-ititis</u>	Endometriosis	9
ENTEROCRININ	Endometritis	9
ENTEROGASTRONE	Enterocrinin	28
<u>Enz</u>	Enterogastrone	27
<u>Enz-Cofactor</u>	Enzymes	48
Eo	Enzyme cofactors	50
<u>Os-Gr-Eo</u>	Eosinophils	-
<u>Cer-ititis-Epidemic</u>	Eosinophilic bone granuloma	30
<u>Epidermolysis bull</u>	Epidemic encephalitis (see also: Encephalitis)	3
	Epidermolysis bullosa	33
<u>Epilepsy</u>	Epididymis	12
<u>Psy-Epileptic</u>	Epilepsy	3
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<u>Erg</u>	Epinephrine	-
<u>Erysipelas</u>	Epithalamus	1
<u>Eryth.multif.bull.</u>	Ergot derivatives	53
	Erysipelas	34
	Erythema multiforme bullosum	33

	Erythema nodosum	33
see: Polycythemia	Erythremia	-
<u>B↓-Ery-Blastosis</u>	Erythroblastosis fetalis	19
B(Ery)	Erythrocytes	19
ESR	Erythrocyte sedimentation rate	19
ERYTHROPOIETIN	Erythropoietin	16
Oes	Esophagus	27
EDIOL	Estradiol	7
ESTRIOL	Estriol	7
see: Folliculoids	Estrogens	7
EONE	Estrone	7
see: Cycle	Estrus	-
Et-OH	Ethanol	53
Et-	Ethyl	-
EDTA	Ethylenediamine tetraacetic acid	53
Et-NT	Ethyl-Nortestosterone	11
see: Muscular contraction	Exercise	-
<u>Oc-Ex</u>	Exophtalmos (non-endocrine)	36
R-BP↑	Experimental renal hypertension	23
R8	Experimental renal hypertension by "8-ligation"	23
-Xp	Extirpation partial	61
-X	Extirpation total	61
-E	Extraction	61
Oc	Eye	63
	Eyeball	35
	Eyelid	35

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F

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	Fat cell	37
<u>Fatigue</u>	Fatigue, chronic	3
<u>Lipac</u>	Fatty acids	46
	Feces	27
<u>Art-Ry-Felty</u>	Felty's syndrome	31
♀-Pta	Female prostate	8
See: Emb	Fetus	-
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	Fibroblasts, unidentified mesenchymal cells	37
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<u>Pm-Fibr</u>	Fibrosis, pulmonary	26
<u>Fibrositis</u>	Fibrositis	38
<u>FM</u>	Fibrous membrane	37
	First mediators of stress	55
	Fluid intake	48
<u>Focal-S</u>	Focal syndrome	40
Vit-Fol	Folic acid (see also: Vitamin B)	52
	Follicle	7
FSH	Follicle stimulating hormone	4

see: Estrone	
<u>F</u>	-
AF	7
<u>F-Tu</u>	7
<u>FC</u>	8
Fo	6
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-f	2
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G

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Ggl	1
<u>Pm-Necro</u>	25
<u>Os-Garg</u>	30
Gase	53
GASTRIN	27
GI	27
<u>RES-G</u>	18
Gen	-
G.A.S.	55
Genet	55
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see: Glycogenosis	-
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Gill-f	25
Ging	27
Gl	-
<u>U-Gl-Cyst</u>	9
<u>Glaucoma</u>	36
Gib	46
R(Glomeruli)	23
<u>GN</u>	15
<u>GC</u>	5
ACG	5
GCS	5
Glu	46
<u>Prot-Glu</u>	46
Gn	46
Gg	46
<u>Gg-osis</u>	53
<u>R-Glu<B</u>	23
<u>Strm</u>	13
R-Vs-Lig	Goldblatt clamp or other constrictions of renal vessels to produce experimental renal hypertension
<u>GTH</u>	4
<u>Art-Gout</u>	31

Gr-P	Granuloma pouch	41
G	Gravity	56
Ray-Grenz	Grenz rays	57
Os	Growth, skeletal	30
G-Soma	Growth of the body (see also: Body-weight)	46
<u>Nr-GB</u>	Guillain-Barre's syndrome	3
Gp	Guinea pig	-
<u>Ging</u>	Gum diseases	28
see: Oral cavity	Gustatory system	27
OBG	Gynecology, obstetrics	-
<u>♂-Ma↑</u>	Gynecomastia	12

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<u>RES-HSC</u>	Habitual abortion	-
<u>Psy-Hashish</u>	Hair	33
<u>Cer-Alg</u>	Hand Schüller-Christian's disease	18
Cr	Hashish addiction	3
<u>Cr-c</u>	Headache	3
<u>Cr-Rhvthm</u>	Heart	21
Tempe↑	Heart failure	21
Heberden	Heart-rhythm failure	21
<u>Hemochromatosis</u>	Heat	56
<u>-B↓</u>	Heberden's nodes	31
B(Mastcells)	Hemochromatosis, bronz diabetes	53
B-Ht	Hemorrhagic	-
Lyn-Hemo	Hematic mastcells	19
Hb	Hematocrit	19
<u>Hb<Ur</u>	Hemolymphnodes	17
see: Anemia	Hemoglobin	19
<u>B-Cg↓-Hemophilia</u>	Hemoglobinuria	-
	Hemolytic anemia	20
	Hemophilia	52
	Hemopoiesis	19
	Hemopoietic activity of the spleen	18
Hp	Heparin	29
<u>Hep-Vs</u>	Hepatic circulation disturbances	29
<u>Hep-Scl</u>	Hepatic cirrhosis	29
Hep	Hepatic tissue	29
<u>Nr-Wilson</u>	Hepatolenticular degeneration of Wilson	3
<u>Sp↑-Hep</u>	Hepato-splenomegaly	18
<u>Vs-ORW</u>	Hereditary hemorrhagic telangiectasis of Osler-Rendu-Weber	21
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<u>Ct-Zona</u>	Herpes zoster	34
Ray-Radio	Hertz waves	57
ABA-Hexam	Hexamethonium	52
Hib-Gl	Hibernating gland	38
Hib	Hibernation	56
"Hib"	Hibernation, artificial	2

see: Virilism	Hirsutism	-
HN	Histamine	2
<u>HN-Lib</u>	Histamine liberators	53
Hi	Histiocytes	37
see: Lymphogranuloma	Histology	62
see: Libido	Hodgkin's disease	-
H	Homosexuality	-
H?	Hormones in general	-
<u>Nr-Huntington</u>	Hormone-like substances	16
see: Gargolysm	Huntington's chorea	2
Hyal	Hurler's disease	-
Hyalac	Hyalinosis	-
HCl	Hyaluronic acid	46
see: Balneology	Hydrochloric acid	53
OH-	Hydrotherapy	-
OH-DIONE	Hydroxy	-
5HT	Hydroxydione	6
5HTP	5-Hydroxy-tryptamine, Serotonin	16
see: Symbol↑	5-Hydroxytryptophane	16
see: Hypomineralocorticoidism	Hyper	-
<u>IN↑</u>	Hyperaldosteronism	-
<u>K↑<B</u>	Hyperinsulinism	15
<u>Lip↑<B</u>	Hyperkalemia	53
<u>L↑</u>	Hyperlipemia in general, carotinemia	53
<u>MC↑</u>	Hyperluteoidism	8
<u>Ptr↑</u>	Hypermineralocorticoidism	6
"Hyp↑"	Hyperparathyroidism, ostitis fibrosa v.Recklinghausen	14
HPT	Hyperpituitarism in general	5
HPT-ase	Hypertensin, angiotonin	23
HPT-gen	Hypertensinase	23
<u>BP↑</u>	Hypertensionogen	23
Tempi↑	Hypertension in general	22
<u>Tr↑</u>	Hyperthermia in general	53
O↑	Hyperthyroidism in general	13
<u>B↑-Vol</u>	Hyperventillation	56
see: Symbol↓	Hypervolemia	19
see: Hypermineralocorticoidism	Hypo	-
<u>C↓T↑</u>	Hypoaldosteronism	-
see: Addison	Hypocorticoid hypertestoidism, congenital adrenal aplasia of Wilkins	6
<u>B-Cg↓-Fibrinogen↓</u>	Hypocorticoidism in general	-
<u>Glu↓<B</u>	Hypofibrinogenemia	20
see: Diabetes mellitus	Hypoglycemia	53
	Hypoinsulinism	-
<u>K↓<B</u>	Hypokalemia	53
<u>Metab↓</u>	Hypometabolism (unknown causes)	53
<u>MC↓</u>	Hypomineralocorticoidism	6
<u>Ptr↓</u>	Hypoparathyroidism, tetany	14
<u>P-ase↓</u>	Hypophosphatasia	53
Hyp	Hypophysis	4
"Hyp↓"	Hypopituitarism in general	4

<u>B-Cg↓-Prothrombin↓</u>	Hypoprothrombinemia	20
<u>BP↓</u>	Hypotension in general	22
<u>BP↓-Orthostatic</u>	Hypotension, orthostatic	22
<u>Te↓</u>	Hypotestoidism in general	11
Hypt	Hypothalamus	1
Tempi↓	Hypothermia in general	53
<u>Tr↓</u>	Hypothyroidism in general, myxedema	13
<u>B↓-Vol</u>	Hypovolemia	19
<u>Hysteria</u>	Hysteria	3

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I

<u>Icterus</u>	Icterus	29
see: Thrombocytopenic		
topenic		
<u>Il</u>	Idiopathic thrombocytopenic purpura of Werlhof	-
<u>IDPN</u>	Ileum	27
see: Restraint	Iminodipropionitrile	53
<u>Pharm-IM</u>	Immobilization	-
<u>IM</u>	Immune reactions in pharmacology	65
<u>IM</u>	Immunity, immune reaction	54
<u>Imp</u>	Immunologic diseases in general	54
<u>INCRETIN</u>	Implantation	61
<u>IAA</u>	Incretin	27
<u>5HIAA</u>	Indole-acetic acid	16
<u>-i</u>	5-OH-Indole-acetic acid	16
<u>Tu-i</u>	Induced	61
<u>AL↓-Infantilism</u>	Induced tumor	45
<u>Ov↓-Pub</u>	Infantilism, hypophyseal	5
<u>Infect</u>	Infantilism, ovarian	7
<u>Infl</u>	Infections in general	43
<u>-itis</u>	Inflammation in general	40
<u>Infl-M</u>	Inflammation suffix	-
<u>Flu</u>	Inflammatory mediators	53
<u>Im</u>	Influenza	43
<u>INHIBIN</u>	Infundibulum	1
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<u>VIP</u>	Inorganic elements and compounds	47
<u>IN</u>	Insects, venomous animals, parasites	44
<u>IQ</u>	Insulin	15
<u>d-Intersex</u>	Intellect, intelligence quotient	2
<u>♀-Intersex</u>	Intercellular substance	37
<u>Intersex</u>	Intersexuality, determined as a male	7
<u>Int</u>	Intersexuality, determined as a female	7
<u>i.m.</u>	Intersexuality with sex undetermined	7
<u>i.p.</u>	Intestine	27
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	Intraperitoneal	-
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<u>I</u>	Iodine	13
<u>Ray-Io</u>	Ionizing rays in general	56

J

Jj	Jejunum	27
see: Articulation	Joint	31
<u>Art-Rh-Still</u>	Juvenile rheumatoid arthritis of Still	31
R(j--)	Juxtaglomerular apparatus	23

*

K

see: Myeloma	Kahler's disease	-
KALLIKREIN	Kallikrein, padutin	15
<u>Ct-Kaposi</u>	Kaposi's sarcoid	34
<u>Keloid</u>	Keloid	34
<u>Keratoderma blenn</u>	Keratoderma blennorrhagicum	34
17-KGS	17-ketogenic steroids	6
K	Ketones	-
11,17-KS	11, 17-ketosteroids	6
17-KS	17-ketosteroids	11
R	Kidney	23
"R"	Kidney, artificial	23
<u>R-KW</u>	Kimmelstiel-Wilson's syndrome	24
<u>Te↓-Klinefelter</u>	Klinefelter's syndrome	11
<u>Krukenberg-Tu</u>	Krukenberg tumor	8
<u>Kwash</u>	Kwashiorkor	53
Tryptophan-D	Kynurenine	-

*

L

U-c (labor)	Labor, as a target	8
Pre (labor)	Labor, as an agent	9
Lacr-Gl	Lacrymal gland	35
Lac	Lactation	10
<u>Ma-sen↑</u>	Lactation persistent	10
Lamellated Cti	Lamellated connective tissue	37
<u>Nr-Landry</u>	Landry's paralysis	3
LI	Langerhans islets	15
Clp	Largactyl (see also: Chlorpromazine)	52
Lar	Larynx	25
Lt	Lathyrism	1
<u>Ltgen</u>	Lathyrogenic compounds	53

<u>LMB-S</u>	Laurence-Moon-Biedl's syndrome	3
<u>Adip↓</u>	Leanness pathologic of undetermined origin	53
<u>Art-LP</u>	Legg-Perthes' disease	31
<u>Le</u>	Lesion	-
<u>RES-LS</u>	Letterer-Siwe's disease	18
<u>B↑-Leuco</u>	Leucemias in general	19
<u>B↑-Eo</u>	Leucemia, eosinophilic	19
<u>B↑-Lympho</u>	Leucemia, lymphocytic	19
<u>B↑-Mono</u>	Leucemia, monocytic	19
<u>LPF</u>	Leucocytosis promoting factor of Melkin	53
<u>Leucoderma</u>	Leucoderma	33
<u>Leydig</u>	Leydig cells	11
<u>Lib</u>	Libido sexualis	2
<u>Lib</u>	Libido aberrations (homosexuality, etc.)	3
<u>Lib↑</u>	Libido, excessive	3
<u>Lib↓</u>	Libido, subnormal	3
<u>Lichen planus</u>	Lichen planus	34
<u>Lig</u>	Ligature	-
<u>Ray-Solar</u>	Light	56
<u>Os-R-Glu<Ur</u>	Lignac-Fanconi syndrome	30
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<u>LMF</u>	Lipemia clearing factor (see also: Enzymes)	50
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<u>Lip-Prot</u>	Lipoproteins	46
<u>Sa-Adip</u>	Liposarcoma	38
<u>Hep</u>	Liver	29
<u>R-osis-LN</u>	Lower nephron nephrosis	24
Pm	Lung	25
<u>LE</u>	Lupus erythematosus disseminatus	38
<u>LH</u>	Luteinizing hormone	4
L	Luteoids in general	7
<u>C1-Tu</u>	Luteoma	8
LTH	Luteotrophic hormone	7
<u>Lyn-itis</u>	Lymphadenitis	17
see: Mononucleosis	Lymphadenosis	-
<u>Ly-Vs-ititis</u>	Lymphangitis	17
<u>Ly-Cav</u>	Lymphatic spaces	17
Ly	Lymphatic system in general	17
	Lymph conduction	17
<u>Ly-edema</u>	Lymphedema, elephantiasis	17
<u>Ly-sen</u>	Lymph formation	17
<u>Ly-Cr</u>	Lymph-heart	17
Lyn	Lymph node	17
B(Lympho)	Lymphocytes	19
Lyn-Gr	Lymphogranuloma, Hodgkin's disease	17
	Lymphoid wandering cells	17
<u>Lyn-oma</u>	Lymphoma, Brill-Symmers' disease	17
Lymph vessel	Lymph vessel	17
LSD	Lysergic acid diethylamide	*

M

SEE: Anemia	Macrocytic anemia	-
<u>Macro-Glb</u>	Macroglobulinemia	53
see: Diffuse symmetrical	Madelung's disease	-
Lipomatosis		
<u>G-Acc</u>		
<u>Malf</u>		
Ma		
Math		
<u>Psy↑↑</u>		
see: Osteopetrosis		
<u>Marfan-S</u>		
see: Osteoarthro-		
pathy		
see: Osteoarthritis		
<u>Ma-ititis-Cystic</u>		
<u>Mastocytoma</u>		
Med		
Mech-Act		
see: Anemia		
Medobl		
<u>Ov-Meigs-Tu</u>		
<u>Pigm</u>		
MTH		
<u>Int-B↓</u>		
<u>Mel</u>		
Mng		
see: Climacterium		
<u>Merrh</u>		
see: Cycle		
<u>Psy↓</u>		
Metab		
Metam		
Meth		
Me-		
MAD		
MAAN		
see: Pentamethylene tetrazol		
<u>U-ititis</u>		
MPI		
ML		
<u>Migraine</u>		
<u>Mikulicz</u>		
Ma-sen		
"Lac"		
<u>Mineral-Metab</u>		
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AMC		
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<u>R-osis</u>	Nephrotic syndrome	23
<u>Nr-Cran</u>	Nerves, cranial	1
<u>NrP</u>	Nerves, peripheral	1
<u>Nr-Spic</u>	Nerves, spinal	1
<u>Nr-Periodic</u>	Nervous system, periodic disease of the	3
<u>Nr-Alg</u>	Neuralgia	3
<u>Nr-Asthenia</u>	Neurasthenia	3
<u>Nr-itis</u>	Neuritis	3
<u>Ct-Nr-itis</u>	Neurodermatitis	34
<u>Nr-Fibromas</u>	Neurofibromatosis of Recklinghausen (see also: Recklinghausen)	3
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<u>Nr-Lt</u>	Neurolathyrism, experimental	2
<u>Nr-Mu-c</u>	Neuromuscular reactions	2
<u>Art-Nr</u>	Neuropathic arthritis of Charcot	31
<u>Nr-osis</u>	Neurosis in general	3
<u>Nr-osis-Anxiety</u>	Neurosis, anxiety	3
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Pyl-ase	Phosphorylase (see also: Enzymes)	50
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Phyg	Physiology in general	64
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Pigm	Pigment tissue, pigments	37
Pi	Pineal	15
Pl	Placenta	9
	Plants	43
Auxin	Plant hormones in general	
	Plasma cells	37
P:E	Plasma-erythrocyte ratio	19
see: Myeloma	Plasmocytic myeloma of Kahler	-
Plr	Pleura	25
Plu	Plumage	33
<u>Pm-Pneumocon</u>	Pneuconiosis	26
PEG	Pneumoencephalography	25
<u>Nr-Wernicke</u>	Polioencephalitis (see also: Wernicke)	2
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B↑-Ery	Polycythemia in general	19
B(Poly)	Polymorphonuclear leucocytes	19
<u>Nr-ititis-Poly</u>	Polyneuritis	3
PS	Polysaccharides in general	46
PS-Prot	Polysaccharide proteins	46
<u>Ly-Cav-ititis</u>	Polyserositis	17
PVP	Polyvynilpyrrolidone	53
	Pons	1
<u>Porph</u>	Porphyria	53
PL	Posterior lobe of the hypophysis	4
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Δ¹-CON	Prednisone	5
Δ¹-COL	Prednisolone	5
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<u>Pre-Prolonged</u>	Pregnancy, prolonged	9
<u>Pre-Tos</u>	Pregnancy toxicosis	9
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<u>Age↑</u>	Premature senility	56
<u>Premen</u>	Premenstrual tension	8
Prep	Preputial gland	12
Preserv	Preservation	63
PROG	Progesterone	7
<u>Progn</u>	Prognosis	67
Infl↑	Prophylogistic drugs	53
Prop	Propyl	-
Propac	Propionic acid	53
Pta	Prostate	12
"Pta-ititis"	Prostatic hypertrophy	12
IN-PZ	Protamine zinc insulin	15
Ray-Io↓	Protective radio-substances	53
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PBI	Protein-bound iodine	13

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" <u>Ptr ↓</u> "	14
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Rb	Rabbit	-
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I*	Radioiodine	13
<u>Ray-Radio</u>	Radio-, short-, Hertz waves	57
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see: Hyperparathyroidism	Recklinghausen's osteitis fibrosa	-
Rct	Rectum	27
	Red pulp of the spleen	18
Rfl	Reflex	2
Rfl-Cond	Reflex, conditioned	2
Reg	Regeneration in general, or of an organ e.g., Hep-Reg	40
<u>II-ititis-Regional</u>	Regional ileitis	28
<u>Art-Rh-Reiter</u>	Reiter's disease	31
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<u>R-Ur↑</u>	Renal diabetes insipidus	23
R8	Renal hypertension by the "8 ligature"	23
R-BP↑	Renal hypertension, experimental	23
R-Vs-Lig	Renal hypertension by renal vessel ligature	23
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<u>R-Pelvis</u>	Renal pelvis	23
<u>RPS</u>	Renal pressor substances in general	23
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<u>RENIN</u>	Renin	23
Res	Resistance	55
RQ	Respiratory quotient	25
Resp	Respiratory system	25
Rstr	Restraint, immobilization	2
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<u>Rhinophyma</u>	Rhinophyma	36
<u>NS-Scler-Tu</u>	Rhinoscleroma	36
Rhombenc	Rhombencephalon	1
	Rhythm	56
RNA	Ribonucleic acid	47
<u>Vit-D↓</u>	Rickets	53
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Sal	Saliva	28
Sal-Gl	Salivary gland	28
SSP	Sanarelli-Schwartzmann phenomenon	42
Sa	Sarcoma in general	45
MC↓	Salt-losing hormones	6
<u>Scabies</u>	Scabies	34
<u>Schizo</u>	Schizophrenia	3
Sciatica	Sciatica	3
Pn-Scl-Cyst	Sclerocystic pancreas	15
Ov-Scl	Sclerocystic ovarian syndrome	8
<u>Scleroderma</u>	Scleroderma	34
Nr-MScl	Sclerosis multiple	2
Seb-Gl	Season	56
SEN	Sebaceous gland	33
-sen	Secretin	27
Sv	Secretion	-
<u>Semin-Tu</u>	Seminal vesicle	12
<u>Psy-Age↑</u>	Seminoma	11
Sens	Senile psychoses	3
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Ly-Cav	Serotonin	16
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	Serum sickness, serum shock	54
	Sex	7
	Sex chromosome	39
	Sex-chromatin	7
Sex-Ct	Sex skin	7
Coit	Sexual intercourse	7
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<u>Art-Shoulder-Hand</u>	Short waves	55
<u>Siamese twins</u>	Shoulder-hand-syndrome	31
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<u>Pm-Silic</u>	Sickle cell anemia	-
<u>AL↓-Simmonds</u>	Silicosis, pulmonary	26
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<u>Ct-TB</u>	Skin	33
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Ray-Solar	Social conditions	56
Solv	Solar radiation	56
STH	Solvent	65
	Somatotrophic hormone	4
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Species-Res	Species specificity of resistance	65
Spermia	Spermia, spermiogenesis	11
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<u>B↓-Sphero</u>	Sperocytosis, hereditary	19
Spic	Spinal cord	1
Sp	Spirochetes and s. diseases	43
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	Splenic anemia	-

<u>Sp↑</u>	Splenomegaly	18
<u>Os-TB</u>	Spondylitis tuberculosa, Pott's disease	30
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<u>Cti-spread</u>	Spread	37
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<u>SprueN</u>	Sprue, indigneous	53
<u>SprueT</u>	Sprue, tropical	53
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<u>T↑-Thecosis</u>	Stein-Leventhal syndrome	8
<u>Sten</u>	Stenosis	-
<u>♀-Rep↓</u>	Sterility, female	10
<u>♂-Rep↓</u>	Sterility, male	11
<u>STE</u>	Steroids in general	6
<u>Ste</u>	Steroids, non-hormonal, in general	53
<u>Ste-ase</u>	Steroidases (see also: Enzymes)	50
<u>Stilbo</u>	Stilbestrol	7
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<u>rheumatoid arthritis</u>	Still's disease	-
<u>Gs</u>	Stomach	27
<u>Stress↑</u>	Stress	55
<u>ST</u>	Stressors (Chemical)	53
<u>Str</u>	Stress Test	55
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<u>s.c.</u>	Struma maligna	13
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<u>SSSD</u>	Symbolic Shorthand System	1
<u>SSSS</u>	Symbolic Shorthand System Division	1
<u>Sy</u>	Symbolic Shorthand System Symbol	1
<u>Oc-Sy-ititis</u>	Sympathetic	1
<u>-S</u>	Sympathetic ophtalmia	36
<u>Syn</u>	Syndrome	-
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T

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	Tegmentum	1
	Telencephalon	1
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Tempi	Temperature of the body	46
Tempe	Temperature of the environment	56
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<u>Te↑-Leydig</u>	Testicular hyperfunction due to Leydig cell tumor	11
<u>Te↑-Leydig-Tu</u>	Testicular hyperplasia due to Leydig cell tumor	11
<u>Te</u>	Testis	11
<u>T</u>	Testoids in general	11
<u>T</u>	Testosterone	11
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Tcycl	Tetracycline	53
TEA	Tetraethylammonium	53
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TETRAC	Tetraiodothyroacetic acid	13
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<u>B-Cg↓-Tc↓-Werlhof</u>	Thrombocytopenic purpura, idiopathic of Werlhof	20
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TRGLB	Thyroglobulin	13
Tr	Thyroid	13
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<u>Tr-ititis-Scl</u>	Thyroidosis of Riedel	13
<u>Tr-ititis-Atr</u>	Thyroidosis of Simmonds	13
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TTH	Thyrotrophic hormone	4
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Ton	Tonsil	25
To	Toxicity	65
<u>-Tos</u>	Toxicosis	-
<u>Psy-To</u>	Toxic psychoses	3
To	Toxin in general	53
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Tu-t	Transplanted tumor	45
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TRIT	Triiodothyronin	13
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TPN	Triphosphopyridine nucleotide	47
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<u>TB</u>	Tuberculosis in general	43
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Tu	Tumor in general	45
<u>Tu</u>	Tumor, spontaneous in man or in animals	45
<u>-t</u>	Tumor metastases, spontaneous	45
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U

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<u>U</u>	Uterus	8
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V

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X

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Kylose		

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