

Free, Reliable Internet resources in Medicine

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**Vice Rector, Library & Internet
Medical Resources**

Dartmouth Medical School

USA

Free, Reliable Internet Resources in Medicine

Where can
you find
them?



The Internet is:

- Big, but is usually overwhelming
- Powerful, but requires effort & patience

Today's Presentation



- Focuses on three types of information on the Internet
- Identifies methods to find exactly and specifically what you want to find

Internet Resources in Medicine

- Internet Directory
- Internet Textbook
- Internet Database of Journal Articles

Internet Directory

- Medical Matrix
- <http://www.medmatrix.org>



Medical Matrix

www.medmatrix.org

- “Full content, unrestricted access, Internet clinical medicine resources.”
- Medical Matrix assigns ranks to Internet resources based on their utility for point-of-care clinical application.
- Quality, peer review, full content, multimedia features, and unrestricted access are emphasized in the rankings.
- Free, requires registration.

Internet Textbook

- eMedicine
- <http://www.emedicine.com/>



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Friday, November 2, 2001

Editorial Boards

IN THE NEWS

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Abstract

EMEDICINE ON THE GO



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 Internet

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<http://www.emedicine.com/>

- Peer-reviewed online medical references and textbooks-- as emergency medicine, dermatology, wilderness, medicine, pediatrics, neurology, orthopedic surgery, plastic surgery, and radiology.
- Searchable. Also includes consumer level texts.
- Free, requires registration.

Internet Database of Journal Articles

- PubMed/Medline
- www.pubmed.gov

Entrez-PubMed - Microsoft Internet Explorer

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- Contains bibliographic citations and author abstracts from more than 4,000 biomedical journals in 70 languages.
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[Break](#) demonstrates online bioinformatic tools available at the NCBI through live searches and interactive tutorials.

PubMed Updated

PubMed has resumed adding citations indexed with MeSH to MEDLINE. MEDLINE citations now reflect the 2001 MeSH vocabulary terms. See [New/Noteworthy](#) for additional information about this and forthcoming changes.

How to Search PubMed

- Use MeSH Browser
- Consider subject term subheadings
- Use Limits to reduce retrieval
- Combine terms to find references on two or more topics

MeSH Browser

- Helps identify correct subject heading
 - ‘Translates’ our clinical terms to ‘academic’ terms
 - e.g.. Use *Neoplasm* instead of *Cancer*
 - e.g Use *Cross Infection* instead of *Nosocomial infection*



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MeSH Browser

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Search for antibiotic therapy

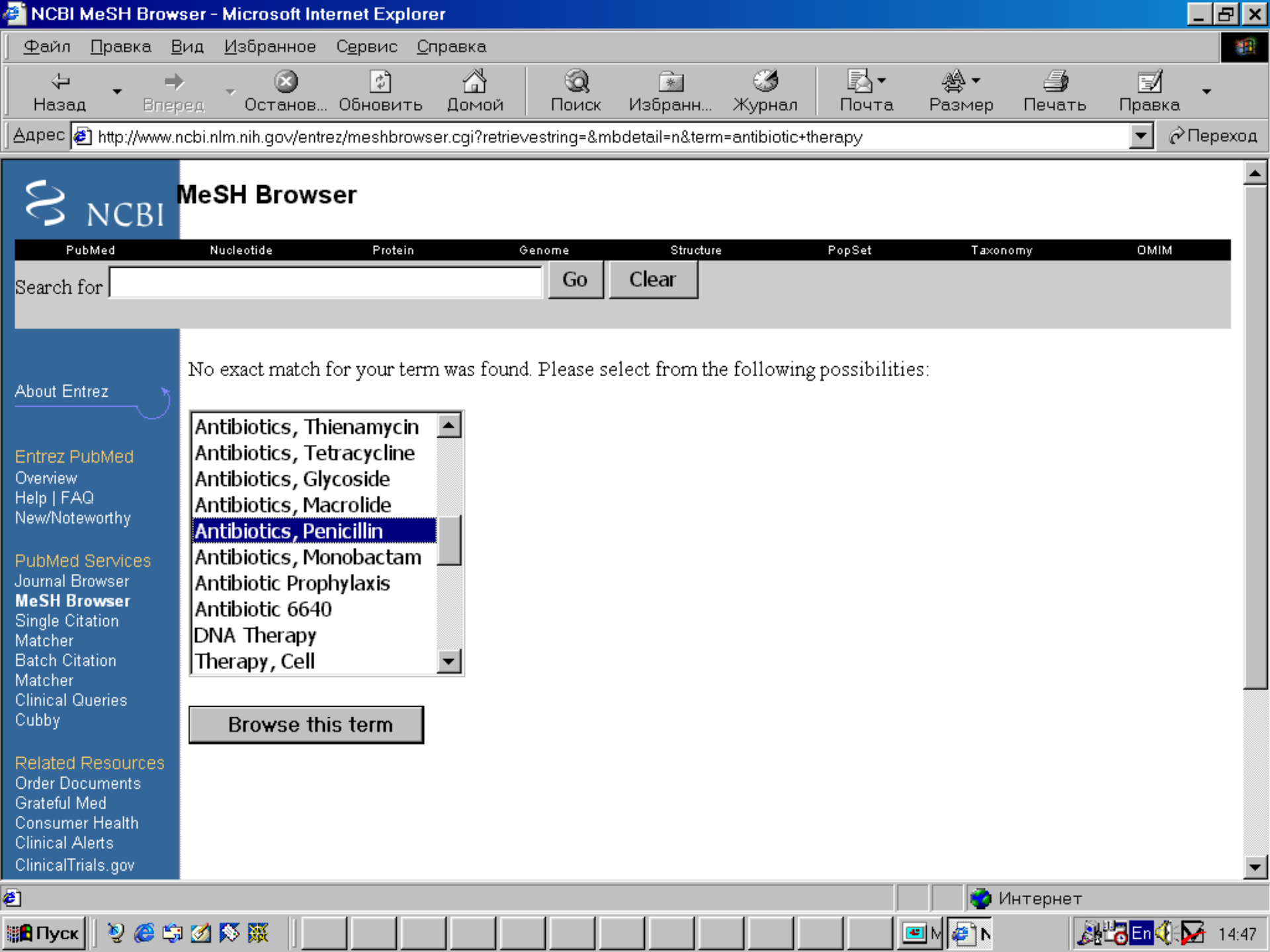
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[MeSH](#) is NLM's controlled vocabulary used for indexing articles in PubMed. MeSH terminology provides a consistent way to retrieve information that may use different terminology for the same concepts.







MeSH Browser

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Search for Go Clear

Antibiotics, Penicillin is not a MeSH term, but it is associated with the MeSH term **Penicillins**

Penicillins [\[Detailed display\]](#)

A group of antibiotics that contain 6-aminopenicillanic acid with a side chain attached to the 6-amino group. The penicillin nucleus is the chief structural requirement for biological activity. The side-chain structure determines many of the antibacterial and pharmacological characteristics. (Goodman and Gilman's The Pharmacological Basis of Therapeutics, 8th ed, p1065)

Add this term to the Search using operator: **AND**

Term **Penicillins** appears in more than one place in the MeSH tree.

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[Chemicals and Drugs Category](#)

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Subheadings

- Located under MeSH Browser, click on 'detailed' display after searching term
- Choose correct subheading relating to the focus of your search
 - Drug therapy, rehabilitation, therapy
 - Blood, diagnosis, epidemiology, etiology
 - Adverse effects, contraindications, poisoning
- Subheadings differ with the different terms



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Penicillins [\[Brief display\]](#)

A group of antibiotics that contain 6-aminopenicillanic acid with a side chain attached to the 6-amino group. The penicillin nucleus is the chief structural requirement for biological activity. The side-chain structure determines many of the antibacterial and pharmacological characteristics. (Goodman and Gilman's The Pharmacological Basis of Therapeutics, 8th ed, p1065)

Year introduced: 1975

 this term/subheadings to the Search using operator:

- ☐ administration and dosage ☒ adverse effects ☐ analogs and derivatives ☐ analysis ☐ antagonists and inhibitors
☐ biosynthesis ☐ blood ☐ cerebrospinal fluid ☐ chemical synthesis ☐ chemistry ☐ classification ☒ contraindications
☐ diagnostic use ☐ drug effects ☐ drug therapy ☐ economics ☐ history ☐ immunology ☐ isolation and purification
☐ metabolism ☐ pharmacokinetics ☐ pharmacology ☐ physiology ☒ poisoning ☐ radiation effects ☐ secretion
☐ standards ☐ supply and distribution ☐ surgery ☐ therapeutic use ☐ toxicity ☐ urine

☐ Restrict Search to Major Topic headings only☐ Do Not Explode this term (i.e., do not include MeSH terms found below this term in the MeSH tree).

Term **Penicillins** appears in more than one place in the MeSH tree.





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(Penicillins/adverse effects[MESH] OR
Penicillins/contraindications[MESH] OR Penicillins/poisoning
[MESH])

PubMed Search

Penicillins [\[Brief display\]](#)

A group of antibiotics that contain 6-aminopenicillanic acid with a side chain attached to the 6-amino group. The penicillin nucleus is the chief structural requirement for biological activity. The side-chain structure determines many of the antibacterial and pharmacological characteristics. (Goodman and Gilman's The Pharmacological Basis of Therapeutics, 8th ed, p1065)

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☐ diagnostic use ☐ drug effects ☐ drug therapy ☐ economics ☐ history ☐ immunology ☐ isolation and purification
☐ metabolism ☐ pharmacokinetics ☐ pharmacology ☐ physiology ☐ poisoning ☐ radiation effects ☐ secretion



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Indian J Pediatr. 2001 Feb;68(2):121-2.
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Limit Your Search

- Human
- Language
- Years; e.g. 1995-2001
- Patient age
- Abstracts



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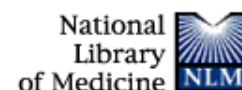
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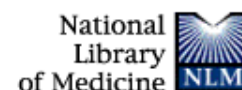
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- Infant, <30 days
- Infant, >30 days to 2 yrs
- Child, preschool, 2-5
- Child, 5-12 yrs
- All Child, 0-18 yrs
- Adolescent, 13-18
- Adult, 18-44 yrs
- Adult, middle age 45-64 yrs
- Aged, 65-79 yrs
- Aged, over 80 yrs
- Adult, all years



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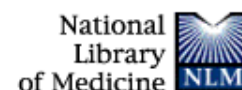
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Department of Dermatology, University of Utah Health Sciences Center, Salt Lake City 84132-0001, USA.

Acute generalized exanthematous pustulosis (AGEP) is characterized by acute onset of a widespread pustular eruption in association with fever. It is usually seen as a medication reaction. We describe a 17-month-old boy with AGEP secondary to exposure to amoxicillin. This is an uncommon condition in children.

Publication Types:

4: Acta Paediatr Suppl 1999 Nov;88(431):48-52

[Related Articles](#), [Books](#), [LinkOut](#)**Antibacterial prophylaxis in children with urinary tract infection.****Bollgren I.**

Department of Paediatrics, Sachs' Children's Hospital, Karolinska Institute, Stockholm, Sweden.

The aim, in conservative management of vesico-ureteric reflux by antimicrobial prophylaxis, is to prevent recurrent febrile urinary tract infections and consequent renal scarring. However, the effects of this prophylactic strategy are difficult to evaluate, since the required studies comparing children on prophylaxis with controls (without prophylaxis but under careful supervision) are lacking. Furthermore, the optimal length of prophylaxis needs to be defined. Since risk of renal scarring is believed to occur more frequently in young people, and since recurrent urinary infections mainly affect girls, the age and sex of subjects are important in the design of a prophylactic regimen. Nitrofurantoin and trimethoprim are the most common agents used for long-term, low-dose antibacterial prophylaxis. Break-through infections still result from non-compliance and from development of bacterial resistance, the latter mainly arising with trimethoprim. Few studies of prophylactic drugs are available that adequately define patient materials and include a random allocation to the different agents. Further studies of the effects of alternative prophylactic agents are called for, preferably combined with fresh insight into the ecological impact on the bowel and periurethral floras.

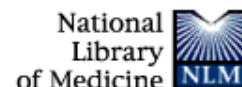
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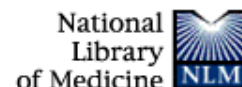
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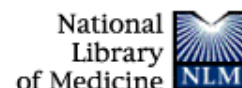
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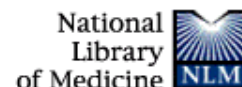
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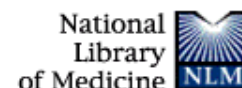
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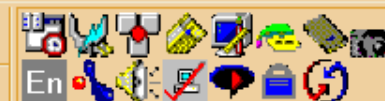
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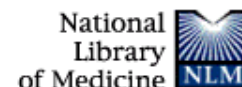
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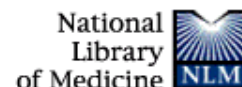
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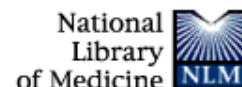
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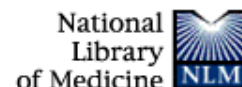
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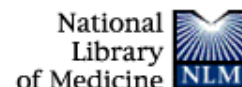
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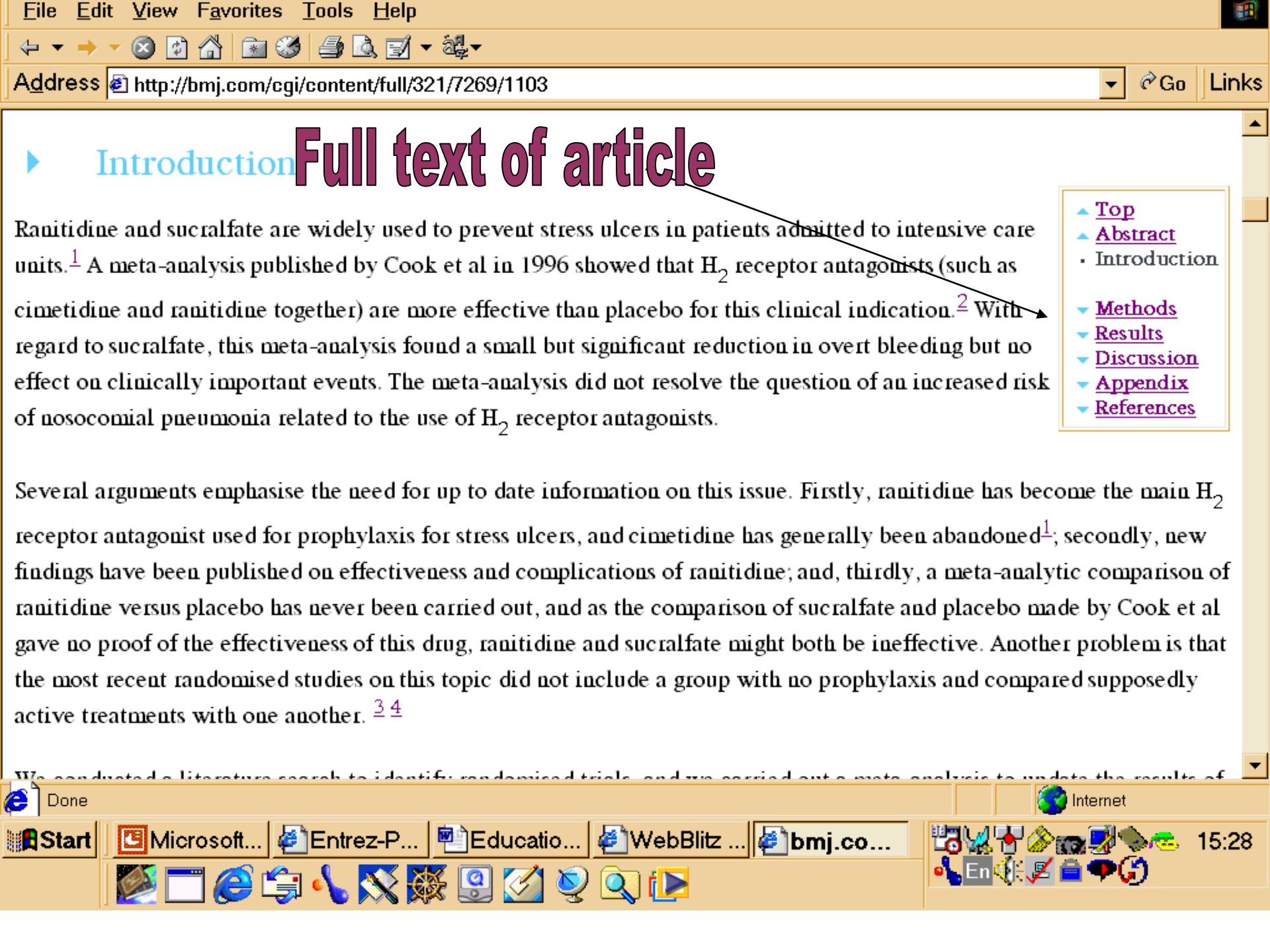
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Several arguments emphasise the need for up to date information on this issue. Firstly, ranitidine has become the main H₂ receptor antagonist used for prophylaxis for stress ulcers, and cimetidine has generally been abandoned¹; secondly, new findings have been published on effectiveness and complications of ranitidine; and, thirdly, a meta-analytic comparison of ranitidine versus placebo has never been carried out, and as the comparison of sucralfate and placebo made by Cook et al gave no proof of the effectiveness of this drug, ranitidine and sucralfate might both be ineffective. Another problem is that the most recent randomised studies on this topic did not include a group with no prophylaxis and compared supposedly active treatments with one another.^{3 4}

We conducted a literature search to identify randomised trials, and we carried out a meta-analysis to update the results of

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Abstract

Objectives To determine the effectiveness of ranitidine and sucralfate in the prevention of stress ulcer in critical patients and to assess if these treatments affect the risk of nosocomial pneumonia.

Design Published studies retrieved through Medline and other databases. Five meta-analyses evaluated effectiveness in terms of bleeding rates (A: ranitidine *v* placebo; B: sucralfate *v* placebo) and infectious complications in terms of incidence of nosocomial pneumonia (C: ranitidine *v* placebo; D: sucralfate *v* placebo; E: ranitidine *v* sucralfate). Trial quality was determined with an empirical ad hoc procedure.

Main outcome measures Rates of clinically important gastrointestinal bleeding and nosocomial

Introduction

Ranitidine and sucralfate are widely used to prevent stress ulcers in patients admitted to intensive care units.¹ A meta-analysis published by Cook et al in 1996 showed that H₂ receptor antagonists (such as cimetidine and ranitidine together) are more effective than placebo for this clinical indication.² With regard to sucralfate, this meta-analysis found a small but significant reduction in overt bleeding but no effect on clinically important events. The meta-analysis did not resolve the question of an increased risk of nosocomial pneumonia related to the use of H₂ receptor antagonists.

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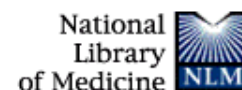
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To understand the possible differences in reflected ultrasonic energy from normal, ischemic, and infarcted myocardium, we studied 20 open-chest dogs with a commercially available two-dimensional ultrasonic scanner. Echocardiographic radiofrequency images of anterior myocardium were obtained serially during complete coronary occlusion for 2 hr ($n = 15$) or 5 hr ($n = 10$), or after temporary coronary clamping for 15 min with release for 1 hr ($n = 5$). We investigated two variables: the cyclic backscatter power and the phase difference among endocardial wall motion (EWM), cyclic backscatter power (BSP), and left ventricular pressure (LVP). The cyclic BSP decreased from a control (nonischemic) level of 5.1 ± 0.8 to 2.3 ± 0.7 dB during ischemia (up to 30 min after coronary ligation). The phase difference between the EWM and BSP progressed from a control (nonischemic) value of 38 ± 20 to 115 ± 23 degrees during

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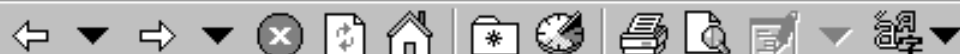
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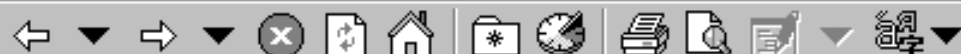
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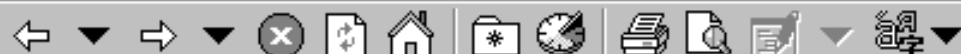
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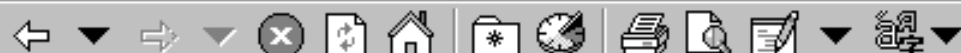
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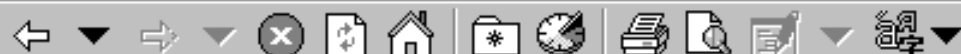
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Meningococcal Infections from Pediatrics/Infectious Diseases

Synonyms, Key Words, and Related Terms: infectious purpura fulminans, meningococcal meningitis, meningococcal septicemia, meningococcemia

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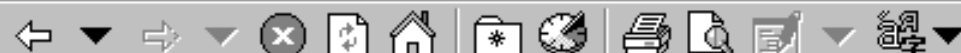
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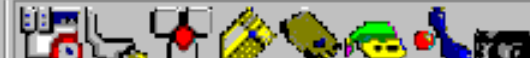


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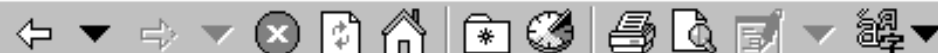
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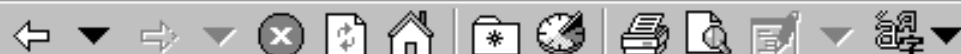
The *Haemophilus influenzae* type b (HIB) vaccine caused the decline of HIB meningitis. Half of childhood cases of bacterial meningitis are from *N meningitidis* and most other cases are pneumococcal.

Diagnostic confusion typically involves other causes of petechiae or purpura. In children with fever and petechiae, only 2-11% of children with a petechial rash have invasive meningococcal disease. Even though a majority of the other children probably have viral infections, antibiotic therapy should always be commenced without awaiting additional information. Distinguishing meningococcal disease from other causes of a petechial rash in a febrile child is difficult, and the fatality rate is high.

Other causes of purpuric or petechial rash

- Bacterial infections
 - Pneumococcal septicemia

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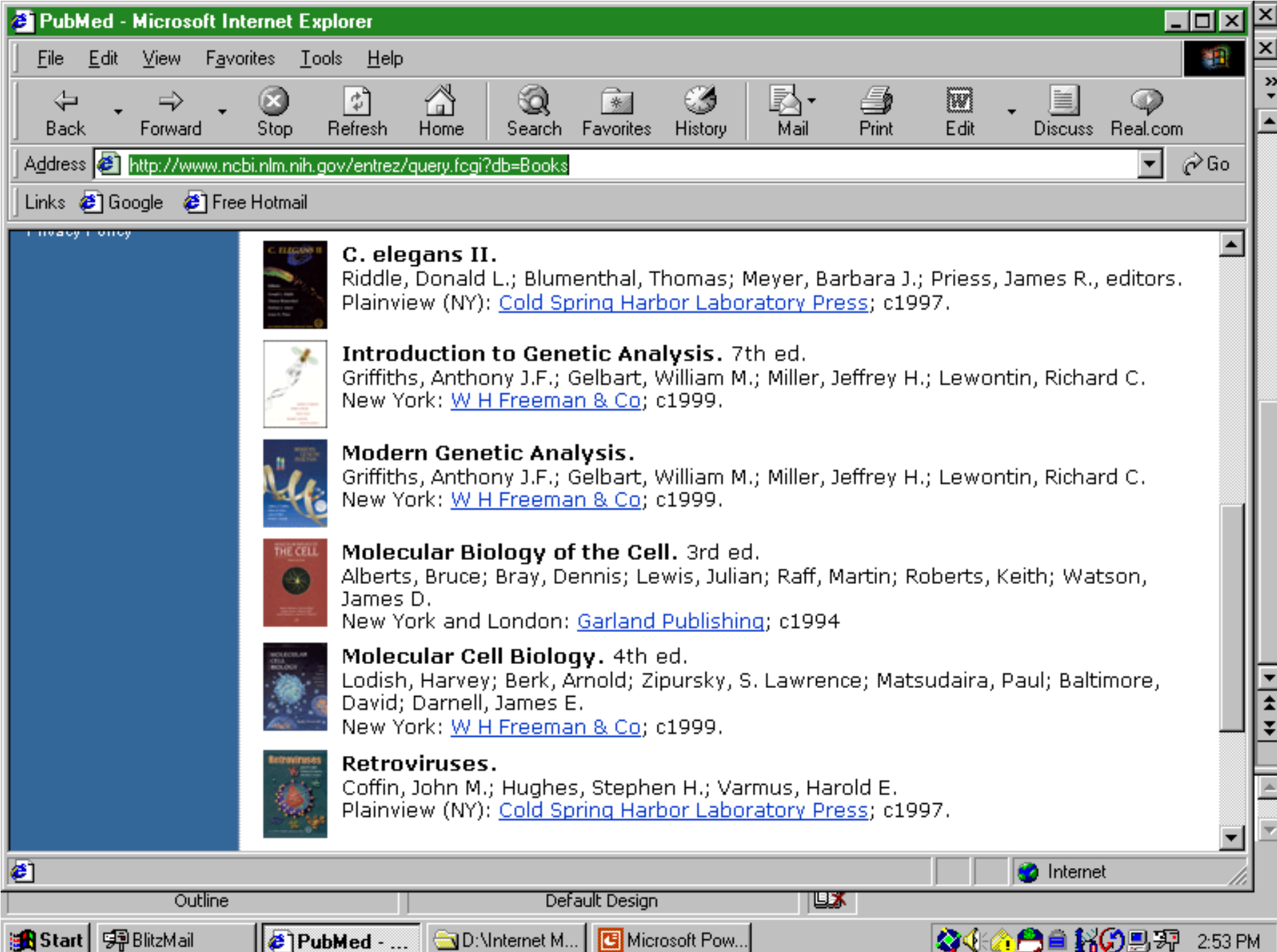
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