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East Asia is normally identified as a group of countries lying along the western edge of the Pacific Ocean, but in recent years scholars have begun thinking about a new East Asia that is a community rather than a set of sovereign states. This regional community is a theoretical notion variously defined on the basis of economic or political relations, philosophical orientations, language or other criteria, with each

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standard producing a different set of boundaries. This book looks at the new East Asia from a Northeast Asian perspective, considering it both as a theoretical construct and a practical reality. The authors are Asian Studies specialists, mainly from Japan but with contributions from Korea and the United States, and they consider the trade and economic interaction, diplomacy, and security arrangements of East Asia. Prepared as part of a five-year research program conducted by Waseda University's 21st Century Center of Excellence for the Creation of Contemporary

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Asian Studies, the essays are published here in English for the first time. Reflecting the revised Cecil Textbook (19th edition), as well as the most recent changes in the internal medicine board exams, this text provides answers and references to the accompanying textbook, and is designed to help prepare students and physicians for the Boards and re-certification.

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resource has matched the authority, esteemed scholarship, and scientific rigor of Harrison's Principles of Internal Medicine. Capturing the countless advances and developments across the full span of medicine, the new 19th edition of Harrison's provides a complete update of essential content related to disease pathogenesis, clinical trials, current diagnostic methods and imaging approaches, evidence-based practice guidelines, and established and newly approved treatment methods. Here are just a few of the outstanding features of the new Nineteenth Edition: Content is practically organized around two basic themes: education and clinical practice. The teaching and learning sections cover foundational principles, cardinal manifestations of disease and approach to differential diagnosis; the content devoted to clinical practice focuses on

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of Sabatine: Pocket Medicine 5e, ISBN 978-1-4511-8237-8, please make note of the following important correction on page 1-36: Oral anticoagulation (Chest 2012;141:e531S; EHJ 2012;33:2719; Circ 2013;127:1916) All valvular AF as stroke risk very high Nonvalv. AF: stroke risk ~4.5%/y; anticoag ® 68% - stroke; use a risk score to guide Rx: CHADS2: CHF (1 point), HTN (1), Age =75 y (1), DM (1), prior Stroke/TIA (2) CHA2DS2-VASc: adds 65+74 y (1) =75 y (2), vasc dis. [MI, Ao plaque, or PAD (1)]; ? (1) score ³2 ® anticoag; score 1 ® consider anticoag or ASA (? latter reasonable if risk factor age

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**65-74 y, vasc dis. or ?);
antithrombotic Rx even if rhythm
control [SCORE CORRECTED]
Rx options: factor Xa or direct
thrombin inhib (non-valv only; no
monitoring required) or warfarin
(INR 2-3; w/ UFH bridge if high
risk of stroke); if Pt refuses
anticoag, consider ASA + clopi
or, even less effective, ASA
alone (NEJM 2009;360:2066)
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