

Karger eBooks Collection 2009-2010

簡介：

Karger 電子叢書內容涵蓋整個生物醫學不同的範圍，超過 40 個叢書系列提供給您在科學研究和臨床實踐的最新發現和發展，最精闢且廣泛的綱要集成。這些叢書都是由醫學領域的精英和傑出專家撰寫和編輯，每一卷期都是全心全力為某一個特定領域的時下課題著筆。

大部分的 Karger 叢書也都被收錄於 MEDLINE 資料庫裡。1890 年以來，Karger 專門從事醫學科學書籍的出版，所出版的叢書在醫學專業知識的傳播及專業領域中起著舉足輕重的領導地位，其中包括對腎臟病學的貢獻，以及呼吸道研究或運動醫學/科學的發展等；其它如基因組進化動態力學，反映了我們隨時掌握最新與及時研究結果的承諾。

2011 年台灣學術電子書聯盟採購圖書為Karger 2009-2010 版權年圖書。

Karger 電子書的多項優勢與特色如下：

- 一次買斷採購，無須額外支付維護費
- 無同時上線人數限制
- 透過 IP 認證使用 - Site License
- 保證永久使用權
- 與 google 合作，無檢索學習困難
- 提供 MARC 21 的書目紀錄
- 提供 COUNTER 格式統計表
- 電子書和期刊同一平台

KARGER

Medical and Scientific Publishers

User Guide

www.karger.com

線上使用指南（讀者手冊）

Journal and Book Content
Complete Catalogue
Services



目錄

1.	www.karger.com	4
1.1	區域站點（中、日、德文）	4
1.2.	便捷的工具與豐富的資訊	5
1.3.	導航	5
2.	機構用戶： 用戶網頁與線上訪問控管	6
2.1.	用戶網頁	6
3.	資源與服務	7
3.1.	CrossRef/DOI	8
3.2.	Open URL/SFX	9
3.3.	檢索	10
3.4	按次付費閱讀電子期刊和電子書	10
4.	期刊	11
4.1.	期刊主頁 (Journal Home)	11
4.2.	期刊卷期	12
4.3.	期刊目次	13
4.4.	免費摘要	13
4.5.	期刊內容 (Citation Download/Endnote)	14
4.6.	參考書目連結到原始資料	15
4.7.	補充資料	15

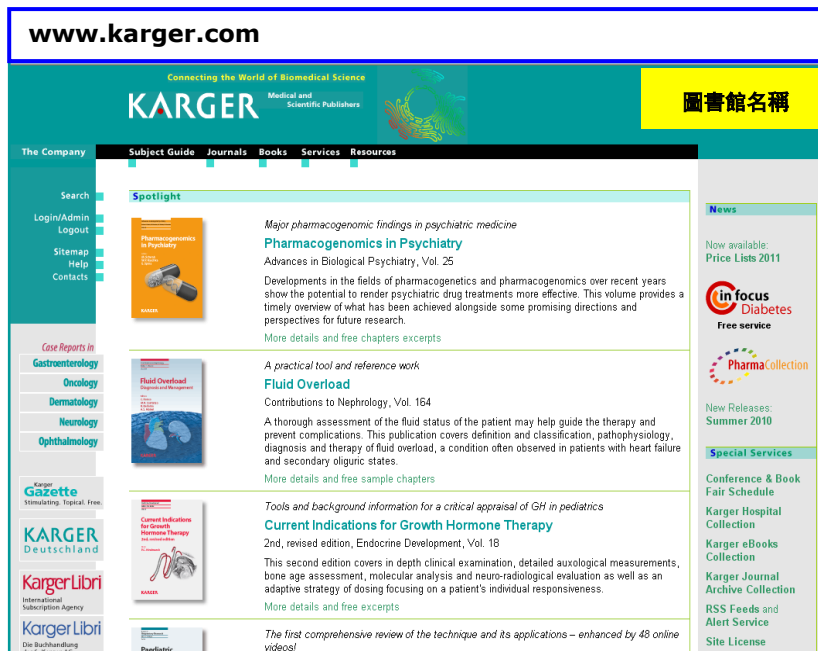
5.	圖書	16
5.1.	叢書	16
5.2.	圖書主頁 (Book Home)	17
5.3.	圖書目次	17
5.4.	線上圖書內容	18
6.	重要的技術合作夥伴	19
6.1.	Google	20
6.2.	Google 圖書	20
6.3.	Google 學術搜索	20
6.4.	Medline/PubMed	21
6.5.	PubMed LinkOut	21
6.6.	幕後合作夥伴	21

1. www.karger.com

連結到生物醫學的專業知識內容

- 在提供用戶優質數位化醫學資訊內容上有超過十年的經驗
- 收錄1998年至今所有電子期刊和圖書內容
- 超過一個世紀的生物醫學之回溯期刊文獻

www.karger.com 由Karger出版社設計和管理；不僅是一個提供資訊和服務的網頁，更是一個完整的期刊和圖書資料庫。



1.1. 區域站點（中、日、德文）

日本站點 (www.karger.jp) 和中國站點 (www.karger.cn) 為當地讀者與用戶提供尤感興趣的網頁內容，並且定期更新。透過區域站點，用戶可以連結到Karger國際網站主頁 (www.karger.cn) 的所有內容。

www.karger.de 為德語用戶提供的登錄網頁。



1.2 便捷的工具與豐富的資訊

快速連結至：

- **Karger** 所有電子圖書和期刊，包括相關資訊和服務 (1)
- **Karger** 開放取用的個案報告 (Case Reports Journals)
- Karger **Gazette**，一份每年出版的免費報刊及其他相關網站連結。(2)
- **焦點 (Spotlight)**：包括特別推薦的最新出版物、重要醫學會議和書展資訊。(3)
- **新知服務**、價格表、圖書資訊、新書通報、以及聚焦 (In Focus，針對時下關注的醫學熱門課題，提供Karger醫學文獻方便快捷的瀏覽)。(4)
- **登錄 (Login)**：讓個人或機構的用戶、管理員登錄使用(5)

The screenshot displays the Karger website interface with several numbered callouts (1-7) highlighting key features:

- 1**: Navigation bar at the top with links for Subject Guide, Journals, Books, Services, and Resources.
- 2**: Left sidebar menu containing links for Search, Login/Admin, Logout, Sitemap, Help, and Contacts.
- 3**: Spotlight section featuring featured articles and book excerpts, such as 'Pharmacogenomics in Psychiatry' and 'Fluid Overload'.
- 4**: Right sidebar section titled 'News' and 'Special Services', including 'Price Lists 2011', 'in focus Diabetes', 'PharmaCollection', and 'Conference & Book Fair Schedule'.
- 5**: Login/Admin and Logout links in the left sidebar.
- 6**: Journals section with a 'Current Program' list of journals (A-Z) and a detailed view of the 'American Journal of Nephrology'.
- 7**: Search bar and navigation links within the journal view.

1.3. 導航

- 從任何網頁的左端，連結到Karger所有主要產品或服務。(6)
- 從網頁頂端或右端的導航工具可連結到該產品或服務的相關資訊。(7)

2. 機構用戶： 用戶網頁和線上訪問控管

- 為每個用戶提供定制化的網頁。
- 通過IP地址認證、代理伺服器或用戶名和密碼（應用戶要求）使用。
- 單次登錄即可同時使用期刊、圖書和回溯文獻。
- 無限人次同時登入使用。
- 永久使用所訂閱的內容。
- 服務台 (Help Desk): 友善、便捷和高效。
請電郵至 online@karger.ch

2.1. 用戶網頁

- 可以瀏覽所有訂閱的期刊、叢書、非叢書、專輯和訂閱的年份。
- 直接連接到所訂閱的資料內容。
- 從Karger的首頁以及任何一個頁面皆可連結瀏覽您訂閱的內容 (**your subscriptions**)。

3. 資源與服務

從資訊與服務網頁可以連結到：

- 您訂閱的內容、圖書訂購資訊以及價格
- 意見回饋表格和錯誤回報
- Karger Alerts 服務 (通報最新出版的文章、期刊卷期和圖書)
- RSS Feeds 服務

如需協助，請電郵至 info@karger.ch

洽詢以下或其他有關事項的版權和授權：

- 重印(Reprint)和電子出版(ePrints)
- 翻譯
- 版權

請電郵至 permission@karger.ch 或瀏覽 www.karger.com/rights。

<http://content.karger.com/services/subscriptions.asp>

Services

■ Subscriptions	■ Alerts & RSS	■ Submission
■ Site Licenses	■ Info Downloads	■ Rights & Permissions
■ PPV & Reprints	■ Price Lists	■ Press Service
■ Book Orders	■ Media Data	■ Customer Service

Journal Subscriptions

Institutional Journal Subscriptions

Karger offers three types of subscription: *Print Only*, *Online Only* and the combined *Print + Online*.

The basic annual subscription rate is the same for all three delivery forms; however, a fee for the combined print and online subscription is levied, and there is a postage and handling charge for *Print Only* and *Print + Online*.

Institutional subscription rate model:

Print Only:	100% + postage and handling
Online Only:	100%
Print + Online:	110%* + postage and handling

*The surcharge for combined print and online for institutional subscribers is for
– 2010 subscriptions: 10% with a minimum of CHF 64.– / EUR 46.00 / USD 61.00
– 2011 subscriptions: 10% with a minimum of CHF 64.– / EUR 47.00 / USD 60.00.

Please note that a multi-site license (for institutions with more than one physical location) as well as remote end-user access are subject to separate agreements; institutional online subscriptions cover multiple simultaneous access but from one physical location only.

For terms and conditions pertaining to the use and dissemination of Karger online full-text material for journals and books, please refer to our [site license](#).

Personal Journal Subscriptions

Karger offers three types of subscription: *Print Only*, *Online Only* and the combined *Print + Online*.

The basic annual subscription rate is the same for all three delivery forms; however, a flat fee for the combined print and online subscription is levied per volume, and there is a postage and handling charge for *Print Only* and *Print + Online*.

Subscription rate model:

Print Only:	100% + postage and handling
-------------	-----------------------------

■ Feedback
■ Error Report
■ Institutional Subscription
■ Personal Subscriptions
■ Associations
■ Consortia
■ Ordering, Credit Cards
■ Prices, Currencies
■ Invoicing & Dispatch
■ Subscription Period
■ Authorized Access
■ Back Volumes, Single Issues
■ Journal Information
■ Change of Address
■ Claims & Queries

3.1. CrossRef/DOI: 連結內容

DOI (Digital Object Identifier, 數位物件識別號) 是CrossRef於2000年與科學醫學出版界共同協作開發的項目。

DOI是一個電子資源的永久和單一的識別號碼。它讓詮釋資料 (Metadata) 能方便的在網絡環境中 (例如網際網路) 連結起來。

作為Cross/Ref的成員, Karger向此機構註冊和管理每篇期刊文章和圖書章節的DOI。

要瞭解更多關於CrossRef和DOI的資訊, 請見: www.crossref.org

www.karger.com/doi=000306639 (見 OpenURL, 3.3.)

Cerebrovascular Diseases

Journal Home
Journal Content
Guidelines
Editorial Board
Aims and Scope
Subscriptions

Medline Abstract (ID 20375495)
Download Citation

Current Impact Factor: 3.041

This journal is part of the first subject package of the Karger Journal Archive Collection

Information on packages (PDF)
Free sample issues

Case Reports in Neurology
• online only
• peer reviewed
• open access

Vol. 29, No. 6, 2010

Free Abstract Article (Fulltext) Article (PDF 302 kB)

Original Paper

Cerebral Perfusion Affects the Risk of Ischemia during Carotid Artery Stenting

Lisa M. Jongen^a, Jeroen Hendrikse^a, Frans L. Moll^b, Willem P.T.M. Mali^a, H. Bart van der Worp^c

Departments of
^aRadiology,
^bSurgery and
^cNeurology, Rudolf Magnus Institute of Neuroscience, University Medical Center Utrecht, Utrecht, The Netherlands

Address of Corresponding Author

Cerebrovasc Dis 2010;29:538-545 (DOI: 10.1159/000306639)

doi> The DOI® System

Resolve A DOI Name

<http://dx.doi.org/> doi: **10.1159/000306639**

Go

Type or paste a DOI name into the text box. Click Go. Your browser will take you to a Web page (URL) associated with that DOI name.

Article on www.karger.com

Cerebrovascular Diseases

Vol. 29, No. 6, 2010

Free Abstract Article (Fulltext) Article (PDF 302 kB)

Original Paper

Cerebral Perfusion Affects the Risk of Ischemia during Carotid Artery Stenting

Lisa M. Jongen^a, Jeroen Hendrikse^a, Frans L. Moll^b, Willem P.T.M. Mali^a, H. Bart van der Worp^c

Departments of
^aRadiology,
^bSurgery and
^cNeurology, Rudolf Magnus Institute of Neuroscience, University Medical Center Utrecht, Utrecht, The Netherlands

Address of Corresponding Author

Cerebrovasc Dis 2010;29:538-545

Key Words
Carotid stenosis • Carotid artery stenting • Completed carotid endarterectomy

Abstract
Background: Patients with impaired perfusion in the brain are at a higher risk of cerebral ischemia during carotid artery stenting (CAS). The purpose of this study was to evaluate the occurrence of new ischemic lesions after carotid artery stenting in relation to cerebral perfusion. Methods: In 10 patients with symptomatic carotid artery stenosis, CT perfusion and magnetic resonance diffusion-weighted imaging (DWI) were performed before carotid artery stenting. DWI was repeated within 2 days thereafter. Cerebral blood flow (CBF) was measured using perfused contrast-enhanced MRI. Cerebral blood flow (CBF) was measured with 17 patients in the control group. Results: In the control group, no new ischemic lesions were found. In the CAS group, new ischemic lesions were found in 10 patients. The occurrence of these lesions was related to the degree of cerebral perfusion impairment.

Introduction
Evidence from the brain on large arteries is the most important cause of ischemic stroke [1-3]. However, not all patients with carotid artery stenosis develop stroke. Carotid artery stenosis without new lesions. Carotid artery stenosis with impaired cerebral perfusion are more prone to develop stroke. Ischemic lesions during carotid artery stenting. This suggests that in ischemic stroke during or after carotid artery stenting, embolic and hemodynamic mechanisms are involved. Hypoperfusion may play a role.

Conclusion
Evidence from the brain on large arteries is the most important cause of ischemic stroke [1-3]. However, not all patients with carotid artery stenosis develop stroke. Carotid artery stenosis without new lesions. Carotid artery stenosis with impaired cerebral perfusion are more prone to develop stroke. Ischemic lesions during carotid artery stenting. This suggests that in ischemic stroke during or after carotid artery stenting, embolic and hemodynamic mechanisms are involved. Hypoperfusion may play a role.

KARGER
The Official Journal of the
European Association of
Neurological Surgeons (EANS)
The Official Journal of the
European Association of
Neurological Surgeons (EANS)

3.2. OpenURL/SFX

開放式定位址（OpenURL）能夠讓用戶連結到圖書館的連結服務器（例如SFX，即Exlibris著名的連結服務器），經由連結服務器識別用戶的權限後，自動連結到原文，以幫助用戶訪問圖書館提供的資源。

所有的Karger出版品均有OpenURL技術支持。

期刊是OpenURL的資源（Sources）。
圖書是OpenURL的目標資源（Targets）。

直接連結到圖書館的SFX服務器，
並呈現圖書館的標誌。

Karger 文章：全文

References

- 1 Caplan LR: Brain embolism, revisited. *Neurology* 1993;43:1281-1287. [Find@CISTI](#)
- 2 Barnett HJ, Guntton RW, Eliasziw M, et al: Causes and severity of ischemic stroke in patients with internal carotid artery stenosis. *JAMA* 2000;283:1429-1436. [Find@CISTI](#)
- 3 van der Worp HB, van Gijn J: Clinical practice. Acute ischemic stroke. *N Engl J Med* 2007;357:572-579. [Find@CISTI](#)
- 4 Pinero P, Gonzalez A, Mayol A, et al: Silent ischemia after neuroprotected percutaneous carotid stenting: a diffusion-weighted MRI study. *AJNR Am J Neuroradiol* 2006;27:1338-1345. [Find@CISTI](#)
- 5 Georgiadis D, Lindner A, Manz M, et al: Intracranial microembolic signals in 500 patients with potential cardiac or carotid embolic source and in normal controls. *Stroke* 1997;28:1283-1287. [Find@CISTI](#)

基本URL: <http://content.karger.com/ProdukteDB/produkte.asp?>

圖書：

Non-serial Titles: Homes with ISBN
<http://content.karger.com/ProdukteDB/produkte.asp?isbn=978-3-8055-7802-8>
<http://content.karger.com/ProdukteDB/produkte.asp?isbn=3-8055-7802-4>

Non-serial Titles: Chapters with ISBN + SPage
<http://content.karger.com/ProdukteDB/produkte.asp?isbn=978-3-8055-7802-8&spage=1>

Book Series: Series Home with ISSN
<http://content.karger.com/ProdukteDB/produkte.asp?issn=0302-5144>

Book Series: Title Home with ISSN + Volume
<http://content.karger.com/ProdukteDB/produkte.asp?issn=0302-5144&volume=160>

Book Series: Chapter (Abstract) with ISSN + Volume + SPage
<http://content.karger.com/ProdukteDB/produkte.asp?issn=0302-5144&volume=160&spage=17>

Book Series: Title Home with ISBN
<http://content.karger.com/ProdukteDB/produkte.asp?isbn=978-3-8055-8544-6>

Book Series: Chapter (Abstract) with ISBN + SPage
<http://content.karger.com/ProdukteDB/produkte.asp?isbn=978-3-8055-8544-6&spage=17>

Journal Home with ISSN

期刊：

Journal Home with ISSN
<http://content.karger.com/ProdukteDB/produkte.asp?issn=0301-0163>

Journal: Issue (Table of Contents) with ISSN + Volume + Issue
<http://content.karger.com/ProdukteDB/produkte.asp?issn=0301-0163&volume=65&issue=1>

Journal: Issue (Table of Contents) with ISSN + Date + Volume + Issue
<http://content.karger.com/ProdukteDB/produkte.asp?issn=0301-0163&date=2006&volume=65&issue=1>

Journal: Issue/Supplement with ISSN + Date + Volume + Issue
<http://content.karger.com/ProdukteDB/produkte.asp?issn=0301-0163&date=2006&volume=65&issue=s3>

Journal: Article Abstract with ISSN + Date + Volume + Issue + SPage
<http://content.karger.com/ProdukteDB/produkte.asp?issn=0301-0163&date=2006&volume=65&issue=1&spage=6>

Journal: Articles Abstract with ISSN + Volume + Issue + SPage
<http://content.karger.com/ProdukteDB/produkte.asp?issn=0301-0163&volume=65&issue=1&spage=6>

Journal: Article Abstract with ISSN + Volume + SPage
<http://content.karger.com/ProdukteDB/produkte.asp?issn=0301-0163&volume=65&spage=6>

Journal: Articles/Supplements with ISSN + Date + Volume + Issue + SPage
<http://content.karger.com/ProdukteDB/produkte.asp?issn=0301-0163&date=2006&volume=65&issue=s3&spage=15>

Journals/Books: Article/Chapter Abstract with DOI
<http://content.karger.com/ProdukteDB/produkte.asp?doi=10.1159/000090121>
<http://content.karger.com/ProdukteDB/produkte.asp?doi=000090121>

3.3. 檢索

可檢索一本刊物、文章題名或所有線上內容（包括期刊和圖書）。

也可在Karger國際網站www.karger.com進行進階檢索。

Karger使用谷歌搜索（Google Search）的修改版。

The screenshot displays the Cerebrovascular Diseases journal website. On the left, there is a sidebar with navigation links: Search, Subject Guide, Journals, Books, Services, Resources, Login/Admin, Logout, Sitemap, Help, and Contacts. The main content area features the journal title 'Cerebrovascular Diseases' and the editor's name 'Hennerici M.G. (Mannheim)'. Below this, there is a 'MUST-READ Articles' section with two featured articles. A table of contents is visible, listing issues from 2010. On the right, there is a sidebar with various links including Journal Home, Journal Content, Guidelines, Editorial Board, Aims and Scope, Subscriptions, Journal Contacts, Affiliations, Advertising, Congress Announcements, Rights & Permissions, Library Recommendation, Alerts & RSS, Online Sample, Top 10 Articles, Online Submission, and Online Peer Review. A red circle highlights the 'Table of Contents' and 'Japanese Table of Contents' links in the right sidebar. Another red circle highlights the 'Advanced Search' section, which includes options for Occurrences, Sort, Search in, Book series, Time span, Journal, and Time span.

3.4. 按次付費閱讀期刊和電子書（僅供個人用戶）

在機構訂戶之外，個人用戶若要閱讀電子期刊和電子書單篇文章或整本電子書，可以通過幾個簡單的步驟以按次付費方式購買。

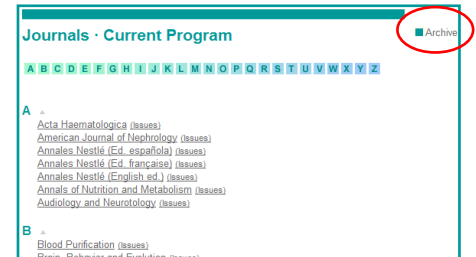
244 Cognitive Performance in Elderly Patients Undergoing Carotid Endarterectomy or Carotid Artery Stenting: A Twelve-Month Follow-Up Study
Feliziani F.T.; Polidori M.C.; De Rango P.; Mangialasche F.; Monastero R.; Ercolani S.; Raichi T.; Cornacchiola V.; Nelles G.; Cao P.; Mecocci P.
Cerebrovasc Dis 2010;30:244-251 (DOI: 10.1159/000319066)
Free Abstract Article (Fulltext) Article (PDF 181 KB)

The screenshot shows the Karger website interface for Cerebrovascular Diseases. It includes a search bar, navigation links, and a list of articles. A red circle highlights the 'Pay-per-View Options' section, which offers two payment methods: 'NEW: Payment on account' (USD 21.00) and 'Direct payment' (USD 30.00). The 'Direct payment' option is highlighted with a red circle. The 'Login' section for subscribers and returning pay-per-view customers is also visible, with fields for User ID and Password, and a 'Login' button. The 'Shibboleth Login' section is also present with links for CH, DE, and UK.

任何疑問或協助，請聯絡 info@karger.ch

4. 期刊

Karger有大約80餘種著名的醫學期刊，涵蓋了整個生物醫學領域。瀏覽期刊刊名請至www.karger.com/journals。在Karger過刊資訊內，可查閱所有Karger出版過的期刊，並清楚地註明為仍在出版或已經停刊。



4.1. 期刊主頁 (Journal Home)

特點：

- 連結到所有主要網頁，例如期刊內容概要和編輯委員會。
- 為作者而設的投稿指南（可連結至網上提交的網站）和文章存檔資訊(self-archiving)、稿費和其他。
- 連結到所屬團體（若適用）以及重要會議公告。
- 輕鬆連結到圖書館推薦表格、發行通報（Karger alerts）、免費線上樣刊和其他增值服務。

www.karger.com/CED

KARGER

圖書館名稱

Your Subscriptions

Cerebrovascular Diseases

Editor(s):
Hennerici M.G. (Mannheim)

MUST-READ Articles

- Sugar and NICE – Aggressive Hyperglycaemic Control in Ischaemic Stroke and What Can We Learn from Non-Neurological Intensive Glucose Control Trials in the Critically Ill? (Free article)
- Navigating the Gray Zones of Stroke Management for a Graying Population (Free article)

Year **Vol.** **Issue** **pp.**

Year	Vol.	Issue	pp.
2010	30	No. 2	Upcoming Issue
		No. 1	1-56 Published online first (Issue-in-Progress)
	29	No. 6	517-616 May 2010
		No. 5	415-516 April 2010
		No. 4	313-414 March 2010
		No. 3	211-312 February 2010
		No. 2	105-210 January 2010
		No. 1	1-104 December 2009
		Suppl. 1	In Preparation

目錄表
日本語目次

Search in this journal

Search

Current Impact Factor: 3.041

www.karger.com/CED_editors

KARGER

Cerebrovascular Diseases

Editorial Board
www.karger.com/ced_editors

Editor-in-Chief
M.G. Hennerici, Mannheim

Associate Editors
S. Davis, Melbourne
J.P. Mohr, New York, N.Y.
Y. Shinohara, Tokyo
N. Venketasubramanian, Singapore

www.karger.com/CED_rates

KARGER

Cerebrovascular Diseases

Rates: Cerebrovascular Diseases 2011

• Institutional print subscription
• Institutional online subscription
• Personal subscription

	CHF	EUR (Germany only)	USD (USA only)
Volumes 2011	31.32		
Volumes per year	2		
Issues per volume	6		
Issues per year	12		
EUR price for Germany only, USD price for USA only			
Institutional print subscription			
ISSN 1015-9770 (Index Price)			
price per year	4,980.00	3,680.00	4,654.00
postage and handling	90.00	73.20	93.00

大部份的期刊都有國際期刊影響因子(Impact Factor)

4.2. 期刊卷期

每一本期刊的界面具有以下特點：

- 瀏覽詳細的期刊卷期，按日期和卷次排序。
- 瀏覽所有的卷期：包括線上優先版本、現刊、過刊（從1998年起）、回溯（從首卷期至1997年止）。

大部分的Karger期刊文獻首先在線上優先出版（Published online first），而後印刷紙本，以便讀者能更快速取得。凡送印前的文章皆被PubMed引用和索引。

過刊：包括所有Karger已經數位化的卷期，提供全文檢索的PDF檔案。

欲查詢更多相關資訊，請登錄：
www.karger.com/archive_collection

✓ = Active subscription

Year	Vol.	Issue	pp.	
2010	✓ 30	No. 5	433-455	Published online first (Issue-in-Progress)
		No. 4	327-431	Published online first (Issue-in-Progress)
		No. 3	221-326	August 2010
		No. 2	105-220	July 2010
		No. 1	1-104	June 2010
	29	No. 6	517-616	May 2010
		No. 5	415-516	April 2010
		No. 4	313-414	March 2010
		No. 3	211-312	February 2010
		No. 2	105-210	January 2010
		No. 1	1-104	December 2009
		Suppl. 2		May 2010
				European Stroke Conference
		Suppl. 1	1-66	May 2010
				European Society of Neurosonology and Cerebral Hemodynamics
2009	✓			
2008	✓			

■ Online-First Articles
 (Accepted, edited and fully citable articles not yet assigned to an issue)

✓ = Active subscription

Year	Vol.	Issue	pp.	
2011				
2010	✓ 192	No. 3	141-210	August 2010
		No. 2	73-140	July 2010
		No. 1	1-72	June 2010
	191	No. 6	443-526	May 2010
		No. 5	355-442	April 2010
		No. 4	269-354	March 2010
		No. 3	167-268	February 2010
		No. 2	67-166	January 2010
		No. 1	1-66	December 2009
2009	✓			
2008	✓			

2001 ✓
 2000 ✓
 1999 ✓
 1998 ✓

下拉列表瀏覽
 過刊內容 (1997前)

Back volumes, published before 1998
 - Online access to article PDFs (fully-indexed, based on scanned originals)
 - Order forms for printed issues where stock allows

1997 v	Go	✓
1997 v		
1996 v		
1995 v		
1994 v		
1993 v		
1992 v		
1991 v		

4.3. 期刊目次

所有在期刊目次的文章皆提供PDF或HTML
(若提供) 全文以及免費摘要。

個別卷期都有全文索引。

The screenshot shows the journal's homepage. The title 'Cerebrovascular Diseases' is at the top. Below it, the volume and issue information 'Vol. 30, No. 3, 2010' and the date 'August 2010' are displayed. A sidebar on the right contains links: Journal Home, Journal Content, Guidelines, Editorial Board, Aims and Scope, Subscriptions, and Library Recommendation. The main content area lists three original papers. The first paper, 'Hyperintense Carotid Plaque on T₁-Weighted Turbo-Field Echo MRI in Symptomatic Patients with Low-Grade Carotid Stenosis and Carotid Occlusion', is highlighted with a red circle around its search button. The second paper is 'Presence of Deep White Matter Lesions on Diffusion-Weighted Imaging Is a Negative Predictor of Early Dramatic Improvement after Intravenous Tissue Plasminogen Activator Thrombolysis'. The third paper is 'Increased Stroke Risk and Lipoprotein(a) in a Multiethnic Community: The Northern Manhattan Stroke Study'. A 'Current Impact Factor: 3.535' badge is visible. At the bottom right, there is a 'Case Reports in Neurology' section.

4.4. 免費摘要

可連結至：

- PDF和HTML全文版本
- 直接連結到該文章在PubMed/Medline的引用文獻（適用於大部分的期刊）
- 著者的聯絡資訊

The screenshot shows the full article page for the paper 'Presence of Deep White Matter Lesions on Diffusion-Weighted Imaging Is a Negative Predictor of Early Dramatic Improvement after Intravenous Tissue Plasminogen Activator Thrombolysis'. The article title is prominently displayed. Below the title, the authors' names are listed: Hiroyuki Kawano^{a, b}, Teruyuki Hirano^a, Yuichiro Inatomi^b, Tadashi Terasaki^c, Toshiro Yonehara^b, and Makoto Uchino^a. The affiliations are provided: ^aDepartment of Neurology, Graduate School of Medical Sciences, Kumamoto University; ^bDepartment of Neurology, Stroke Center, Saiseikai Kumamoto Hospital, and ^cDepartment of Neurology, Japanese Red Cross Kumamoto Hospital, Kumamoto, Japan. The article is available in three formats: Free Abstract, Article (Fulltext), and Article (PDF 338 KB). A 'Current Impact Factor: 3.535' badge is present. On the right, there is a 'Case Reports in Neurology' section with links for online only, peer reviewed, and open access. At the bottom, there is a 'Key Words' section with terms: Thrombolysis, Diffusion-weighted imaging, Deep white matter lesion, Tissue plasminogen activator, and Alberta Stroke Program Early CT Score. An 'Abstract' section is also visible, starting with 'Background: The impact of deep white matter lesions observed at the corona radiata on diffusion-weighted MRI (DWI-W lesions) on the clinical recovery of patients after tissue plasminogen activator (tPA) therapy is unclear. Our goal was to elucidate...'. The page also features a 'PubMed ID 20606424' and a 'Download Citation' button.

4.5. 期刊內容

每一篇文章具有：

- 送印前的出版日期：例如 Published Online: April 8 2010（線上出版日期）
- PubMed的識別號碼（PubMed ID）標識在文章旁，可連結到PubMed裡的文章。
- 可下載文獻的引用資訊，提供下載文字檔或下載至EndNote引用文獻管理軟件。查詢更多EndNote的資訊，請連結 www.endnote.com/karger

www.karger.com/doi=000306639
HTML

KARGER

Search

Subject Guide

Journals

Books

Services

Resources

Login/Admin

Logout

Sitemap

Help

Contacts

圖書館名稱

Your Subscriptions

Cerebrovascular Diseases

Vol. 29, No. 6, 2010

View or print article as PDF (302 KB)

Original Paper

Cerebral Perfusion Affects the Risk of Ischemia during Carotid

Key Words

- Carotid stenosis
- Carotid artery stenting
- Computed tomography
- Cerebral hemodynamics

Abstract

Background: Patients with impaired perfusion in the hemisphere ipsilateral to a stenotic internal carotid artery may have a higher risk of cerebral ischemic complications than those with normal perfusion. We therefore studied whether the occurrence of new ischemic lesions after carotid artery stenting is related to cerebral perfusion. **Methods:** In 45 patients with symptomatic carotid artery stenosis, CT perfusion and magnetic resonance diffusion-weighted imaging (DWI) were performed before carotid artery stenting. DWI was repeated within 2 days thereafter. Cerebral blood volume (CBV), mean transit time (MTT), and cerebral blood flow (CBF) were measured with CT perfusion in the cortical flow territory of the middle cerebral artery. Hypertensive lesions on postprocedural DWI not visible on baseline DWI were considered new cerebral ischemic lesions. The relation between CBF, CBV, and MTT and new ipsilateral ischemic lesions was tested with logistic regression. **Results:** In 11 of the 45 (24%) patients, new ischemic lesions were found in the ipsilateral hemisphere. The occurrence of these lesions was related to a lower CBF [adjusted odds ratio (aOR), 0.96; 95% confidence interval (CI), 0.92–1.00] and a longer MTT (aOR, 1.65; 95% CI, 1.02–2.66) compared with ipsilateral hemispheres without new lesions. **Conclusions:** Patients with impaired cerebral perfusion are more prone to develop ischemic lesions during carotid artery stenting. This suggests that in ischemic stroke during or after carotid artery stenting, embolic and hemodynamic mechanisms act in concert.

Introduction

Embolism from the heart or large arteries is the most important cause of ischemic stroke [1–3], however not all emboli to the brain lead to cerebral ischemia [4]. Asymptomatic microembolic signals are often found with transcranial Doppler ultrasound in the middle cerebral artery (MCA) of patients with a potential cardiac source of emboli and in patients with symptomatic carotid artery stenosis [5], during carotid endarterectomy or stenting [6–8], and during cardiac surgery [9]. It has been hypothesized that under the circumstances of normal cerebral perfusion, most of these emboli are cleared by the cerebral circulation and that a decreased cerebral perfusion

圖書館標誌

- Journal Home
- Journal Content
- Guidelines
- Editorial Board
- Aims and Scope
- Subscriptions
- Medline Abstract (ID 20375495)
- Medline Related Articles
- Download Citation

www.karger.com/doi=000306639
PDF

538

539

540

541

542

543

544

Cerebrovascular Diseases

Original Paper

Cerebral Perfusion Affects the Risk of Ischemia during Carotid Artery Stenting

Lisa M. Jongsma¹, Jeroen Hendrikse¹, Frans L. Mol², Willem P.T.M. Mali¹, H. Bart van der Worp¹

Departments of ¹Radiology, ²Surgery and ³Neurology, Rudolf Magnus Institute of Neurosciences, University Medical Center Utrecht, Utrecht, The Netherlands

Key Words

Carotid stenosis - Carotid artery stenting - Computed tomography - Cerebral hemodynamics

Abstract

Background: Patients with impaired perfusion in the hemisphere ipsilateral to a stenotic internal carotid artery may have a higher risk of cerebral ischemic complications than those with normal perfusion. We therefore studied whether the occurrence of new ischemic lesions after carotid artery stenting is related to cerebral perfusion. **Methods:** In 45 patients with symptomatic carotid artery stenosis, CT perfusion and magnetic resonance diffusion-weighted imaging (DWI) were performed before carotid artery stenting. DWI was repeated within 2 days thereafter. Cerebral blood volume (CBV), mean transit time (MTT), and cerebral blood flow (CBF) were measured with CT perfusion in the cortical flow territory of the middle cerebral artery. Hypertensive lesions on postprocedural DWI not visible on baseline DWI were considered new cerebral ischemic lesions. The relation between CBF, CBV, and MTT and new ipsilateral ischemic lesions was tested with logistic regression. **Results:** In 11 of the 45 (24%) patients, new ischemic lesions were found in the ipsilateral hemisphere. The occurrence of these lesions was

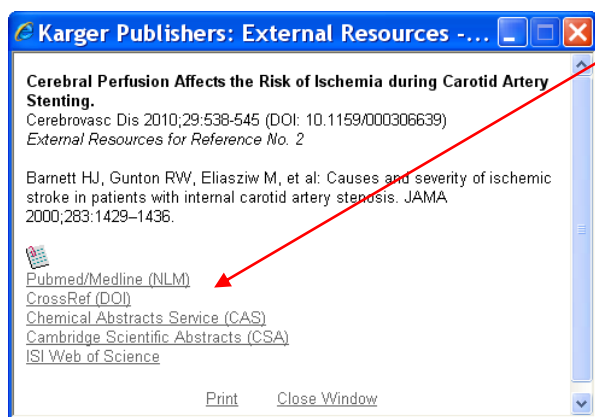
related to a lower CBF [adjusted odds ratio (aOR), 0.96; 95% confidence interval (CI), 0.92–1.00] and a longer MTT (aOR, 1.65; 95% CI, 1.02–2.66) compared with ipsilateral hemispheres without new lesions. **Conclusions:** Patients with impaired cerebral perfusion are more prone to develop ischemic lesions during carotid artery stenting. This suggests that in ischemic stroke during or after carotid artery stenting, embolic and hemodynamic mechanisms act in concert.

Introduction

Embolism from the heart or large arteries is the most important cause of ischemic stroke [1–3], however not all emboli to the brain lead to cerebral ischemia [4]. Asymptomatic microembolic signals are often found with transcranial Doppler ultrasound in the middle cerebral artery (MCA) of patients with a potential cardiac source of emboli and in patients with symptomatic carotid artery stenosis [5], during carotid endarterectomy or stenting [6–8], and during cardiac surgery [9]. It has been hypothesized that under the circumstances of normal cerebral perfusion, most of these emboli are cleared by the cerebral circulation and that a decreased cerebral perfusion

4.6. 參考書目連結到原始資料

無論是PDF或HTML的文章皆提供參考書目的外部連結，直接超連結到網路上的資料來源。



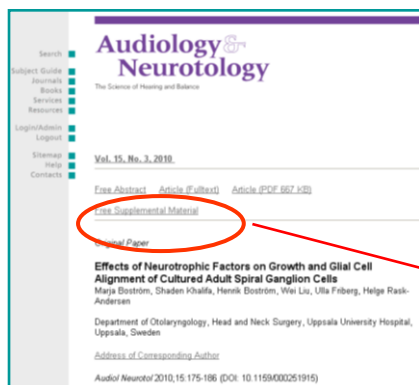
文章全文

References

- 1 Caplan LR: Brain embolism, revisited. *Neurology* 1993;43:1281-1287.
- 2 Barnett HJ, Gunton RW, Eliasziw M, et al: Causes and severity of ischemic stroke in patients with internal carotid artery stenosis. *JAMA* 2000;283:1429-1436.
- 3 van der Worp HB, van Gijn J: Clinical practice. Acute ischemic stroke. *N Engl J Med* 2007;357:572-579.
- 4 Pinero P, Gonzalez A, Mayol A, et al: Silent ischemia after neuroprotected percutaneous carotid stenting: a diffusion-weighted MRI study. *AJNR Am J Neuroradiol* 2006;27:1338-1345.
- 5 Georgiadis D, Lindner A, Manz M, et al: Intracranial microembolic signals in 500 patients with potential cardiac or carotid embolic source and in normal controls. *Stroke* 1997;28:1203-1207.
- 6 Muller M, Reiche W, Langenscheidt P, Feld J, Hagen T: Ischemia after carotid endarterectomy: comparison between transcranial Doppler sonography and diffusion-weighted MR imaging. *AJNR Am J Neuroradiol* 2000;21:47-54.
- 7 Barth A, Remonda L, Lovblad KO, Schroth G, Seiler RW: Silent cerebral ischemia detected by diffusion-weighted MRI after carotid endarterectomy. *Stroke* 2000;31:1824-1828.

4.7. 補充資料

提供補充資料給線上使用者（若適用），例如影像檔案。



KARGER

Audiology & Neurotology

The Science of Hearing and Balance

Supplementary Material

Original Paper

Effects of Neurotrophic Factors on Growth and Glial Cell Alignment of Cultured Adult Spiral Ganglion Cells

Marja Boström, Shaden Khalifa, Henrik Boström, Wei Liu, Ulla Friberg, Helge Rask-Andersen

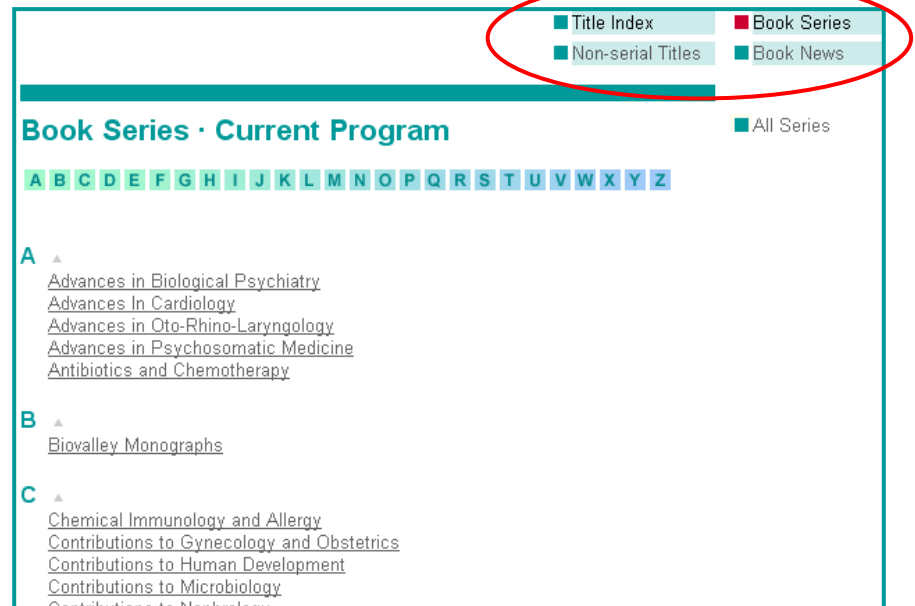
Audiol Neurotol 2010;15:175-186 (DOI: 10.1159/000251915)

Legends (7KB)
Video 1 (14138KB)
Video 2 (26803KB)
Video 3 (12107KB)

5. 圖書

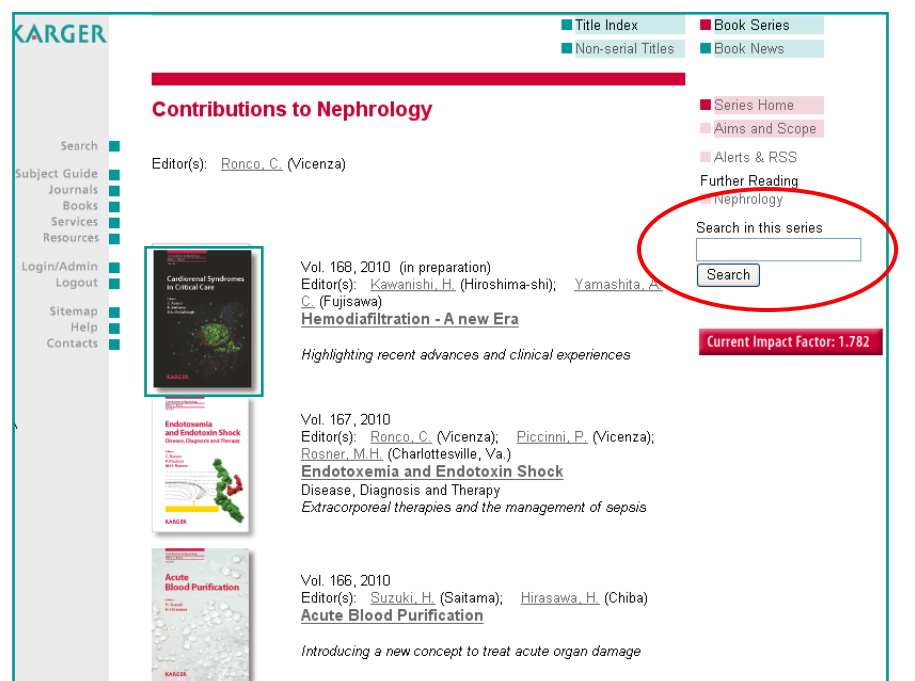
大部分自1997年起出版的Karger圖書均有電子版本，並涵蓋廣泛的生物醫學主題。

- 按字母排序的提名索引 (Alphabetical Title Index)：包含所有叢書和非叢書。分別列出從1890年起出版的所有圖書清單。
- 非叢書索引 (Non-serial Book Index)：列出非叢書、精裝重印本、期刊特刊或補篇，也包括光碟、錄音或影像資訊。
- 新書資訊 (Book News)：瀏覽即將出版或最近出版的圖書之詳細書目資訊。



5.1. 叢書

- 叢書索引 (Book Series Index)：列出所有正在持續出版的叢書。
- 所有叢書：列出所有出版過的叢書，註明為持續出版或已經停刊。
- 叢書主頁 (Series Home)：提供該叢書的完整出版清單。
- 目的與範圍 (Aim and Scope)：提供該叢書的更多資訊和書目資料。



5.2. 圖書主頁 (Book Home)

- 輕鬆導航到圖書內容、主要書目資料以及價格資訊。
- 針對讀者所選擇的主題，提供索引和評論資訊以及進一步的閱讀資料。

Karger電子書允許您直接在一本書內做進一步的檢索。

www.karger.com/isbn=000000000&Volume=00

KARGER

圖書館名稱
► Your Subscriptions

圖書館標誌

■ Title Index
■ Non-serial Titles

■ Book Series
■ Book News

Acute Blood Purification

Editor(s): [Suzuki, H.](#) (Saitama), [Hirasawa, H.](#) (Chiba)

Online Access
Table of Contents / Fulltext / Pay Per View

Introducing a new concept to treat acute organ damage

Acute organ damage and the ensuing multiple organ failure are the result of a pathophysiological process involving various cytokines. Once activated, these proteins cannot be eliminated even when the kidneys function at their maximum capacity. To counteract this mechanism, researchers in Japan have developed an innovative concept employing blood purification to remove the overwhelming cytokines.

Contributions to Nephrology, Vol. 167
ISSN: 0302-5144
e-ISSN: 1662-2782

Endotoxemia and Endotoxin Shock
Disease, Diagnosis and Therapy
Editor(s): [Ronco, C.](#) (Vicenza), [Piccini, P.](#) (Vicenza);
[Rosner, M.H.](#) (Charlottesville, Va.)
VIII + 130 p., 22 fig., 4 in color, 10 tab., hard cover, 2010
Status: available

	CHF	EUR (Germany only)	USD (USA only)
List price	178.-	132.-	178.00

Prices subject to change

Order this title
■ Print Edition
■ Online Edition
■ Order Information

Series Home
■ Details & Prices
Order this title
■ Print Edition
■ Online Edition
■ Order Information
■ PDF Leaflet
Further Reading
■ Nephrology
■ Dialysis
■ Gastroenterology
■ Intensive Care

Search in this book

5.3. 圖書目次

Acute Blood Purification	
Preliminary Pages	
I	Title Page / List of Contents / Preface <i>Suzuki H, Hirasawa H (eds): Acute Blood Purification. Contrib Nephrol. Basel, Karger, 2010, vol 166, pp I-VIII</i> Article (PDF 63 KB) Free Access Free Access
Special Section	
1	Introduction Ronco, C. <i>Suzuki H, Hirasawa H (eds): Acute Blood Purification. Contrib Nephrol. Basel, Karger, 2010, vol 166, pp 1-3</i> Article (PDF 81 KB) Free Preview
Current Status	
4	Current Status of Blood Purification in Critical Care in Japan Kaizu, K. ; Inada, Y. ; Kawamura, A. ; Oda, S. ; Hirasawa, H. <i>Suzuki H, Hirasawa H (eds): Acute Blood Purification. Contrib Nephrol. Basel, Karger, 2010, vol 166, pp 4-10</i> Article (PDF 161 KB) Free Preview Free Abstract

5.4. 線上圖書內容

Karger電子書特點：

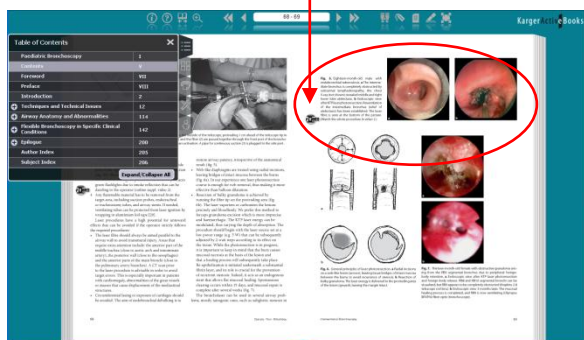
- 線上瀏覽免費的摘要
- 每一章都有免費試閱
- 訪問完整的PDF全文

以篇章為單位的訪問方式，讓用戶選擇是否購買整本電子書或只購買數個篇章。這種類似期刊的訪問方式，讓用戶可選擇訪問單一篇章。

大部份的Karger電子書都被PubMed/Medline以及其他平台索引。

部份Karger電子書也提供互動式的閱讀方式(Karger Active Books)，讓你翻頁、放大、建立書籤或標示重點。

補充資料如影像檔案也嵌入在閱讀器內，不需另外下載。



免費摘要

KARGER

Search

Subject Guide

Journals

Books

Services

Resources

Login/Admin

Logout

Sitemap

Help

Contacts

Endotoxemia and Endotoxin Shock

Endotoxin in the Pathogenesis of Sepsis

Marshall JC

Ronco C, Piccinni P, Rosner MH (eds): Endotoxemia and Endotoxin Shock: Disease, Diagnosis and Therapy. Contrib Nephrol. Basel, Karger, 2010, vol 167, pp 1-13 (DOI: 10.1159/000313914)

Article (PDF 496 KB) **Free Preview** **Medline Abstract (ID 20519694)**

Abstract:
The word 'sepsis' is a descriptive term that denotes the clinical syndrome resulting from the activation of an innate host response to infection. Sepsis is a useful concept that underlines the fact that the morbidity of serious infection arises through the response of the host, rather than through intrinsic cytopathic effects of the microorganism. However, it has proven inadequate as a means to delineate a population of patients who might benefit from therapies that modulate this response. The syndrome is variable in its clinical expression, and not specific for infection as a cause. Emerging insights into the biology of the innate host immune response reveal that the cellular response can be evoked by a variety of stimuli – including both microbial products and host-derived molecules that are normally intracellular – that signal danger to the host. The disconnect between concept and disease that has hampered the conduct of clinical trials is nicely exemplified in the host response to endotoxin. Endotoxemia occurs in many patients with sepsis, but also in many clinical settings that are noninfectious in nature. Moreover, the biologic behavior of endotoxin resembles that of a hormone more than that of a toxin, suggesting that low level endotoxemia may, under some circumstances, be beneficial. Future studies of antientotoxin strategies in acute illness are more likely to succeed if they recruit patients with endotoxemia, and titrate therapy to an optimal level.

Copyright © 2010 S. Karger AG, Basel

免費試閱 (PDF)

Endotoxemia: Pathophysiological Background

Ronco C, Piccinni P, Rosner MH (eds): Endotoxemia and Endotoxin Shock: Disease, Diagnosis and Therapy. Contrib Nephrol. Basel, Karger, 2010, vol 167, pp 1-13

Endotoxin in the Pathogenesis of Sepsis

John C. Marshall

Department of Surgery, University of Toronto, and the Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto, Ont., Canada

Abstract
The word 'sepsis' is a descriptive term that denotes the clinical syndrome resulting from the activation of an innate host response to infection. Sepsis is a useful concept that underlines the fact that the morbidity of serious infection arises through the response of the host, rather than through intrinsic cytopathic effects of the microorganism. However, it has proven inadequate as a means to delineate a population of patients who might benefit from therapies that modulate this response. The syndrome is variable in its clinical expression, and not specific for infection as a cause. Emerging insights into the biology of the innate host immune response reveal that the cellular response can be evoked by a variety of stimuli – including both microbial products and host-derived molecules that are normally intracellular – that signal danger to the host. The disconnect between concept and disease that has hampered the conduct of clinical trials is nicely exemplified in the host response to endotoxin. Endotoxemia occurs in many patients with sepsis, but also in many clinical settings that are noninfectious in nature. Moreover, the biologic behavior of endotoxin resembles that of a hormone more than that of a toxin, suggesting that low level endotoxemia may, under some circumstances, be beneficial. Future studies of antientotoxin strategies in acute illness are more likely to succeed if they recruit patients with endotoxemia, and titrate therapy to an optimal level.

Copyright © 2010 S. Karger AG, Basel

Sepsis is defined as the systemic host response to invasive infection [1]. This seemingly simple definition belies a much more complex biologic reality, for host-microbial interactions are evolutionarily ancient, intimate and fundamentally symbiotic rather than pathologic. To the clinician, however, sepsis lacks this nuance: it is a potentially devastating clinical disorder that poses enormous therapeutic challenges. Within the developed world, sepsis is the leading cause of death for patients admitted to an intensive care unit (ICU), affecting close to one million North Americans annually, and is responsible for the deaths of

6. 重要的技術合作夥伴 (Key Partners for Maximum Discoverability)

您可以在各種檢索平台檢索到Karger出版品的所有內容。

Karger的主要合作夥伴不僅提供Karger文獻內容的索引，同時也與其他線上平台合作，如二次文獻資料庫，讓讀者可以輕易的在網路上找到Karger出版的醫學文獻。

Karger主要的合作夥伴包括SCOPUS、Thomson Reuters ISI Web of Knowledge 等。

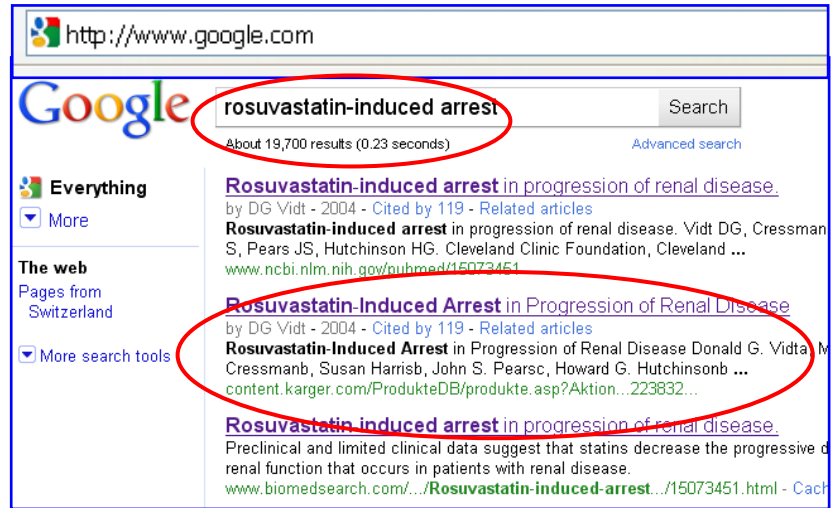
The screenshot shows the SCOPUS interface. At the top, there are navigation tabs: Search, Sources, Analytics, My Alerts, My List, and My Settings. Below these is a 'Quick Search' bar. The article title 'Single-step EUS-guided endoscopic treatment for sterile pancreatic collections: A single-center experience' is prominently displayed. Below the title, the authors are listed: Ardengh, J.C., Coelho, D.E., Coelho, J.F., Pereira De Lima, L.F., Dos Santos, J.S., and Pimenta Modena, J.L. The article is from 'Digestive Diseases', Volume 26, Issue 4, February 2009, Pages 370-376. The abstract is visible, starting with 'Background and Aims: Endoscopic ultrasound (EUS) is useful for the treatment of sterile pancreatic fluid collections (PFC)'. The page also includes a 'View at Publisher' link and a 'Cite' button.

The screenshot shows the ISI Web of Knowledge interface. At the top, there are navigation tabs: All Databases, Select a Database, Web of Science, and Additional Resources. Below these is a 'Search' bar. The article title 'Single-Step EUS-Guided Endoscopic Treatment for Sterile Pancreatic Collections: A Single-Center Experience' is prominently displayed. Below the title, the authors are listed: Ardengh JC, Coelho DE, Coelho JF, de Lima LFP, dos Santos JS, and Modena JLP. The article is from 'DIGESTIVE DISEASES', Volume: 26, Issue: 4, Pages: 370-376, Published: 2008. The abstract is visible, starting with 'Background and Aims: Endoscopic ultrasound (EUS) is useful for the treatment of sterile pancreatic fluid collections (PFC)'. The page also includes a 'Full Text' link, a 'Citation Map' link, and a 'Reprint Address'.

6.1. Google

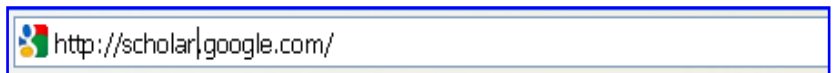
Google直接從Karger獲取資料。Karger還提供Google完整的詮釋資料，以便Google做深度索引。

您也可以在Yahoo或其他搜尋引擎檢索Karger的內容。



6.2. Google 學術搜索

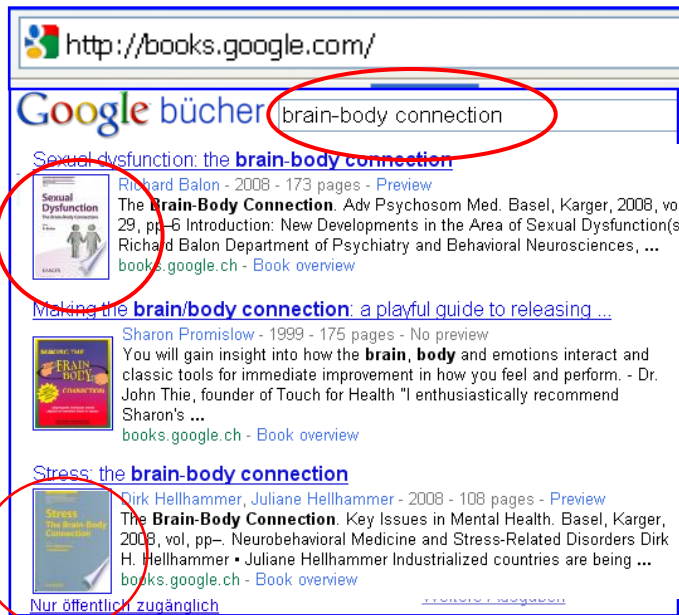
針對學術研究人員，Karger的全文內容可以從這個高質量的檢索工具中搜索得到。



6.3. Google 圖書

Karger與Google Book Search是長期合作夥伴。

Karger電子書的內容可以通過Google Book Search 的界面檢索、訪問和購買。



6.4. Medline/PubMed

將近所有的 Karger 期刊和大部分的叢書都列在 PubMed/Medline。

此外，Karger 的員工經常與 PubMed 聯絡，以支援我們的著者和確保引用文獻的即時性和正確性。

6.5. PubMed LinkOut

LinkOut 的功能是讓讀者能快速地從 PubMed 連結 Karger 全文。

NCBI Resources How To

PubMed.gov
U.S. National Library of Medicine
National Institutes of Health

Search: PubMed Limits Advanced search Help

Display Settings: Abstract

KARGER Full Text

Cerebrovasc Dis. 2010 Apr 8;29(6):538-545. [Epub ahead of print]
Cerebral Perfusion Affects the Risk of Ischemia during Carotid Artery Stenting.
Jongen LM, Hendrikse J, Moll FL, Mali WP, van der Worp HB.
Department of Radiology, University Medical Center Utrecht, Utrecht, The Netherlands.

Abstract
Background: Patients with impaired perfusion in the hemisphere ipsilateral to a stenotic internal carotid artery may have a higher risk of cerebral ischemic complications than those with normal perfusion. We therefore studied whether the occurrence of new ischemic lesions after carotid artery stenting is related to cerebral perfusion. Methods: In 45 patients with symptomatic carotid artery stenosis, CT perfusion and magnetic resonance diffusion-weighted imaging (DWI) were performed before carotid artery stenting; DWI was repeated within 2 days thereafter. Cerebral blood volume (CBV), mean transit time (MTT), and cerebral blood flow (CBF) were measured with CT perfusion in the cortical flow territory of the middle cerebral artery, compared with ipsilateral hemispheres without new lesions. Conclusions: Patients with impaired cerebral perfusion are more prone to develop ischemic lesions during carotid artery stenting. This suggests that in ischemic stroke during or after carotid artery stenting, embolic and hemodynamic mechanisms act in concert. Copyright © 2010 S. Karger AG, Basel.

PMID: 20375495 [PubMed - as supplied by publisher]

LinkOut - more resources

Full Text Sources:
S. Karger AG, Basel, Switzerland
S. Karger AG, Basel, Switzerland - PDF

6.6 幕後合作夥伴

Karger 與重要的電子資料庫和服務供應商合作，如 PubMed、CrossRef 和 ExLibris，讓用戶可以便利的從各種平台連結到最優質的醫學內容。



Headquarters

Switzerland

S. Karger AG

Postal address: P.O. Box, CH-4009 Basel
Address for Visitors: Allschwilerstrasse 10,
CH-4055 Basel (Switzerland)
t +41 61 306 11 11
f +41 61 306 12 34
karger@karger.ch
www.karger.com

Main Offices

Germany

S. Karger GmbH

Postal address: Postfach, 79095 Freiburg
Address for Visitors: Wilhelmstr. 20A
79098 Freiburg (Deutschland)
information@karger.de
www.karger.de

USA

S. Karger Publishers, Inc.

26 West Avon Road
P.O. Box 529
Unionville, CT 06085 (USA)
karger@snet.net

Japan

Karger Japan, Inc.

Yushima 5 Bld. 3F
4-2-3, Yushima, Bunkyo-ku
Tokyo 113-0034 (Japan)
publisher@karger.jp
www.karger.jp

France

Librairie Medi-Sciences Sarl

36, bd de Latour-Maubourg
75007 Paris (France)
librairie@medi-sciences.fr
www.medi-sciences.fr

Gulf Council Countries, Iran, Middle East, North
Africa, Turkey

Trans Middle East Internat. Distribution Co. Ltd.

KaSha

P.O. Box 2376 Telaa' Al-Ali
Amman 11953 (Jordan)
info@kasha.cc
www.KaShaonline.com

South East Asia, China and Taiwan

Karger Regional Office (Malaysia)

CEO Suite Kuala Lumpur
Quill 7, 27th Floor
Jalan Stesen Sentral 5
KL Sentral
Kuala Lumpur 50470 (Malaysia)
r.chew@karger.cn

China

Karger China

B12 Jianguomenwai Avenue
Beijing 100022 (China)
r.chew@karger.cn
www.karger.cn

Representatives and Agencies

India, Bangladesh, Sri Lanka

Medscience India

New Delhi (India)
medsci.india@gmail.com

United Kingdom, Ireland

S. Karger AG

c/o London Liaison Office
London (United Kingdom)
uk@karger.ch

Pakistan

Tahir M. Lodhi

Lahore (Pakistan)
tahirlodhi@gmail.com

Thailand

S. Karger / Karger Libri

Bangkok (Thailand)
n.somanas@libri.ch

Singapore

APAC Publishers Services Pte. Ltd.

Singapore
service@apacmedia.com.sg

Australia

DA Information Services

Mitcham, Vic. 3132 (Australia)
service@dadirect.com
www.DAdirect.com

South America and Central America

Cranbury International LLC

Montpelier, VT (USA)
eatkin@cranburyinternational.com
www.cranburyinternational.com

South Africa, Botswana, Namibia and
Zimbabwe

Medical Book Marketing Pty. Ltd.

Craighall 2024 (South Africa)
medical@academicmarketing.co.za

KARGER WORLDWIDE

For full contact details, please see
www.karger.com/worldwide

Help Desk:
online@karger.ch

KARGER