

# **THE PHYSICAL SIGNS OF CARDIAC DISEASE**

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The physical signs of cardiac disease by Graham Steell

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**GRAHAM STEELL**

**THE PHYSICAL  
SIGNS OF CARDIAC  
DISEASE**



THE  
PHYSICAL SIGNS  
OF  
CARDIAC DISEASE

BY

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FOR THE USE OF STUDENTS



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*TO THE*  
*STUDENTS OF THE MANCHESTER ROYAL INFIRMARY*  
*FOR WHOM IT WAS WRITTEN*  
*I DEDICATE*  
*THIS LITTLE WORK*





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## ANATOMICAL CONSIDERATIONS.

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THERE are certain essential points in the anatomy of the heart which it is important for the clinical student to bear in mind. What may be termed "applied" anatomy will alone be considered here.

*As to the Position of the Heart and Great Arteries in the Chest.*

—The heart may be regarded as an irregular cone in shape, and its longitudinal axis from base to apex will run from above downwards from right to left, and from behind forwards, in the cavity of the chest. The base is on a level with the fourth, fifth, sixth, seventh, and eighth dorsal vertebrae. The apex points in the direction indicated, and is practically in contact with the chest-wall (a small portion of the border of the left lung intervening over the very extremity) at the fifth intercostal space, about two inches to the left of the left border of the sternum. Much the larger portion of the heart is made up of the ventricles, the right being anterior, the left posterior, and coming to the front only at the left border and at the apex, which latter it forms. The auricles are situated posteriorly, and their thin walls are in marked contrast with the muscular development of the ventricles. Regarded from the front, *in situ*, owing to the direction of the long axis of the heart and the arrangement of the chambers above described, the left auricle is concealed, with the exception of its appendix, which appears above the left or superior cardiac border and to the left of the