

**LECTURES ON THE  
PHYSICAL DIAGNOSIS OF  
DISEASES OF THE HEART**

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Lectures on the Physical Diagnosis of Diseases of the Heart by Arthur Ernest Sansom

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# DISEASES OF THE HEART

## NOTE.

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ON the cover of this book is embossed an outline figure of the chest. If a piece of ordinary note-paper be applied to this, and the point of a black-lead pencil be drawn from side to side over the paper, a "rubbing" will be obtained which will serve as a "chest-chart," and on which the situations of murmurs, the outlines of dulness, &c. can be indicated by coloured marks.

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ON THE  
PHYSICAL DIAGNOSIS  
OF  
DISEASES OF THE HEART

BY

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1876

B

# YEAH!

\*.\* A small Edition having been rapidly exhausted, this little Work has been reprinted with improvements in typography and, it is hoped, in arrangement.

*October, 1876.*



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1876

## PREFACE.

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THE following lectures were intended for those students who had mastered the rudiments of diagnosis, and who were qualifying themselves for careful observation in the hospital wards. It has been thought that they might prove useful also to practitioners as presenting the essentials for the clinical recognition of Diseases of the Heart, according to the most modern views of cardiac pathology. The work is in no sense encyclopædic. It is intended to be suggestive, not exhaustive, and is founded as far as possible upon personal observation and experience.

The author is conscious of much imperfection of detail, but his aim throughout has been to cultivate habits of close observation. Given a moderate share of logical acumen, and the closest observer will be the best diagnostician.

It will be noticed that no mention is made of the sphygmograph; in the present state of our knowledge, it seems better that this should be studied apart from the ordinary means of physical diagnosis.

29, DUNCAN TERRACE,  
March, 1876.

## SCHEMA.

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### I.—SYMPTOMATOLOGY.

A. Symptoms referred to the Heart. (a.) Pain referred directly to the Heart-region in cardiac disease is rare. Organic disease may progress without giving rise to Pain. The special pain of Heart Disease is *Angina Pectoris*, characterised by paroxysmal recurrence, great distress, coldness, arrest of respiration. (b.) *Palpitation*: A frequent symptom in Heart Disease, but common in dyspepsia and in emotional conditions. (c.) *Intermission*: Common in Heart Disease, but may be neurosal. (d.) *Irregularity*: Generally of grave import, but may also be neurosal.

B. Symptoms referred to the Circulation. (a.) *Pulsation*: Excluding emotional causes, suspect Hypertrophy of Heart, and especially *aortic regurgitation*. (b.) *Hæmorrhage*: Common in Heart Disease: Not of dangerous import as in Phthisis; Note tendency thereto in *mitral stenosis*. (c.) *Cyanosis*: *Vide Inspection*. (d.) *Dropsy*: A late and dangerous symptom.

C. Symptoms referred to the Lungs. Note that these symptoms are very frequent. (a.) *Dyspnoea*, aggravated by exertion; periodic or persistent. (b.) *Cough*.

D. Symptoms referred to the Brain. (a.) Languor and powerlessness. (b.) Vertigo and symptoms of disturbance of cerebral circulation. (c.) Epilepsy. (d.) Chorea. (e.) Apoplexy. (f.) Paralysis.

NOTE.—In cases of cardiac hypertrophy coexisting with renal disease, suspect intra-cranial hæmorrhage. In sudden cerebral attacks in patients with valvular disease suspect Embolism.

E. Symptoms referred to the Alimentary Canal. (a.) Dyspepsia very common. (b.) Hæmorrhoids.

F. Symptoms referred to the Throat. (a.) Pain referred to the throat may be a variety of *Angina*. (b.) Aphonia occasional in pericarditis. (c.) Hoarseness.

G. Symptoms referred to the Kidneys. (1.) Renal disease may be induced by the Heart-affection. (2.) Renal disease may induce hypertrophy of the Heart. (3.) Renal and cardiac disease may be the double effect of one cause.

NOTE.—In cases of Cardiac Disease, always examine the urine, and especially record conditions of albuminuria.

#### II.—ETIOLOGY.

(a.) *Rheumatism* is the most frequent cause of valvular disease of the Heart. *Rheumatic Fever* is in a large number of cases the starting-point, but in other cases the rheumatic symptoms may be very slight and obscure, and sometimes the rheumatic form of endocarditis may occur with no other manifestation of rheumatism.

NOTE.—Examine the condition of the heart in the slight, as well as in the severe forms of Rheumatism.

(b.) Scarlet Fever is also a cause of valvular disease, probably because of the rheumatoid phenomena associated with it. (c.) The other most common causes of Heart Disease are muscular overstrain, alcoholism, syphilis, tuberculosis, the puerperal state, poisoning by phosphorus, malnutrition, disease contiguous to heart and pericardium, diseases of lung inducing venous engorgement.

NOTE.—A satisfactory examination of every patient, whatever his ailment, cannot be made unless the cardiac conditions are observed and recorded.

#### III.—PHYSICAL EXAMINATION—INSPECTION.

A. Hue of the surface. (a.) Blueness. (1.) *Congenital cyanosis* indicates persistent foramen ovale, or imperfection of inter-ventricular septum, usually combined with obstruction of pulmonary artery. (2.) *Intermittent cyanosis*, common in cardiac dyspnoea.

NOTE.—Chilling of finger-tips with blueness and coldness common in Heart Disease.

(b.) Pallor. (1.) When associated with œdema, suspect co-existence of renal disease. (2.) With exophthalmos, thyroid enlargement and irritability of Heart, *Graves' Disease*.