



Pericarditis

Etiology

I Primary, rare, in children
usually the, Rheumatism

II Secondary,

1. Rheumatism
2. Septic process
^{12 tonsillitis}
3. Tuberculosis ^{Primary} / ^{Secondary}
4. Infectious diseases
5. Permeab. to ch. dis,
Sout, neph. scumy, purpura
6. Extension
7. Bacterial causes
pneumococcus, the,
Staphylococcus, gonococcus
proccoccus, B. coli.

Varieties

1. Fibrinous or Pleuritis
2. With Effusion
Serous,
Purulent
Hemorrhagic
3. Adhesive

I. Fibrinous or acute Pleuritis

Most common, Memb. shiny, smooth
then congested, swollen, deposit of fibrin
& roughened & grayish, mb. better breath
con- biliousness, honeycombed,
Hoarse-Heard, m. inflamed,
mb. tubercles & overgrowths,

Symptoms. first dis. may overshadow
sympt. of this as I cauld.
Usually mild or mb. none.

In severe cases. Pain, precordial, & pleuritic,
mb. waiting, sense of distress, discomfort
constriction about the chest,

fever I not high, unless with
ca. infect, or chum,

Physical Signs.

1. Inspection - none

2. Palpation.

Mt, friction-frenitus,

not at all places, all stops

Mt, be back over Rt, V, -

Mt, low over the whole

cardiac area,

3. Percussion - none

4. Auscultation,

Most important,

a friction sound, large movement

single, double etc; heard,

I localized, bet. 4th & 5th spaces

rubbing creaking like leather

not transmitted up to ves. of neck

Diagnosis

on auscultation, if I rules

1. lungs, have pt stop breathing

Differential

1. Endocarditis,
positive occurrence, transmission,

2. Aortic obstruction or Regurgitation
times pulse (W.H.) no fever, no constitutional
disease

3. Pleuro-Pneumonia^{PT} affection
absent when pt stops
breathing,

Treatment

rest, mental & bodily, ice-bag
over heart, at first Elixer or
Leeches, Morphia, Salines
Colonel, if then, salicylates
Aspirin later K.T. does good

Pericarditis with Effusion or less-fibrinous Pericarditis.

Etiology.

Ac. Rheum, infect. dis. etc.,
usually secondary of the pleura

Pathology

1. Stage fibrinous, derinded
2. " Effusion. Mt, sero-purulent,
of hemorrhagic, new vessel connect
bld dis. & serous. L. a few of
to 2 qts,
3. Stage - Absorption,
organization. Mt, adhesions
may extend into H. Mus,

Symptoms.

A secondary form of insidious.
Pain, burning, precordial oppression
more with expiration - first
may begin with chill.

Pressure from fls manifest
by dyspnea, Mt, orthopnea.
Restless, can't lie on left side
has to sit up.

Lips blue, finger cyanotic
Pulse weak, rapid, irregular
Pulmo, Pericardium = lost on mts,
From pressure on lungs & bronchi
breath is weak & distended, irritating
cough, on esoph, dysphagia,
on Rectum, Larynx, aphonia,
Nervous Symptoms,
head ach, delirium
restlessness, insomnia

Lab in severe case
Coma, mb, ca, mania,
I melancholia, chorea mb,
associated with this
st, Epilepsy

Physical Signs

1. Inspection

In young procornea
Bulges, 6 eye effusion
left chest enlarged,
3rd intercostal bulge out on
larynx impulse, mb edema
Epig. may bulge lower down
on resp. dim. expansion on left
side. x exp. lobated,
Apex - beat, mb, lost, weak,
in 4th space, or diffused

2. Palpation,

When osseous can from
first so fcs accumulates,
Apex, gradually, back on
diminished on lites by the space
of hypert. & adhesions apex in
process, yth, effusion
behind & apex anchored in
front, may feel friction
Over H-V,

3. Percussion,

Increased area of cardiac
dullness or liquid
accumulates, when pt is
upright it triangular in
shape. base up to 3rd costal-
signaria, may mistake it
for dilatation of left auricle
in mitral stenosis, heart

on change of position
change of dullness not
marked.

Lung is pushed back
& esp effusion & may
get dullness behind the
infrascapular region.

4 Percussion,

st. friction disappears
may reappear as felt
beamer absorbed.

First about the base

- Notice a gradual weakening
of 1st & 2nd hb sounds, as felt
moves, until lost.

May have endocarditis & a
frictional & endocardial
murmur, Vesicular or
Broncho-vesicular breathing.

Differentiate,

1. Pleurisy.

More pain, in side tick on
costal, increases on resp.

diminished on exp.

Pleurisy & effusion,
dullness & r. left, lower
behind. Heart sounds

heard. Bronchial breathing
local fremitus diminished
or lost,

on auscult. a
friction murmur
on insp. ceases in
expiration.

2. Dilatation of the Heart.

No pain, no fever. Mt. history
of hypert. failure of compensation
& dilatation.

Inspection in dilation,
dimple, waxy impulse,
except in fat
Palpation, feeble waxy
impulse, may have to
hold pt over.

Perussion,
dullness, not triangular
not so high. not so low
6 a palpable or visible
impulse. no change
in area of dullness or
change of position.
Auscult, sharp, clear
heath sounds,
no friction "

Treatment, Rest, I effusion ice bag
then blister, HI for absorptive effect
in heathy salines, stimulants, or op to am,
strychn, 6 very lge. opiate, if purulent
drain in 4-5th space,

Chronic Adhesive Pericarditis

Etiology,

follows the acute

Pathology,

Partial or general,

Simple, no symp. during life

with adhesion to pleura,

hypert. dilatation,

Loc. obliterates, pleura

thick, m.b., calc. deposits

m.b., myocarditis, fatty degen.

Symp.

If hypert. then of

dilatation, dyspnea,

orthopnea, dropping, rapid

irregular pulse,

Diagnosis

1. Inspection

Heard lge & chest bulges
on left side. a way
impaired L 35 to 40 space
on left & rt side.

of adhesion to diaphragm
a retraction of chest wall
in septal. at the 7th mb
12th rib -

Friedrich's sign, a
sudden collapse of vns of
neck. may occur in
dilatation alone,

2. Palpation

on diag. of position, spec
not changed.

Distended chest w/ 5th rib

retraction of wall low.
Posturognathism, hyposth. pharynx
strong, in dilatation w/ 5th rib

3 Percussion, dullness
+ Russel. not certain
not, a murmur due to
relative insufficiency

II Endocarditis

I. acute, & vegetation & loss of tissue
& secondary.

II. chronic. sc. thickening &
shriveling of valves.

I. Simple Acute Endocarditis

Etiology, 40% follows rheumatism
toxic, scarlet f. po.
chorea, the. eff, cancer
grub, neph, & diabetes
Bacteraemia,

Strepto, staphylo-
pneumonia, gonococci
B. coli, B. Diphtheriae

Pathology, Vegetation & pinhead
bacteria, in rows at closure margin
of the v's. at auricular side of the
mitral & tricuspid. at the vent, of the
semilunar v's -

composed of fibrin. So, the plates
later a prolif. of endo- &
subendothelial cells & this
invades the vegetation &
replaces them,

MS plates & cells are
removed & organization.
Mb. detached from
emboli. May end in a
chronic form or into a
oc. ulcerative form.

Symptoms

Often late for diag.
Murmurs - Mb. no pain or
cough, little distress or
dyspnea. palpitation, A Mb. indistinct.
Difficult to recognize with them,
pharyngitis, tonsillitis, fever may become
more irregular. Anorexia, poor degree

Physical Signs

Resp. Palpation & Percussion all negative

Auscultation

a soft, flowing systolic

Murmur at apex.

2nd. sound accentuated

3rd. reduplicated.

Diagnosis: (History, physical signs) is a
Murmur not due to anemia

Differentiate

1. Functional, pericardial &

Myocardial Murmurs.

Treatment, Rest; for them. give

Salicylates & cure chronic.

& prevent typhoid.

Home Nat CO₂ to prevent strid.

at 1st while fever upon. See bag.

History & H.I. or in pericarditis.

stimulants if needed

I Malignant or Ulcerative Endocarditis

Etiology.

Primary - rare
secondary,

Septic. infect. dis.

follows a chronic.

may violent germs.

Staph. pneumo. - Staphylococci

Diphtheria, typhoid

Pathology ~~abscesses~~, abscesses

may form structure &

free septic material.

Vegetations[®] are grayish

or yellowish. = granulation

tiss, fibrin & blood.

V: Mh, encrusted, or eroded

> Myocarditis, Emboli

- form supp. foci

Symptoms.

1. Local. (Intest.),

Diarrhoea, later dropsy.

Murmurs, palpitation,

Heart irregular, rapid m.b.

in an attack of them.

Ans. vs s. m.b., accentuated

2. Constitutional, & preponderantly

chills, rigor, fever, irreg. ht.

Temp. more like sepsis

than typh, not regul. interm.

like Malaria.

M.b., hem. in skin organs.

Spleen m.b., indge, m.b., delirium

embol. in R. pain in L. region

alt. m.b., bts in urine

In spleen pain, local peritonitis
rise in fever

In Brain. paralysis hemiplegia

Coma

In intestines Colicky pain
diarrhea

Types 3, 4 are h. lymph. m. b. latent

1. Septic.

Have a supp. process.

Rigors, irreg. fever. Sweating

anemia, emaciation rapid,

delirium, m. b. emboli in

L. H.

2 Typhoid.

Temp. not so irregular.

Tongue dry, diarr. delir.

roseolae, petechi. ends in

chronic or acute

3 Cerebral type
like Meningitis.

Hgt. intermittent fever.

delir. coma. profuse

sweating. Convulsions

jaundice, erythema.

Diagnosis. I. If a septic
focus. x Symp. x emboli in
lt. vtr. M.S. exam ^{may} show
ing.

Differentiate

1. Typh. fever.

M.S. char.?

Less irreg. temp.

more apt diarrhoea.

abs. tenderness

rigidity of Mus. wall
not to get beneath vagina
vagina broken.
no cardiac lymph.

21. Maloria,

parasites in bls.

no carb. lymph.

3 Pyemia.

no carb. lymph.

Treatment

Remove source of sepsis

Salicylates.

Support & feed pt.

I Chronic Endocarditis

Etiology. I say 1/2 aa,
High art. tension esp. in
louty hyp. & high pt.
Hard work

Pathology

So. of V. - thickens &
shrinks. mb. adhesions
may result in stenosis
manifesting, Co. silt may
deposit in ring, chordae tend.
mb. shorter. -
Papillary mus. fibrosed
1st V. - less elastic, no so transparent
Thickening along the margins
of (corpora ventr.)
(on side as in aa.)

Diagnosis

Signs of left lesions
Murmurs, hyp. & dilatation

I Valvular Heart Lesions

Etiology

ac. endocard.

Rheum. & chronic

Infect. dis.

In mid life & above

In young lymph.

alcoholism, strain

Frequency

Mitral. aortic

Tricuspid

double as x double

Mitral lesions

double pneumonia

as x Mitral combined

Most Serious

1 A.O. - regurg.

2 Mitral stenosis

3 A.O. - stenosis

4 Mitral regurg.

Then speaks of Reserve-
energy of heart. + overload

I Aortic Insufficiency

↳ Insufficiency

↳ Regurgitation

1. (Relative Insufficiency
as aneurism where
there is dilatation
of the ring,)

Effects.

L.V. dilates, hypertroph
= cor-bonum = - cor

Relation inf of Mit. V.
dilatation & hypert. of

L. Atrial - Pulmonary

congestion -

Pul. v. inf.

R.V. dilated & hypert.

Symptoms:

As long as compensation
no subjective sympt.
when little failure of
compens. Sickness pointing
from sudden exertion.

Violent exertion causes
dyspnea, palpitation,
slight pain, Mb, fever
& radiate back in neck
& shoulders. (Here only pain)

Anemia, headache, pale
cyanosis of fingertips
lips, orthopnea.

from - Congestion will
get bronchitis through

the dyspnea comes on
at night when pt

Awakes, feet edema of
legs, Hb, hemoptysis, death Mb, sudden

Inte in dis. $\rightarrow$ Mental
Sympt. delirium coma
Mania, Melancholia
Look for uremia

Physical Signs

1. Inspection - depends on stage
dilatation or hypost.
of uvea on hypost.

Carotids pulsate, Heaving
of precord. with each
systole. jerking of sup. vns
over the whole body.

May get capillary pulsation
apex down for 60th steth
Left

2. Palpation.

th. a diastolic thrill

Water Hammer pulse.

which m/b, regular

3 Percussion

Increased area of
dulness, below
 nipples & to left.

4 Auscultation

Diastolic Murmur, at
the base, with spine &
down on left. Mt.
- aortic area, a soft,
blowing Murmur,
diminishes or replaces
the $\frac{r}{l}$ sound. &
calcification of aortic
valve. Mur. $\frac{r}{l}$ loud,
may hear a systolic
Mur. due to a roughening
of a.o. & not a stenosis
at base, which soft &
blowing, may hear

Flint Mur. presystolic or
in middle of diastole -
Due to narrowing of
Mitral orifice by the
regurgitation from
aortic valve -
Hr, this vibration of
V. leaflets may even
cause a thrill.
But this is Mur.
not so loud as in
aortic stenosis -

a jerky pulsation in radial
Corotis, brachial arteries
mb, in abd. aortic mb,
Cap. pulse - lips.
Corrigan pulse. This mb,
regul. in force abt.
Temp. ms - pulse rate

Differentiate.

1. Isotonic shemia mus.
The diastolic mus. I &
throbby arteries, water thor
P. ; Hyperth of L. va.
In neurosthenia E. pulsation
every where,

I Aortic stenosis

Etiology.

In SS, a ss & valvular.
deg. of VS - Part of a general
a-ss. common art. dis.
into them. endocarditis.
M.V. fr. involves along.

Pathology

Vegetations, fib. thickening,
lime salts deposit,
cusps may become
attached from a
ring, or adherent to co-
wall. May have Relative stenosis
when co.-above; dilated

Effects

Increased work on L.V.,
hyperth. fib., i.e. loud Mur.
Systolic. Dilating L.V.,
(compens. brachy) less eff.
flow from L.A. & length.
of L. & hyperth. of R.V.
no special arterial changes
in this.

Symptoms,

non during compensation

Later, due to cerebral

anemia: precordial oppression

faintness, vertigo, Mental fatigue

fr. pain palpitation esp. after

exercise. pain not so marked

as in regurg.

Later when Triang. is Mitral -

involved.) edema, skin

& uræmic symp. Cheyne -

Stokes resp. Coma & convuls-

-ion

Physical Signs

1. Inspection

apex down & left

2. Palpation

a Most Marked systolic

thrill. also in aneurism

3 Percussion

bre of dullness not so
big as in apoplexy,

4 Auscultation

a Sphygmia Mur. at r
co-arterio-venous trans.
into r great vt of the neck
loud blowing sh, harsh
2nd faint dim. or lost.
along a coexisting mur. a
diastolic mur. a Rel. M. mur.
a Flint mur.

No jerking of [®] superior vt.
Pulse small & slow

Differentiate

1. Systolic no-murm of
Atherosclerosis & Calcif. in old.
Here heard V. low in apex
2. Anemia !!

3 Anemia Murmur,

Best heard at, pul. art.
no thrill, no hyperth.
apparent anemia

Mitral Insuff. or Incomp. or Regurgitation

Etiology.

about 50% of all the V.

lesions. M. R. Insuff.

in atherosclerosis, anemia.

Infect. dis.

Dr. Brown's observation, in

neuroasthenia pts. may have

a Mur. systolic, disapp. in

1/2 hour. - a temporary relative

insuff. -

Rhum. or Rheumatic endocard.

etc. cause a thickening

& a shortening of V. & of chord.

Vegetations may keep V. open

or edema will do the same

Effects.

L.Au. receives bld from
two sources at the
same time, dilatation &
hyperth. It sends more
bld to P.V. dilatation of it
& hyperth. 3d. Pul. congestion
& hyperth. & dilatation of R.V.
the 4th causes a Rel. miss of
Triang. V. & dilatation &
hyperth. of R.Au.

If the L.Au. & P.V. fail first &
engorg. of Lesser Circul &
Brown-induration of Lungs
Then R.Au. & R.V. fail & engorg.
of Systemic vas damming
viscera. induration of them
Edema in feet & passing up.

Rel. miss. following as. engorg. passes in rapid
& hyperth. engorg. take place. & sudden engorg.
of lungs & hemorrhage.

In Ch. Bright's dis. Heart has
to overcome the peripheral
resistance & to accommodate the
toxaemia irritation, hyperth. &
dilatation & the same train
of symp. as in Mitral-murf.

Symptoms.

Dyspnea, palpitation or exertion
blue lips, disten. veins, cough
& bronch. Sputum expect.
loss of appetite, nausea &
vomiting, headache.

Hepatic Congestion.

In chies. of long, first
Notice clubbed fingers.
Later, symp. grows worse
sensation of weakness.

Pain & oppression in the
chest, epistaxis, etc., jaundice

sudden starting from sleep.

bloody sputum, swelling of legs
the 2 cavities:-

urine, scant, alt. casts, blood

Physical signs,

1. Inspection. 4 marked hyperth.

of R.V. bulging of precordiac

area best seen both left &

low. 4 dilatation, a profuse

moist mucous.

When hyperth of R.V. strong

epigastric pulsation.

When triasp-mus. pulsation

of jugular veins & hrb. of L.

2. Palpation.

a thrill. up. best below & both legs.

a pulsating L.

3. Percussion.

marked area of dullness

4 Auscultation

Soft blowing systolic murmur
at apex, trans. left axilla,
back behind & scapulae.

No. replaces on diast. first
sound. Pul. 25/8. S. increased.

In the 2nd interval, both Right
of tricuspid. mov. a syst. mur.
in 1st 4th space & signs carb.
trans. to R. axilla

Diagnosis - C. exp. when R. 2nd mov.
on syst. mur. trans. to the left. Hyperd.
x 8. Pul 25/8.

Differentiate

1. Hemianeur. - soft at the of Pul.
rigid, anemia associated

I Mitral stenosis

Etiology - I in females & young
as. rhum, chorea, infect. dis.

chronic heart, neph. pregnancy
endocard. Mit + neph. & general

ar. sc.

Pathology.

a thickening of the valves.

shortening & stiffening also of the
chord-tend. Deposits of salts

& funnel opening - chief.

a button hole in adults

Effects.

L.V. receives a small amt
of bld. L.A. free distended.

dilatation & hypert. - Pul. congestion

& hypert. of R.V. & dilatation.

tricuspid gives way. & general stasis
of veins results

L.V. not expected. until
stenosis results in accompanying
the dilatation of heart of L.V.
the thrombi form in L.V. & emboli

Symptoms

Dyspnea on exertion.

Hemoptysis is constant. Cankles
fingers. Emboli sweep into L.V. &
into the air. in the spleen.

If L.V. very large may press
upon L.V. Laryngeal nerve & aphonia
as the neck of the heart becomes
involved the associated symp.
will show up.

Physical signs.

1. Insp. m. epigastric fullness
L. Ap. later syst. jugular full.

Palpation

a presystolic thrill in ^{4th}
of hypost. of R.V. a strong
pallocation below / sternum.

Percussion

Billiness both right

Auscultation

a rough, hard mur. presyst. mls.
in aortic. ~~at~~ R. of the nipple.

A 2nd S. - d. of Mit. regurg. evident a
a syst. mur. trans. to the axilla
when compen. is broken

you get no Mur, not vice

This is true of all heart
lesions.

Diagnosis. 1. Thrill. mur. R.V. hypost.
hemipetis

Differentiate

1. Think Mur.

2. regurg. A. V. H. P.

I Tricuspid Stenosis - rare
A with mitral stenosis

Symptoms -

Cyanosis, dropsy

Ph. signs

hepatic men. in ph. sp. both R.

Distention of jugular veins
without pulsations

I Tricuspid Insufficiency.

Etiology.

A relative reg. L.H. lesions

anything that will prob.

distend. both cin. through

L. will prob. it,

Symptoms. jugular veins pulsate. H.L. also

Cyanosis, dropsy, & epig. impulse & reg. L.H. L.
signs of engorg. L. - congl.

Auscultation

Syst. low systolic mur. at
aortic. + 5th sp. to the R +
trans to the R,

Percussion

area of dullness to R. V on
cost of liver -

I Pulmonary Stenosis - rare ph. signs.

1. Palpation

Thrill r.t. space systolic

Percussion

Mit. R. V. hyperd.

Auscultation

Systolic mur. at r.t. left

interap.

Differential,

1. Functional Mur. - 1st, some place
no thrill, no hyperth. M. or aortic

2. Aortic stenosis,

loud, in 2d R. sp. & hyperth. of

L.V.

3. Aneurysm,

Pressure high.

V. cord pale, hoarseness

dry cough.

I. Pulmonary insufficiency

Etiology

Congenital, ulcer, endoc.

conditions which prot.

high tension in the A. or.

Diagnosis

Histologic mur. of the

left. 2d sp.

Differentiate, 1. Co. - Reg. circulation
Corrigon pulse P.H. hyperth.
Corotid pulsation & through
peripheral arteries

Treatment

1. While Compensation lasts.

Treat dis. associated or
chorea, typh. rhum.

Prophylaxis & Hygiene

2. When compensation is Broken

Signs of broken comp.

chk. gradual - st. sudden

mb. at night.

Irreg. hb, pt feels faint weak

loss weight, oppression

or epigast. or pericard.

repeated, & vomits. P. fast,
feeble & irregular.

then dilatation & have a
queer rhythm. epnoia
dropsy: vertigo rough.
specks float before the
eyes. hemoptysis.

Treatment.

Red. body, mental.

Drugs.

In ca. cases, a
saline & calomel.

10-15 m of $\frac{1}{2}$ Digitalis
every 6 hours. $\frac{1}{2}$ &

Nitroglycerine $\frac{1}{100}$ gr. of $\frac{1}{4}$ chl

or NaNO_3 , 2-3 gr. or

Digitalin hypod.

Strophantus

If do not wish to d. art. press.

may combine $\frac{1}{2}$ Digitalis

Strophanthine $\frac{1}{100}$ gr. combine atropine
 $\frac{1}{100}$ gr. or even $\frac{1}{500}$ gr.

Magnesium Sulphate

in 3/4 doses does good
in catarrhal am.

every morning.

Relieves the dropsy &
intest. tract, & gasous
fermentation.

Cluterium.

Dr. Graves prefers

comp. jalapa powder

Rapocynum, 1-5 m. R. Ext. 20 m.

Suppos. to be good against

Caffeine Citrate

Spartine gr. 1/2

Hoffman's Ododyne

Gr. 3pts. Am.

Whisky, brandy, in hot water

For the America. - Iron Blonde Piles

Dr. Ferris chl. 10 m

Fowlers Sol. 2-5 in tid
Kryoh. & Mus bonica
of severe engorg. of lymphatic
veins & impending death.

draw 10-15-20 3/4 bl & 1/2 gr.
of irreg. lb. & distress expression
of sea-sick.

if dropsy is great. Make
caustic incisions above ankle
Insomnia.

Paraldehyde 1-2 3/4

1/4 lb 10-20 gr.

Euphonia or Trional or

> begin a hypodermic of morphia
or stimulants

For the Pain, Sea-sick, Nausea
& or, or.

1/2 lb. A few whips of amygd. oil.
Cough due to pulm. congestion gives
remedies before mentioned for lb.
may give Heroin

I Arterio Sclerosis
Etiology

Pathology
Primary se.
Secondary se.
Forms I recognize

1. Nodular

2. Senile

3. Diffuse

Symptoms

Forms or Types

1. Cerebral type

2. Cardiac

3. Renal

4. Peripheral

Diagnosis

Treatment

I. Aneurysm

Etiology Pathology

of the Thoracic Aorta

1. Ascending a., 2. ascending a.
3. Arch, 4. Descending a.
5. Descending a.

Pressure Symptoms,

Special Symp. Not characteristic but
suggestive

1. Pain, mild or severe, paroxysmal
or constant, short lasting
or long. Moving down
& when on vertebrae,
at base of cc, origin
lyc & neck & left arm
(mistake for neuralgia)

2. conf

3. Dyspnea - $\frac{1}{2}$ trans, arch
D. cephalic overexists

4. Hemorrhage, - a slow oozing
the profuse

5. Dysphagia. late, not paroxysmal

6. Pupillary changes.

Dilatation from irritating
stimuli, then contract, paralysis
of one side
Then. pallor & constricting
then hyperemia

Ph. Signs

1. Inspection

2. Percussion

3. Auscultation

4. Grooved Peg®

Diagnosis

Differential

1. Throbbing in neck 2. oo. many.

2. Neurosis

3. Pleuritic Empyema

differs at base of lung. if near pt. &
Hx. of abs. throbbing diff. no diff. in pres
no diastolic shock

4. Tumors. - rare when carcinoma
one con. not apt to beq. no pulse
not expansive, no syst. Mur
or a diast. shock. no S. 2nd S.
no tracheal tug, pain likely
to be constant,
the enlarged glands,
Cachexia

5. Pneumonia, Tho.

no tho. in spectrum,

card. obs. signs absent

aneurism of the Abd. a. a.
lymph

diag
—
1. hyp

2. Palpation

3. Percussion

4. Auscult

Differential

1. Throbbing of a. a. in Neurod. & aneurism

2. other Tumors of Pylorus.

I Arthritis Deformans,
Rheumatoid Arthritis,
Etiology.

I in adults, female, sterile.
also bad Nutrition & etc. present

Pathology,

joint enlarged, cont. fl.
cartilage absorbed - M.M.
thickened, fibr. formation &
fringes. Periarthritis,
thickened. Bone Eburnated or
absorbed.

Osteophytes,

from periphery of cartilage
bony outgrowths this locks
joint. - bony union.

except in spine. Atrophy
of Mus. & Nervous. Most deposit
esp. of fingers.

Symptoms

1. small joints & I marked
first & 2 fingers. Redness
swelling & slight limitation
of m. & other hand also mod.
Pain varies. M. paronychia. I in
one or 2 joint spreads to the other
like bout. Metacarpophalangeal
joint is flexed. 1 other distal.
Hand flexed at the ulnar joint
Mudra retruded, swelling of cap. &
osteophytes & deformity. M. gripping
M. thigh flexed on abd. leg on thigh
M. peristhesis, numbness, tingling.
Dis. variable. 0 persons are irreg. cause
most few joints stop. General health
& grad. of progressive appetite fails.
Indigestion, Melancholy. M. has blue in bed.

2 Acute Polyarticular form Biology.

1. 20-30. in women + child
evolution predisposes
multiple swelling of joints
arous body - no injury of bones
ps in joint, cart. distorted. red.

3 Mono-Articular Form

ch. in red = morbus coxae
similar. Throat, knee or hip edem.
Lymph. Pain, wasting of mass.
Limitation of - m.b. frosting

4 Spinal or Vertebral Form

= Spondylitis Deformans.

4a Von Recktenau, Vert. - rigid
painful + deg of post. lat. of
sp. cord. ankylosis + Mus.
atrophy.

4b Marie Type.

rigidity of spine + limbs
hips, in joints. no nervous
Lymph. fr. in mass. of sp. or limbs
stump region.

1. Type of Arthritis def. O occurs -
chief. of 1 rd testing.

mus. stig. of spine, wrists, knees,

6 enceph. of glands system. & fever

th. chills. O & sensitivity, 4- girls

Periarticular stromat. mod. not low.

no prot. no -- Mus. atrophy. Anemia

finds & devel. of chills occurs, called

white swelling.

• b. Heberden's Nodes, in wa. middle age

symmetrical bony outgrowths on

1 distal phalange. I on 1 side 3

extensor Mus. joint not mov.

subside & recur 1- time & time.

Here hereditary hist. of ca. rhum.

joint. & dyspeptic symp. in family
history.

Diagnosis

Ac. form. like rheum.

Pain out of proportion to
deposits. of one joint & remains
there awhile.

Arthritis Sig. - L. Ch. bone.

hist. prior attacks. deposits
of urates. also of toxaemia. chronic
General process,
orthropathy -- joints dist. + - L.
or when it, gonorrhea or
scarlet f. - hist. Ac. inf. &
arthritis at same time.

Others prominent - L. Ch. 3 phases joint
pain - small abs. & sig. abs. of mass
L. mono-articular form.
This variable for former ch.

Ac. Rheum. In young. L. joint to joint

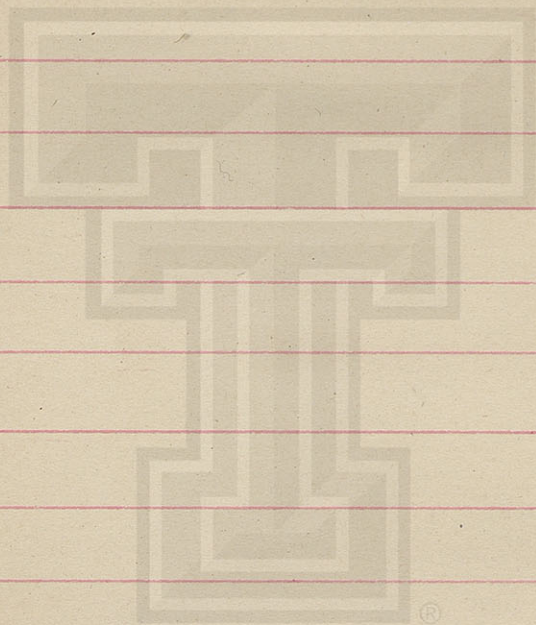
no hyperth of bone & ligam. L. p. mod.

Ch. Rheum. very - 10 - 20 swelling.

Bones & joints not so altered.

Treatment

I chronic Rheumatism



I Muscular Rheumatism

Lumbago.

Pleurodynia

Torticollis

Cephalodynia

bout = Pododynia

Etiology

Hereditary

2. feet

3. legs

Theories

1. corrod. defective elimination ^{uric acid}

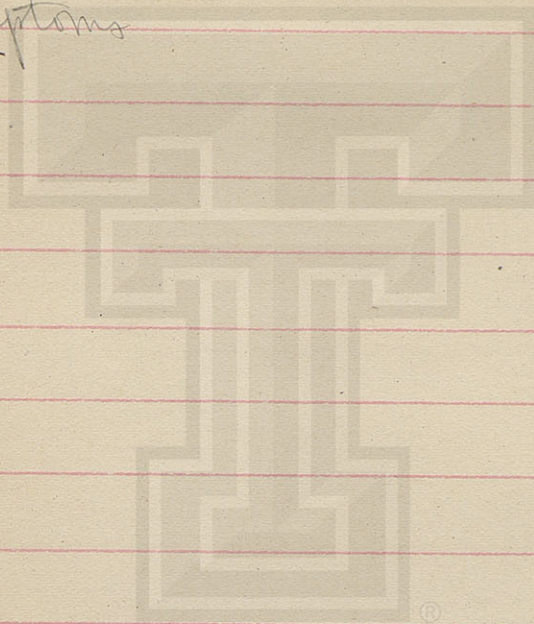
2. uric acid mfg by cells not excreted but absorbed cells

3. Infection with a neuro. toxin in Medulla

4. Epstein, neuro. disorder in tissue & neurosis of tissue & uric acid deposit

Pathology

Symptoms



1 Suppressed lymph. or retrocedent.

(arteries infl. subsides & transf. into deep organs.)

1. Thoracic lymph.

2. Heart

3 Cerebral lymph.

1 ch. lymph.
lymph.

