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MANUAL OF DIFFERENTIAL
MEDICAL DIAGNOSIS

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MANUAL
OF
DIFFERENTIAL MEDICAL DIAGNOSIS

BY

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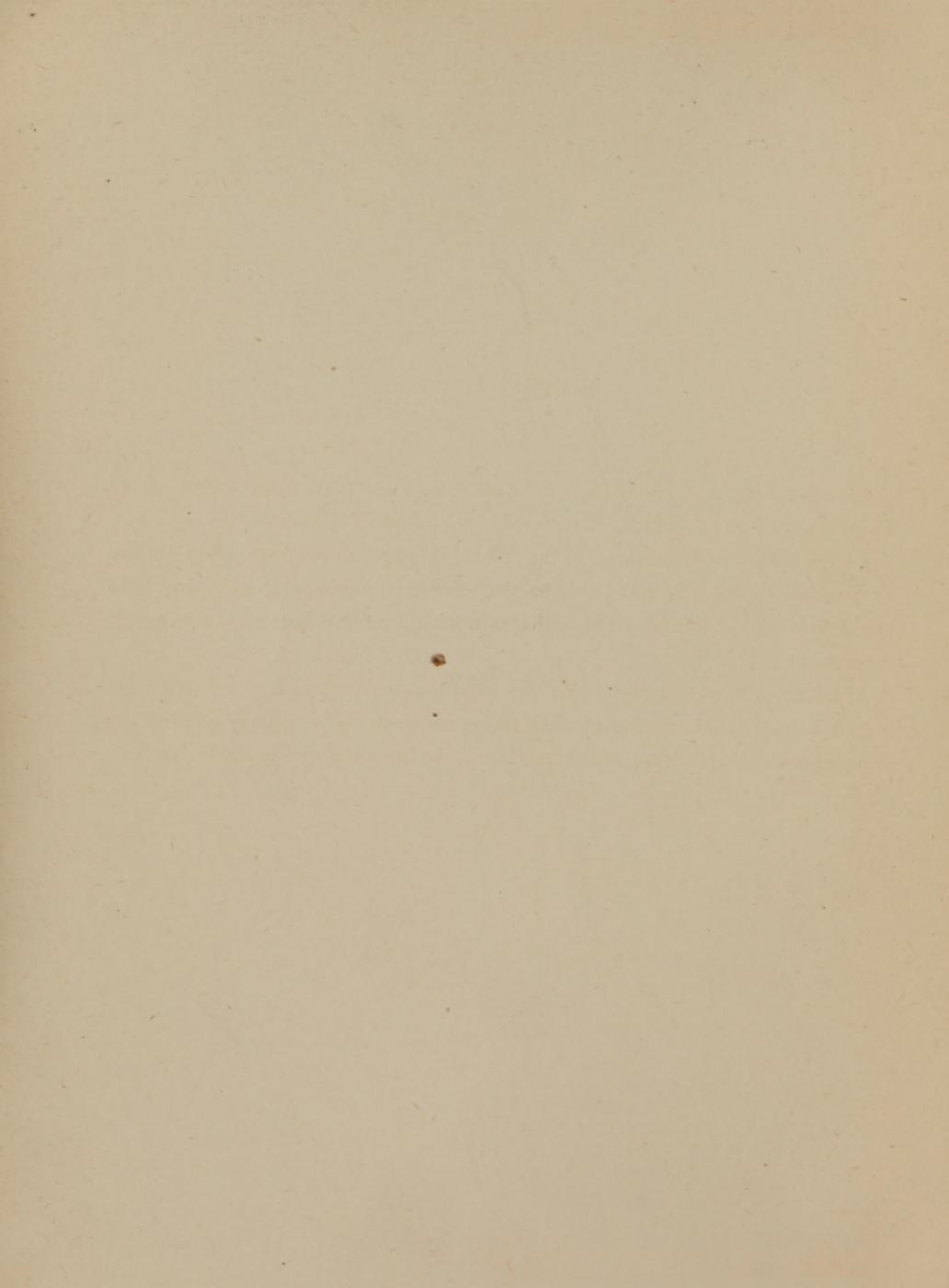
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1886

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New York

TO
CHARLES H. WILKIN, M.D.
THIS SMALL VOLUME
IS DEDICATED
AS A TOKEN OF RESPECT AND FRIENDSHIP
BY THE
AUTHOR



PREFACE.

In compiling this Manual of Medical Diagnosis I am fully aware of the uncertainty of the so-called characteristic symptoms of a disease.

I have therefore endeavored in the following pages to contrast the symptoms of the diseases that are most liable to be confounded one with another, and have chosen for such symptoms those that will most readily call forth a differential diagnosis.

Although not relying upon any one symptom as diagnostic, I have limited myself to those that afford the most striking contrast, and thus have avoided any unnecessary multiplication of the pages that are intended to serve only as a text-book.

150 WEST 53D ST., NEW YORK, 1886.

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INTRODUCTION.

A CAREFUL examination of a patient is the first requisite toward establishing a diagnosis. To conduct this properly and to the best advantage a *systematic* examination of the patient will lead to the quickest and surest results.

First locate the disease, and then balance the symptoms struck, and the diagnosis is recast.

The following schedule will serve as a guide toward the proper examination of the patient, and lead the observer quickly and in the right channel to the seat of the disease, and then to the establishment of a correct diagnosis of his case.

I.—History of the Patient.

- a.* Hereditary predisposition.
- b.* Previous general health.
- c.* Previous diseases or injuries.
- d.* Habits of life.
- e.* Cause of the present sickness.
- f.* Date of the present attack.
- g.* Mode of invasion.
- h.* Subsequent symptoms in order.

II.—Condition of the Patient.

- a.* Position.
- b.* Aspect.
- c.* Skin.
- d.* Pulse.
- e.* Respiration.
- f.* Temperature.
- g.* Tongue.
- h.* Digestion.
- i.* Urinary secretion.
- j.* Sensations.
- k.* Intellection.
- l.* Examination of special organs.

Hereditary Predisposition.

Many diseases, among the most important of which are syphilis, cancer, tuberculosis, scrofula, etc., are hereditary. The observer, by establishing a family history of hereditary disease, is often aided materially in coming to a correct diagnosis of the case.

Previous General Health.

The usual general health of the patient is often of great importance for the diagnostician to know.

If the patient's health has always been good up to the present attack he is able at once to exclude certain wasting and debilitating diseases.

While, on the other hand, if the patient's previous condition has been a poor one, we at once look for a chronic ailment as being in some way connected with the present sickness.

Previous Diseases or Injuries.

The thorough knowledge of this important history will frequently lead to a correct diagnosis, for injury of an organ often results in its disease, while previous disease makes the patient either more or less susceptible to a similar attack. Thus if the patient gives a history of having had an eruptive fever, as small-pox, we would naturally at once exclude small-pox from our list of possible diseases which might be the cause of his present symptoms.

If, however, the patient had once suffered from Bright's disease of the kidneys, we would immediately inquire further into the condition of the urinary organs.

How simple many diagnoses would appear could we but get a syphilitic history from our patients.

Habits of Life.

The habits of men predispose them to certain diseases, hence the importance of inquiring into the regular habits of our patients. Thus, for example, sedentary habits lead to gastric, hepatic, and intestinal disorders; alcoholism, to cirrhosis of the liver, mental and nervous derangements, etc.

The CAUSE of the present attack, its DATE, its MODE OF INVASION, and the SUBSEQUENT SYMPTOMS in the order of their development are of the utmost importance, for by obtaining a full history of the same, the physician is often at once led to an immediate and correct diagnosis of his case.

Having thus obtained the *previous history* of the patient, let us now consider his *present condition*.

Position.

Is the patient in bed or out of bed? If in bed, what is his position? If feverish and in pain, he is restless and tossing about.

If suffering from acute peritonitis, there is dorsal decubitus and flexion of the thighs. If lying fixedly upon one side there is a probability that the action of the lung on this side is impaired.

If there is *orthopnea* there is probably disease of the heart or respiratory organs.

If the patient is out of bed, we should notice his movements. In nervous disorders they are uncertain and trembling, and the gait often unsteady and staggering. In rheumatism, joint-disease, etc., affecting the lower extremities, the patient limps, while in many diseases of the back there is rigidity of the spine and a bending forward.

Aspect.

By noting the general aspect of the patient we at once derive knowledge as to the occurrence of œdema, corpulency, wasting, cyanosis, etc. Expressions of the face denote pain, stupor, apathy, collapse, etc. The eye frequently tells us at once the condition of the patient—whether delirious, stupid, or approaching death. The pupils are contracted in opium-poisoning (pin head) and hemorrhage into the *pons* (pin point) ; unequally dilated in apoplexy and compression of the brain, and rapidly dilate upon the approach of death, etc.

Skin.

By the state of the skin we judge of the activity of the circulation and secretions. Coldness of the surface indicates weakness of the capillary circulation, often due to interference of nervous power by some acute disease or nervous shock. A cold, clammy skin denotes diminished vital force. Jaundice occurs with derangements of the liver and blood-diseases. Eruptions occur with skin diseases and the exanthemata.

Pulse.

The pulse affords one of the most valuable means of information, and although it cannot be exclusively relied upon as a means of diagnosis it comes greatly to our assistance. The pulse enlightens us as to the action of the heart, and the condition of the arteries. The pulse differs in frequency, rhythm, volume, and resistance.

The *frequency* of the pulse is usually greatly increased in all acute affections and in fevers. In shock, in pressure on the brain, and in inflammation of the meninges of the brain a slow pulse is the rule.

The *rhythm* of the pulse is often perverted. The irregular action of the heart may arise from digestive disturbance, from the excessive use of tobacco or stimulants, from nervous exhaustion, but most frequently in cerebral or cardiac diseases.

The *volume* of the pulse often varies with its strength. Usually a full pulse is a strong pulse, but this is not always the case. A full, weak pulse, or "gaseous pulse," indicates great debility and loss of tone in the arterial system. A "gaseous pulse" is common in yellow fever and ether narcosis. On the other hand a small pulse is usually a weak pulse, but it may be tense and wiry as observed in peritoneal inflammations.

The *resistance* of the pulse is perhaps the most important guide as to the real condition of the patient. A hard pulse denotes a forcibly contracting heart and increased contractility of the arteries. A hard pulse is also associated with degenerative changes taking place in the arterial walls. A soft pulse is the pulse of low fevers and debilitated conditions.

By means of the *sphygmographic tracings*, we are afforded very delicate means for obtaining slight variations in the pulse, and may thus be assisted in diagnosing valvular diseases of the heart, aneurisms, etc.

Respiration.

By noting the frequency and character of the respiration we can frequently make a correct diagnosis of thoracic diseases without further examination. If dyspnoea is present, we at once suspect disease of the heart or respiratory apparatus. If pleurisy is present, the respirations will be hurried, short, and catching in character. The breathing is "panting" in pneumonia, and "labored" in capillary bronchitis.

The pulse and respiration should bear a nearly constant ratio to each other of about 4 to 1. If this relation is increased, cardiac failure may be suspected, but if the ratio is diminished, and the respirations are much increased in frequency, an examination of the respiratory organs will probably discover the cause.

Opium-poisoning, compression of the brain, diseases of the respiratory centre, etc., will reduce the frequency of the respirations.

Temperature.

The temperature of the patient is of the utmost importance in making a diagnosis. In all acute cases the temperature is, as a rule, elevated.

Usually the pulse and temperature rise synchronously; that is, for every degree rise in temperature, we may expect an increase of ten beats in the pulse rate. In some diseases, as typhoid fever, every week presents characteristic variations in the temperature.

Although we are apt to gauge the condition of our patient by his range of temperature, it must not be forgotten that in conditions of prostration, collapse, shock, etc., the temperature is often normal, or even subnormal. In cholera the temperature falls as low as 94° , while in sunstroke the temperature is frequently ob-

served to be at 112° . A patient seldom recovers if the temperature remains for any length of time over 108° .

Tongue.

The tongue not only indicates the condition of the digestive tract, but also gives us information concerning the state of the secretions, the blood, nervous power, etc.

If the movements of the tongue are tremulous, one-sided, or crippled, we are dealing with a disease of the nervous system. If the tongue is *dry* and cracked, or covered with sordes, there is good reason to suspect some acute febrile affection or marked depression of the vital forces.

A simply *coated* tongue occurs frequently with some digestive disturbance. The *color* of the tongue is red in the exanthemata, especially scarlet-fever (strawberry tongue), blue in asphyxia and obstructed circulation, etc.

Digestion.

The state of the digestion should always be inquired into. Vomiting occurs in many disorders, but frequently in diseases of the stomach and brain. Diarrhœa denotes a disordered state of the bowels. Chronic constipation is frequently the result of torpidity of the liver. Fœcal vomiting and obstinate constipation result from intestinal obstruction.

Urinary Secretion.

An examination of the urine should never be neglected. The kidneys are affected in so many diseases, that to establish a diagnosis it is often essential to know the condition of the urine.

In Bright's disease the urine contains albumen and casts; in

cancer of the kidneys, blood and cancer cells ; in suppurative nephritis and pyelitis, a large number of pus cells ; in cystitis,ropy mucous, etc.

Many poisons may be detected in the urine. In pneumonia the chlorides, and in carbolic-acid poisoning the sulphates are greatly diminished in the urine.

Sensation.

Frequently the most-marked symptom by which we can locate the disease is the pain.

Most all affections are painful, and the pain is usually referred to the seat of the disease. Thus, diseases of the brain are associated with headache ; pleurisy, with pain in the side ; sciatica, with pain along the course of the sciatic nerve, etc.

Not only is pain an important symptom, but disordered sensations, as numbness, hyperæsthesia, anæsthesia, and subjective sensations, lead us at once to associate the symptoms with affections of the nervous system.

Intelleçtion.

In affections of the brain and in many acute forms of disease a deranged intellect is among the first symptoms. The derangement varies from a mere confusion of the mind to its entire perversion and prostration. Acute diseases are associated with stupor, delirium, and coma, while in chronic affections loss of judgment, memory, etc., are essentially noticeable.

Examination of Special Regions or Organs.

Having thus obtained a general history of the case, we are now prepared to examine some of the special organs of the body for the seat of the disease.

If we have reason to believe that we are dealing with a general disease, it is more than likely that some local lesion or complication may also exist.

It is therefore well to examine the special organs, as the heart, lungs, etc., and thus determine if some of the symptoms present are not due to, or modified by, some complicating condition.

Having thus determined the seat and character of the disease, let us by a differentiation of the symptoms arrive at a correct diagnosis.

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF
THE MOUTH AND THROAT.

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF THE MOUTH AND THROAT.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Thrush	Follicular stomatitis.
Cancrum Oris	{ Malignant pustule. Ulcerative stomatitis.
Cancer of Tongue	Syphilitic ulcer of tongue.
Acute Laryngitis (croup)	{ False croup. Retro-pharyngeal abscess. Œdema of glottis. Diphtheria.
Chronic Laryngitis	{ Thoracic aneurism. Hysterical change of voice.
Œdema Glottidis	{ Croup. Thoracic aneurism. Asthma. Retro-pharyngeal abscess.

Thrush.

1. Removal of the white patch leaves an ulcer.
2. Disease parasitic in nature.
3. Redness around each spot.
4. Exudation not soluble in ether.

Follicular Stomatitis.

1. Removal of the exudation leaves a red surface.
2. Vesicular disease.
3. No zone-inflammation about exudation.
4. Exudation soluble in ether.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Thrush.

5. Severe gastro-intestinal symptoms.
6. Excoriation about anus and genitals.
7. Acid diarrhoeal movements.
8. *Oidium Albicans* found under the microscope.

Cancrum Oris.

1. Begins on the cheek.
2. Some constitutional symptoms.
3. Rapid progress of the disease.
4. Ulceration extends rapidly.
5. Discoloration of the cheek.
6. Cheek greatly swollen.
7. Constant flow of bloody pus and mucus from the mouth.

Cancrum Oris.

1. Begins in the mucous membrane.
2. No severe constitutional symptoms at first.
3. Breath very foul.
4. Pus and blood flow from the mouth.
5. Some pain.
6. Glands enlarged.

Cancer of Tongue.

1. History of hereditary cancer.
2. Appears on the side of tongue.
3. Usually single.
4. Progress rapid and painful.

Follicular Stomatitis.

5. Slight intestinal disorder.
6. No redness about anus.
7. Diarrhoeal movements may be alkaline.
8. Oil globules under microscope.

Ulcerative Stomatitis.

1. Begins on the gums.
2. Local symptoms.
3. Disease develops slowly.
4. Slow ulceration.
5. No discoloration of cheek.
6. Cheeks but little swollen.
7. Salivation.

Malignant Pustule.

1. Begins in the skin.
2. Constitutional symptoms severe from the first.
3. Breath not offensive.
4. No bloody discharge from mouth.
5. No severe pain.
6. No enlarged glands.

Syphilitic Ulceration of Tongue.

1. History of syphilis.
2. Usually appears on dorsum.
3. Usually multiple.
4. Progress slow and not very painful.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Cancer of Tongue.

5. Ganglionic swelling.
6. Rare before middle life.
7. Ulcer has indurated base.
8. Microscope shows an epithelial structure.
9. Medical treatment no effect.

Syphilitic Ulceration of Tongue.

5. No large ganglionic swelling.
6. Appears at any age.
7. Ulcer not especially indurated.
8. Microscope shows a small-cell infiltration.
9. Medical treatment curative.

True Croup.

1. Begins with hoarseness or sore throat.
2. Advent slow.
3. Temperature high.
4. Exudation fibrous.
5. Bronchial symptoms.
6. Subsides slowly.
7. Continued cyanosis.
8. Aphonia frequently complete.
9. Change in voice.
10. Well-marked constitutional symptoms.

False Croup.

1. No prodromata.
2. Advent sudden.
3. Temperature about normal.
4. No membranous exudation.
5. Absence of lung complications.
6. Disease disappears rapidly.
7. Cyanosis of short duration.
8. Loss of voice uncommon.
9. Voice often natural.
10. No severe constitutional symptoms; rarely fatal.

Acute Laryngitis.

1. History negative.
2. Fever.
3. Usually a disease of childhood.
4. Difficult breathing, both inspiratory and expiratory.
5. Brazen or croupous cough.
6. Examination shows inflamed mucous membrane.

Œdema Glottidis.

1. History of general œdema—ulcers of larynx or acute disease, etc.
2. Temperature often normal.
3. Usually attacks adults.
4. Inspiration alone affected.
5. Cough not croupous in character.
6. Examination at once discloses the œdematous condition of the larynx

Acute Laryngitis.

1. Peculiar cough.
2. No difficulty in swallowing.

Retro-Pharyngeal Abscess.

1. Cough not peculiar.
2. Dysphagia.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Acute Laryngitis.

3. No stiffness of the neck.
4. Brazen voice.
5. Dyspnœa relieved by throwing the head backward or by horizontal position.
- 6: Dyspnœa constant.
7. Examination shows presence of inflamed mucous membrane.

Retro-Pharyngeal Abscess.

3. Neck stiff and painful on motion or pressure along spine.
4. Voice guttural.
5. Dyspnœa greatly increased by throwing head backward or by the horizontal position.
6. Dyspnœa paroxysmal and brought on by swallowing or by pressure on larynx.
7. On examination a fluctuating painful tumor is found at the back part of pharynx.

Acute Laryngitis (Croupous).**Diphtheria.**

See Diphtheria, page 20.

Chronic Laryngitis.**Hysterical Change of Voice.**

1. Symptoms appear slowly.
2. Difficulty in breathing.
3. Cough and expectoration.
4. Symptoms quite constant.
5. Pain in larynx.
6. Laryngeal examination positive.

1. Advent sudden.
2. Absence of dyspnœa.
3. Cough slight and without expectoration.
4. Sudden relief of symptoms.
5. No pain in larynx.
6. Laryngoscopic examination negative.

Chronic Laryngitis.**Thoracic Aneurism.**

See Thoracic Aneurism, page 48.

Œdema Glottidis.**Acute Laryngitis.**

See Acute Laryngitis, page 15.

Œdema Glottidis.**Thoracic Aneurism.**

See Thoracic Aneurism, page 48.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Œdema Glottidis.**Asthma.***See Asthma, page 30.***Œdema Glottidis.****Retro-Pharyngeal Abscess.**

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. History of general œdema, ulcer of larynx, acute disease, etc. 2. Dyspnœa constant. 3. Dyspnœa inspiratory only. 4. Usually attacks adults. 5. Advent sudden. 6. No chills or sweating. 7. Dyspnœa increased by bending head forward. 8. Examination shows marked œdema of the glottis. | <ol style="list-style-type: none"> 1. History of stiff neck, etc. 2. Dyspnœa paroxysmal. 3. Dyspnœa expiratory and inspiratory. 4. Disease especially of children. 5. Advent gradual. 6. Fever, chills, and sweating. 7. Dyspnœa increased by throwing head backward. 8. Examination shows presence of a post-pharyngeal fluctuating tumor. |
|---|---|

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DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF
THE LUNGS AND PLEURA.

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF THE LUNGS AND PLEURA.

NAME OF DISEASE	DISEASES TO BE DIFFERENTIATED.
Pneumonia	{ Acute pleurisy. Pleurisy with effusion. Broncho-pneumonia. Acute phthisis.
Broncho-pneumonia	{ Pneumonia. Capillary bronchitis. Acute phthisis. Atelactasis.
Acute phthisis	{ Pneumonia. Broncho-pneumonia. Capillary bronchitis. Abscess of lung.
Chronic phthisis	{ Chronic bronchitis. Pulmonary infarction. Cancer of lung. Broncho-pneumonia.
Capillary bronchitis	{ Acute catarrhal bronchitis. Broncho-pneumonia. Acute phthisis. Œdema of lungs.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Chronic bronchitis	{ Broncho-pneumonia. { Chronic phthisis.
Gangrene of lung	{ Abscess of lung. { Fetid bronchitis.
Cancer of lung	{ Phthisis. { Pleurisy with effusion.
Emphysema	{ Pneumothorax. { Asthma.
Asthma	{ Spasmodic affections of larynx. { Emphysema. { Angina pectoris.
Hemoptysis	{ Hematemesis. { Epistaxis.
Acute pleurisy	{ Acute pericarditis. { Pneumonia. { Intercostal neuralgia. { Perihepatitis.
Pleurisy with effusion	{ Pneumonia. { Cancer of lung. { Hydatids of lung. { Hydrothorax. { Empyema.
Pneumothorax	{ Phthisical cavities. { Emphysema.
Empyema	{ Pleurisy with effusion. { Abscess of liver. { Thoracic aneurism.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Pneumonia.

1. Begins with a well-marked chill.
2. Face flushed and congested.
3. Temperature from 104° to 106°.
4. Expectoration rust-colored and viscid.
5. Marked dulness upon percussion.
6. Bronchial voice and breathing.
7. Crepitant râle at end of inspiration.

Pneumonia.

1. Begins with a marked chill.
2. Face flushed and mahogany color.
3. Temperature from 104° to 106°.
4. Expectoration rust-colored and characteristic.
5. Breathing hurried and panting.
6. Dulness on percussion.
7. Bronchial voice and respiration.
8. Heart in normal position.
9. Crepitant râle at end of inspiration.
10. Aspiration negative.
11. Termination by crisis about seventh day.

Pneumonia.

1. Begins suddenly with a chill.
2. Severe pains in side.
3. Affects one lung.
4. Attacks children or adults.
5. Bronchial voice and breathing.

Acute Pleurisy.

1. Begins with pain in side.
2. Face pale and anxious.
3. Temperature from 100° to 102°.
4. Expectoration frothy and mucous.
5. But slight dulness on percussion.
6. Feeble voice and breathing.
7. Superficial friction-sound on both expiration and inspiration.

Pleurisy with Effusion.

1. Begins with chilly sensations.
2. Face pale and anxious.
3. Temperature from 100° to 102°.
4. Expectoration scanty and mucous.
5. Breathing less hurried and catching.
6. Flatness on percussion, but changes with position of patient.
7. Absence of voice and breathing.
8. Heart displaced.
9. Absence of râles.
10. Aspiration positive.
11. No critical days.

Broncho-Pneumonia.

1. Begins as a severe bronchitis.
2. Stuffy feeling under sternum.
3. Affects both lungs.
4. Usually attacks children.
5. Broncho-vesicular voice and breathing.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Pneumonia.

6. Dulness unilateral and well marked.
7. Râles crepitant and subcrepitant.
8. Terminates by crisis.

Broncho-Pneumonia.

6. Dulness less marked and bilateral.
7. Râles subcrepitant and mucous.
8. Does not terminate by crisis.

Pneumonia.

1. Begins with chill and pain in side.
2. Affects one lung.
3. Characteristic pneumonic sputum.
4. Temperature high and somewhat remittent.
5. Face flushed and mahogany color.
6. No severe sweating until crisis.
7. Physical signs unilateral.
8. Breathing hurried and panting.
9. Termination by crisis.

Acute Phthisis.

1. Begins as a bronchitis with chilly feeling.
2. Affects both lungs.
3. Sputum contains bacilli tuberculosis.
4. Temperature irregular and intermittent.
5. Face has a hectic appearance.
6. Profuse night sweats.
7. Physical signs bilateral.
8. Respiration hurried but natural.
9. No critical days.

Broncho-Pneumonia.**Pneumonia.**

See Pneumonia, page 23.

Broncho-Pneumonia.

1. Often a secondary disease.
2. Breathing panting.
3. Temperature high.
4. Dulness on percussion.
5. Respiratory sounds broncho-vesicular.
6. Fine râles over dull areas.

Capillary Bronchitis.

1. Disease primary.
2. Breathing labored and hurried.
3. Temperature not so high.
4. Exaggerated pulmonary resonance.
5. Respiratory sounds vesicular and diminished.
6. Râles uniform all over chest.

Broncho-Pneumonia.

1. Usually a disease of children.

Acute Phthisis.

1. Principally a disease of young adults.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Broncho-Pneumonia.**Phthisis.**

- | | |
|---|--|
| 2. Breathing panting and hurried. | 2. Breathing quiet and hurried. |
| 3. Bronchitis precedes signs of consolidation. | 3. Pyrexia precedes physical signs. |
| 4. Emaciation not very rapid. | 4. Very rapid exhaustion and emaciation. |
| 5. No hemoptysis. | 5. Hemoptysis common. |
| 6. No bacilli tuberculosis in sputum. | 6. Sputum contains many bacilli. |
| 7. Physical signs most marked in dependent portion of lungs, usually. | 7. Physical signs most marked at apices. |
| 8. Sweating not excessive. | 8. Profuse sweating. |

Broncho-Pneumonia.**Atelectasis.**

- | | |
|--|----------------------------------|
| 1. Temperature high. | 1. Temperature about normal. |
| 2. On inspection chest appears normal. | 2. Chest-wall retracted. |
| 3. Diaphragm in normal position. | 3. Diaphragm elevated. |
| 4. Respiratory murmur broncho-vesicular. | 4. Respiratory murmur feeble. |
| 5. Vocal fremitus increased. | 5. Vocal fremitus diminished. |
| 6. Râles numerous and subcrepitant. | 6. Râles rare in collapsed lung. |

Acute Phthisis.**Pneumonia.**

See Pneumonia, page 24.

Acute Phthisis.**Broncho-Pneumonia.**

See Broncho-Pneumonia, page 24.

Acute Phthisis.**Capillary Bronchitis.**

- | | |
|--|---|
| 1. Temperature very high and intermittent. | 1. Temperature less high and remittent. |
| 2. Profuse sweats and chilly sensations. | 2. No marked sweating or chilliness. |

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Acute Phthisis.

3. Emaciation very rapid.
4. Respiration hurried without dyspnoea.
5. Bacilli tuberculosis in sputum.
6. Dulness on percussion at apex.
7. Signs of lung consolidation.
8. Râles marked at apices.

Acute Phthisis.

1. High temperature, followed usually at night with profuse sweats and chilly sensations.
2. Cough and expectoration profuse from the beginning.
3. Expectoration constant.
4. Expectoration contains tubercle bacilli.
5. Signs of cavity develop gradually.
6. No sudden improvement of patient.

Chronic Phthisis.

1. Sputum contains bacilli tuberculosis.
2. Profuse night sweats.
3. Rapid emaciation.
4. Hemoptysis common.
5. Physical signs most marked at apices.
6. Dulness on percussion.
7. Râles subcrepitant and sticky.

Capillary Bronchitis.

3. Emaciation less rapid.
4. Extreme dyspnoea.
5. No bacilli tuberculosis in sputum.
6. Exaggerated pulmonary resonance.
7. Lung not consolidated.
8. Râles heard all over chest.

Abscess of Lung.

1. Chills, followed by fever and sweating.
2. Cough and expectoration profuse after rupture of abscess into bronchii.
3. Sudden expectoration of a large amount of pus.
4. Sputum contains many pus cells.
5. Signs of cavity develop suddenly.
6. Patient suddenly improves after discharge of the abscess into bronchii.

Chronic Bronchitis.

1. No tubercle bacilli in sputum.
2. No profuse sweats.
3. No rapid emaciation.
4. Hemoptysis uncommon.
5. Physical signs not limited to apices.
6. No dulness on percussion.
7. Râles mucous and submucous.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Chronic Phthisis.

1. Temperature more or less elevated.
2. Hemoptysis a bright color.
3. Heart usually normal.
4. Sputum contains bacilli tuberculosis.
5. Symptoms come on gradually.
6. Apices chiefly affected.

Chronic Phthisis.

1. Chest retracted.
2. Pain intermittent.
3. Patient anæmic and hectic.
4. Disease primary.
5. Expectoration muco-purulent.
6. Temperature elevated.
7. Sputum contains tubercle bacilli.

Chronic Phthisis.

1. Attacks any one, especially adults.
2. Temperature elevated, especially
3. Sputum contains tubercle bacilli.
4. Apices principally affected.
5. Hereditary.
6. Hemoptysis common.
7. Frequent signs of cavities following those of consolidation.
8. Profuse night sweats.

Capillary Bronchitis.

1. Temperature very high.
2. Attacks children especially.
3. Extreme dyspnœa.

Pulmonary Infarction.

1. Temperature nearly normal.
2. Expectorated blood dark and coagulated.
3. Advanced valvular heart disease.
4. Sputum free from bacilli tuberculosis.
5. Symptoms appear suddenly.
6. Lower lobes usually affected.

Cancer of Lung.

1. Chest bulging.
2. Pain constant.
3. Patient cachectic.
4. Disease secondary.
5. "Currant-jelly" expectoration.
6. Temperature normal or subnormal.
7. Sputum contains cancer cells.

Persistent Broncho-Pneumonia.

1. Attacks children especially.
2. Temperature nearly normal.
3. No tubercle bacilli in sputum.
4. Apices not often affected.
5. Not hereditary.
6. No hemoptysis.
7. No signs of cavities following those of consolidation.
8. No profuse sweating.

Acute Catarrhal Bronchitis.

1. Temperature but moderately elevated.
2. Attacks any one.
3. No dyspnœa.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Capillary Bronchitis.

4. Cyanosis common.
5. Restless and feverish.
6. Râles sibilant and sonorous.

Acute Catarrhal Bronchitis.

4. No cyanosis.
5. Patient quiet and composed.
6. Râles mucous and submucous.

Capillary Bronchitis.

See Broncho-Pneumonia, page 24.

Broncho-Pneumonia.**Capillary Bronchitis.**

See Acute Phthisis, page 26.

Acute Phthisis.**Capillary Bronchitis.**

1. Temperature elevated.
2. Expectoration tenacious.
3. Disease primary.
4. Exaggerated pulmonary resonance.

Œdema of the Lungs.

1. Temperature normal.
2. Expectoration frothy and watery.
3. Secondary disease.
4. Dulness on percussion.

Chronic Bronchitis.

See Chronic Phthisis, page 26.

Chronic Phthisis.**Chronic Bronchitis.**

1. No dyspnœa if uncomplicated.
2. No lung consolidation.
3. Usually attacks adults.
4. Vocal fremitus normal.
5. Râles mucous and submucous.
6. Frequent formation of bronchiectatic cavities.

Persistent Broncho-Pneumonia.

1. Dyspnœa, especially upon exertion.
2. Lung consolidated.
3. Disease of children especially.
4. Vocal fremitus exaggerated.
5. Subcrepitant râles.
6. Lung remains consolidated.

Gangrene of Lung.

1. Sputum contains pulmonary tissue.
2. Unilateral disease.
3. Patient greatly prostrated.
4. Fever, septic or hectic in character.
5. Signs of pulmonary consolidation.

Fetid Bronchitis.

1. No pulmonary tissue in sputum.
2. Disease affects both lungs.
3. No marked prostration.
4. Temperature normal.
5. Bronchiectatic cavities quite common.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Gangrene of Lung.

1. Signs of cavity follow fetid expectoration.
2. Sputum a dirty black color.
3. Sputum contains lung tissue.
4. Fetor has a putrefactive smell.

Fetid Abscess of Lung.

1. Signs of cavity precede the fetid expectoration.
2. Sputum purulent.
3. Sputum contains numerous pus-cells.
4. Fetor has a sweetish odor.

Cancer of Lung.**Chronic Phthisis.**

See Chronic Phthisis, page 27.

Cancer of Lung.

1. Usually secondary.
2. Cancerous cachexia.
3. Dulness most marked above and in front.
4. Dulness stationary.
5. Areas of resonance throughout the dull portion of the lung.
6. Friction sound over area of dulness.

Pleurisy with Effusion.

1. Usually primary.
2. Anæmia, but no cachexia.
3. Dulness most marked behind and below.
4. Dulness changes with position of patient.
5. Uniform dulness or flatness below level of fluid.
6. Absence of sound over flat area.

Emphysema.

1. Symptoms come on gradually.
2. Dyspnœa paroxysmal and increased upon exercise.
3. Disease bilateral.
4. Percussion sound vesiculo-tympanitic.
5. Breathing vesicular.
6. Expiration prolonged and low-pitched.

Pneumothorax.

1. Begins suddenly.
2. Dyspnœa constant.
3. Disease unilateral.
4. Percussion note tympanitic.
5. Breathing amphoric if audible.
6. Expiratory sounds usually absent.

Emphysema.

1. Vesiculo - tympanitic percussion note.

Bronchial Asthma.

1. Percussion note exaggerated.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Emphysema.

2. Prolonged low-pitched expiration.
3. Always dyspnoea on exertion.
4. Chest barrel-shaped.
5. Heart displaced.
6. Disease constant.
7. Râles few in number, unless there is complicating bronchitis, and then mucous and submucous.

Bronchial Asthma.

1. No change in voice.
2. Cough expulsive.
3. Dyspnoea expiratory.
4. Numerous sibilant and sonorous râles in chest.
5. Auscultatory signs negative over larynx.
6. Laryngoscopic examination negative.

Bronchial Asthma.

1. No pain in region of heart.
2. Pulse normal in regularity.
3. Great difficulty in breathing.
4. Many sibilant and sonorous râles in chest.

Bronchial Asthma.**Hemoptysis.**

1. Blood liquid, bright, and frothy.
2. Blood free from foreign matter.
3. Sinks in water slowly.

Bronchial Asthma.

2. Expiration never low-pitched.
3. Dyspnoea only during the attack.
4. Shape of chest normal.
5. Heart not displaced.
6. Attacks purely paroxysmal.
7. Many sibilant and sonorous râles heard all over chest during attack.

Spasmodic Affections of Larynx.

1. Voice much altered.
2. Cough and breathing stridulous.
3. Dyspnoea inspiratory.
4. Absence of chest râles.
5. Auscultatory signs positive over larynx.
6. Laryngoscopic examination often positive.

Angina Pectoris.

1. Lancinating pain around heart.
2. Pulse intermittent and irregular.
3. Patient tries not to breathe deeply.
4. Absence of chest râles.

Emphysema.

See Emphysema, page 29.

Hematemesis.

1. Blood dark and coagulated.
2. Mixed with food and bile.
3. Sinks in water rapidly.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Hemoptysis.

4. Alkaline in reaction.
5. Preceded by cough and other chest symptoms.
6. History of lung trouble.
7. Hemorrhage followed by great prostration and irritable cough.
8. Moist râles in chest.

Hemoptysis.

1. Blood bright, frothy, and fluid.
2. Attended and followed by cough.
3. History of lung disease.
4. Moist râles in chest.
5. Examination of nares and pharynx negative.
6. Great prostration.

Acute Pleurisy.

1. Temperature elevated.
2. No tenderness over intercostal nerves.
3. Pain constant and localized.
4. No vomiting or herpetic eruption.
5. Friction sound heard on auscultation.

Acute Pleurisy.

See Pneumonia, page 23.

Acute Pleurisy.

See Acute Pericarditis, page 39.

Acute Pleurisy.

See Perihepatitis, page 85.

Hematemesis.

4. Acid in reaction.
5. Preceded by vomiting and pain in stomach.
6. History of gastric disturbance.
7. Not followed by cough or great prostration.
8. Absence of chest râles.

Epistaxis.

1. Blood coagulated and dark.
2. No cough.
3. No history of lung trouble.
4. Absence of chest râles.
5. Examination of nares and pharynx positive.
6. No great prostration.

Intercostal Neuralgia.

1. Temperature normal.
2. Intercostal nerves tender upon pressure.
3. Pain shooting and intermittent.
4. Vomiting and herpes zoster common.
5. No friction sound heard on auscultation.

Pneumonia.**Acute Pericarditis.****Perihepatitis.**

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Pleurisy with Effusion.**Pneumonia.***See Pneumonia, page 23.***Pleurisy with Effusion.****Cancer of Lung.***See Cancer of Lung, page 29.***Pleurisy with Effusion.****Hydatids of Lung.**

- | | |
|---|--|
| 1. Begins acutely with pain, fever, etc. | 1. Begins slowly and insidiously. |
| 2. Quite rapid emaciation and loss of health. | 2. Health but slowly undermined. |
| 3. Effusion produced rapidly. | 3. Effusion forms slowly. |
| 4. Flatness on percussion changes with position of patient. | 4. Flatness on percussion not much changed by position of patient. |
| 5. Fluid obtained by puncture contains no hooklets. | 5. Fluid contains characteristic hooklets. |

Pleurisy with Effusion.**Hydrothorax.**

- | | |
|--------------------------|------------------------|
| 1. Affects one side. | 1. Affects both sides. |
| 2. Primary disease. | 2. Secondary disease. |
| 3. Temperature elevated. | 3. Temperature normal. |
| 4. Pain in side. | 4. No pain in side. |
| 5. No general dropsy. | 5. General dropsy. |

Pleurisy with Effusion.**Empyema.***See Empyema, page 33.***Pneumothorax.****Emphysema.***See Emphysema, page 29.***Pneumothorax.****Phthysical Cavities.**

- | | |
|---|------------------------------------|
| 1. Developed suddenly. | 1. Developed slowly. |
| 2. Severe dyspnoea. | 2. Dyspnoea not severe. |
| 3. Bulging of intercostal spaces. | 3. Chest wall generally retracted. |
| 4. Heart displaced. | 4. Heart in normal position. |
| 5. Vocal fremitus diminished or absent. | 5. Vocal fremitus increased. |

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Pneumothorax.**Phthysical Cavities.**

- | | |
|---|--|
| 6. Physical signs heard all over affected side. | 6. Physical signs usually limited to apices. |
| 7. Succussion of fluid is present. | 7. No succussion. |
| 8. Absence of râles. | 8 Gurgling râles at apices. |

Empyema (pulsating).**Thoracic Aneurism.**

See Thoracic Aneurism, page 48.

Empyema.**Abscess of Liver.**

See Abscess of Liver, page 80.

Empyema.**Pleurisy with Effusion.**

- | | |
|---|---|
| 1. Usually a history of previous disease, as pleurisy, phthisis, general debility, etc. | 1. History of an acute attack following exposure to wet, cold, etc. |
| 2. Constitutional symptoms well marked. | 2. General condition remains quite good. |
| 3. Temperature often reaches 105°. | 3. Temperature seldom over 102°. |
| 4. Chills and profuse sweats common. | 4. No chills or sweats. |
| 5. Fluid remains unless it is withdrawn. | 5. Fluid disappears under appropriate medical treatment. |
| 6. Exploring needle withdraws pus. | 6. Exploring needle withdraws serum. |
| 7. Whispered pectoriloquy sometimes heard below the level of the fluid. | 7. Absence of voice sounds below the level of the fluid. |

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DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF
THE HEART AND BLOOD-VESSELS.

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF THE HEART AND BLOOD-VESSELS.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Acute pericarditis	{ Acute endocarditis. Acute pleurisy. Cardiac enlargement.
Endocarditis	{ Acute pericarditis. Functional heart mururs.
Ulcerative endocarditis	{ Typhoid fever. Pyæmia.
Cardiac hypertrophy	{ Cardiac dilatation. Displacement of heart. Acute pericarditis. Thoracic aneurism. Consolidation of lung tissue.
Fatty heart	Cardiac dilatation.
Palpitation of heart (nervous)	Organic heart disease.
Angina pectoris	{ Bronchial asthma. Hysteria. Intercostal neuralgia. Thoracic aneurism.
Exophthalmic goitre	Cystic goitre with heart disease.

CARDIAC MURMURS.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Aortic obstructive	{ Mitral regurgitation. Tricuspid regurgitation. Anæmic bruit. Thoracic aneurism. Aortic regurgitation.
Aortic regurgitation	{ Aortic obstructive. Mitral obstructive. Pulmonary regurgitation. Thoracic aneurism.
Mitral obstructive	{ Mitral regurgitation. Aortic regurgitation.
Mitral regurgitation	{ Aortic obstructive. Mitral obstructive. Tricuspid regurgitation.

ANEURISMS.

Abdominal aneurisms	{ Pulsation of aorta. Abdominal tumors. Psoas abscess.
Thoracic aneurism	{ Aortic obstructive. Aortic regurgitation. Cancer of pleura. Chronic laryngitis. Pulsating empyema. Dilated heart. Angina pectoris.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Acute Pericarditis.

Acute Endocarditis.

1. Superficial friction sound.
2. Murmurs have limited areas of diffusion.
3. Murmurs intensified by inclination of body.
4. Murmurs intensified by taking a full inspiration.
5. Murmurs not necessarily synchronous with the heart-sounds.
6. Heart-impulse wavy and feeble.
7. In stage of effusion, extended pericardial dulness.
8. Murmurs disappear with the effusion, to return again with the absorption of the effusion.

1. Deep blowing sound.
2. Murmurs have wide areas of diffusion.
3. Position of body does not influence the intensity of the murmurs.
4. Murmurs not increased in loudness by a full inspiration.
5. Murmurs synchronous with the heart-sounds.
6. Heart-impulse strong.
7. No extended pericardial dulness.
8. Murmurs constant.

Acute Pericarditis.

Acute Pleurisy.

1. Pain not severe.
2. Pain not affected by respiration.
3. Pulse feeble and irritable.
4. Friction sound constant until effusion takes place.

1. Pain sharp and cutting.
2. Increased by inspiration.
3. Pulse regular and strong.
4. Friction sound ceases by holding the breath.

Acute Pericarditis
(with effusion).

Cardiac Enlargement
(hypertrophy or dilatation).

1. Disease developed suddenly.
2. There is or has been a friction sound present.
3. Outline of dulness, triangular.
4. Cardiac dulness extends to the left of apex beat.
5. Heart-sounds indistinct and feeble.

1. Disease developed slowly.
2. No friction sound.
3. Outline of dulness, quadrilateral.
4. Dulness does not extend beyond apex beat.
5. Heart-sounds distinct, however feeble or strong.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Endocarditis.**Acute Pericarditis.**

See Acute Pericarditis, page 39.

Endocarditis.**Functional Heart Murmurs.**

1. Signs of obstructed circulation.
2. Cardiac hypertrophy or dilatation.
3. Patient often robust.
4. Murmurs most frequent at apex.
5. Murmurs constant.
6. Murmurs do not disappear under treatment.

1. No obstructed circulation.
2. No cardiac enlargement.
3. Patient anæmic and feeble.
4. Murmurs most frequent at base.
5. Murmurs intermittent.
6. Murmurs disappear under appropriate treatment.

Ulcerative Endocarditis.**Typhoid Fever.**

1. Often rheumatic origin.
2. Temperature fluctuating.
3. Disease develops rapidly.
4. Cardiac murmurs present.
5. Frequent signs of embolus.
6. Petechial eruption on body.
7. No characteristic diarrhoea or nose-bleed.

1. No history of rheumatism.
2. Weekly characteristic temperatures.
3. Disease develops slowly.
4. No cardiac murmurs.
5. Signs of emboli uncommon.
6. Rose-colored lenticular spots on abdomen.
7. Characteristic diarrhoea and nose-bleed.

Ulcerative Endocarditis.**Pyæmia.**

1. Often of rheumatic origin.
2. Cardiac murmurs present.
3. Confusion of mind followed by delirium
4. Petechial eruption.
5. Sour breath

1. History of surgical injury, or disease.
2. No cardiac murmurs.
3. Mind at first clear, and then followed by stupor.
4. Skin deeply jaundiced.
5. Sweet breath.

Cardiac Hypertrophy.**Cardiac Dilatation.**

1. Pulse full and bounding.
2. Face flushed,

1. Pulse weak and feeble.
2. Face pale and livid,

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Cardiac Hypertrophy.

3. Beating carotids.
4. Apex-beat distinct and forcible.
5. Heart-sounds intensified.
6. First sound prolonged and intensified.

Cardiac Dilatation.

3. Veins turgid.
4. Apex-beat indistinct and feeble.
5. Heart-sounds enfeebled.
6. First sound indistinct, short, and resembles the second sound.

Cardiac Hypertrophy.

1. Subjective symptoms, as cerebral hyperæmia.
2. Heaving cardiac impulse.
3. Increase of area of cardiac dulness.
4. Change in character and intensity of heart-sounds.

Displacement of Heart.

1. No subjective heart-symptoms.
2. Cardiac impulse normal.
3. No increase of heart-dulness.
4. Normal heart-sounds.

Cardiac Hypertrophy.

Acute Pericarditis.

See Acute Pericarditis, page 39.

Cardiac Hypertrophy.

1. No pain in the back.
2. No dysphagia.
3. Face flushed, cerebral hyperæmia.
4. Area of heart-dulness increased laterally and downward.
5. Heaving cardiac impulse.
6. No thrill or bruit.

Thoracic Aneurism.

1. Boring pain in dorsal spine.
2. Dysphagia common.
3. Face pale or livid—cerebral congestion.
4. Heart-dulness increased upward.
5. Impulse, dilating.
6. Aneurismal thrill and bruit.

Cardiac Hypertrophy

1. Pulse full and tense.
2. Altered first sound.
3. Outline of cardiac dulness, quadrilateral.
4. No bronchial voice or breathing.
5. Absence of râles.

Consolidation of Lung Tissue.

1. Pulse weak.
2. Heart's sound normal.
3. Outline of dulness, irregular.
4. Bronchial voice and breathing.
5. Moist râles.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Fatty Heart.

1. Pulse irregular.
2. Area of dulness not increased.
3. Absence of first sound.
4. No cardiac murmur.
5. Cheyne-Stokes respiration.
6. Marked cerebral symptoms.

Organic Heart Disease.

(Cardiac palpitation.)

1. Comes on gradually.
2. Causes, rheumatism, syphilis, etc.
3. No distinct paroxysms.
4. Increased by exercise.
5. Patient not uneasy or worried.
6. Often accompanied by cyanosis.
7. Cardiac murmurs present.

Angina Pectoris.**Angina Pectoris.**

1. Lancinating pain in side.
2. Pulse feeble and irregular.
3. Patient conscious and quiet.
4. History of cardiac disease.
5. Cardiac murmurs present.

Angina Pectoris.

1. History of cardiac disease.
2. Attack quickly over.
3. No external tenderness.
4. Pain unilateral.

Dilatation of Heart.

1. Pulse regular.
2. Area of dulness increased.
3. Enfeebled first sound.
4. Cardiac murmurs common.
5. Respiration normal, or hurried.
6. No cerebral symptoms.

Functional Heart Disease.

(Cardiac palpitation.)

1. Comes on suddenly.
2. Causes, emotion, indigestion, tobacco, etc.
3. Distinctly paroxysmal.
4. Increased by a sedentary life.
5. Patient very uneasy and worried.
6. No cyanosis.
7. No cardiac murmurs.

Bronchial Asthma.*See Bronchial Asthma, page 30.***Hysteria.**

1. Globus hysteria.
2. Pulse strong and regular.
3. Patient has convulsions and semi-coma.
4. History of hysteria.
5. No cardiac murmurs.

Intercostal Neuralgia.

1. History of neuralgic attacks.
2. Attack lasts for some time.
3. Marked external tenderness.
4. Pain often bilateral.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Angina Pectoris.

5. Cardiac disturbance—feeble and irregular action of heart.
6. No herpetic eruption follows the attack.

Angina Pectoris.

1. Pain referred to front of chest.
2. Pain paroxysmal and lancinating.
3. Pulse irregular and intermittent.
4. Heart diseased.
5. No thoracic pulsating tumor.
6. Respiration shallow and catching.

Exophthalmic Goitre.

1. Paroxysmal enlargement of diseased thyroid gland.
2. Thyroid very elastic.
3. Eyes have lustrous appearance and marked by exophthalmus.
4. No cardiac murmur.
5. Cardiac palpitation paroxysmal.

Aortic Obstruction.

1. Pulse hard and wiry but regular.
2. Subjective symptoms are cerebral in character.
3. Murmur harsh.
4. Loudest at base.
5. Conveyed into vessels of neck.
6. Pulmonic second sound feeble.

Intercostal Neuralgia.

5. Heart normal.
6. Attack often followed by herpes zoster.

Thoracic Aneurism.

1. Pain referred to back.
2. Pain quite constant and boring.
3. Pulse regular, but often unlike at the wrists.
4. Heart normal.
5. Pulsating thoracic tumor.
6. Respiration hurried and difficult.

Cystic Goitre with Cardiac Disease.

1. Thyroid remains enlarged without fluctuating in size.
2. Thyroid less elastic.
3. Eyes have a dull appearance without great exophthalmus.
4. Cardiac murmurs present.
6. Palpitation of the heart not strictly paroxysmal.

Mitral Regurgitation.

1. Pulse compressible and irregular.
2. Subjective symptoms are pulmonary, renal, interstitial, etc.
3. Murmur soft.
4. Loudest at apex.
5. Conveyed to the left and behind.
6. Pulmonic second sound intensified.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Aortic Obstruction.

1. No venous pulsation.
2. Hypertrophy of left heart.
3. Murmur heard loudest at second costo-sternal articulation.
4. Conveyed upward into carotids.

Aortic Obstruction.

1. Pulse hard and wiry.
2. Patient often robust.
3. Cardiac hypertrophy.
4. Murmurs loudest over base.
5. Murmur harsh in character.
6. No venous hum.

Aortic Obstruction.

1. No pain.
2. Having apical impulse.
3. No dilating impulse on palpitation.
4. Bruit single.
5. Pulse the same at both wrists.
6. Sphygmographic tracings diagnostic.
7. No laryngeal or, œsophageal subjective symptoms.

Aortic Obstruction.

1. Hard, small wiry pulse.
2. Systolic murmur.
3. Conveyed upward into carotids.
4. No capillary pulsation.

Aortic Regurgitation.

1. No well marked pulmonary symptoms.

Tricuspid Regurgitation.

1. Pulsation of jugular.
2. Hypertrophy of right heart.
3. Murmur heard loudest over lower part of sternum.
4. Murmur seldom heard above the third rib.

Anæmic Bruit.

1. Pulse soft and compressible.
2. Patient always anæmic.
3. Small heart.
4. Murmur loudest in carotids.
5. Murmur soft and blowing.
6. Loud venous hum.

Thoracic Aneurism.

1. Boring pain in back and chest.
2. Normal apical impulse.
3. Dilating impulse over aneurism.
4. Bruit double.
5. Pulse often different at the two wrists.
6. Sphygmographic tracings often differ at the wrists.
7. Subjective laryngeal and œsophageal symptoms common.

Aortic Regurgitation.

1. "Shot" pulse.
2. Murmur diastolic.
3. Conveyed downward to xiphoid.
4. Capillary pulsation.

Mitral Obstruction.

1. Pulmonary symptoms well marked upon exercise.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Aortic Regurgitation.

Mitral Obstruction.

2. "Shot" pulse.
3. Capillary pulsation seen at fundus, of eye and under nails.
4. Murmur diastolic.
5. Murmur soft and musical.
6. Murmur very diffuse.
7. No purring thrill.
8. Left ventricle hypertrophied.

2. Pulse soft and full.
3. No capillary pulsation.
4. Murmur presystolic.
5. Murmur grating and blubbery.
6. Murmur limited.
7. Purring thrill.
8. No ventricular hypertrophy.

Aortic Regurgitation.

Pulmonary Regurgitation.

1. "Shot" pulse.
2. Capillary pulsation.
3. Left ventricle hypertrophied.
4. Murmur heard with maximum intensity, at right second intercostal space, or at xiphoid cartilage.

1. Pulse soft.
2. No capillary pulsation.
3. Right ventricle hypertrophied.
4. Murmur heard with greatest intensity at the left second intercostal space.

Aortic Regurgitation.

Thoracic Aneurism.

(Sinus of valsalva.)

1. "Shot" pulse.
2. Capillary pulsation.
3. Cardiac hypertrophy.
4. Diastolic murmur.
5. Murmur transmitted downward.

1. Pulse feeble and compressible.
2. No capillary pulsation.
3. Cardiac degeneration.
4. Systolic aneurismal murmur.
5. Murmur never transmitted toward apex.

Aortic Regurgitation.

Aortic Obstruction.

See Aortic Obstruction, page 44.

Mitral Obstruction.

Aortic Regurgitation.

See Aortic Regurgitation, page 44.

Mitral Obstruction.

Mitral Regurgitation.

1. Murmur diastolic.
2. Murmur of limited area.

1. Murmur presystolic.
2. Conveyed around to the back.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Mitral Obstruction.

3. Murmur blubbering in character.
4. Heard loudest above apex.
5. Purring thrill.

Mitral Regurgitation.

3. Murmur soft and blowing.
4. Heard loudest at apex.
5. No thrill.

Mitral Regurgitation.**Aortic Obstruction.**

See Aortic Obstruction, page 43.

Mitral Regurgitation.**Mitral Obstruction.**

See Mitral Obstruction, page 45.

Mitral Regurgitation.

1. Pulmonary symptoms prominent.
3. Murmur loudest at apex.
2. Murmur conveyed to the left.
4. Pulmonary second sound intensified.
5. No venous pulsation.

Tricuspid Regurgitation.

1. No pulmonary symptoms.
2. Murmur loudest near xiphoid.
3. Transmitted upward and to the right.
4. Pulmonary second sound infeeble.
5. Jugular pulsation.

Abdominal Aneurism.

1. Deep boring pain in back and shooting down the thighs.
2. Throbbing localized in a pulsating tumor.
3. Expansive pulsation of tumor.
4. Double murmur.
5. Marked thrill.

Pulsating Aorta.

1. Absence of pain.
2. Throbbing felt along whole course of the aorta.
3. Pulsation sudden and jerky.
4. No murmur.
5. No thrill.

Abdominal Aneurism.

1. Health good.
2. Tumor has an expansive pulsation.
3. Impulse not lessened by knee-chest position.
4. Tumor not movable.

Pulsating Abdominal Tumors.

1. General health poor.
2. Tumor has a forward pulsation.
3. Impulse lessened by the knee-chest position.
4. Tumor usually movable.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Abdominal Aneurism.

Pulsating Abdominal Tumors.

- 5 Boring pain, and darting down the thighs.
6. Marked thrill.
7. Double murmur.

5. Pain usually dull and not neuralgic in character.
6. No thrill.
7. No murmur—if any, single.

Abdominal Aneurism.

Psoas Abscess.

1. Disease of spine secondary.
2. Expansive pulsating tumor.
3. Well marked thrill.
4. Double murmur.
5. No fluctuation.
6. No difficulty in walking.
7. Temperature normal.

1. Disease of spine primary.
2. No expansive pulsating tumor.
3. No thrill.
4. No murmur.
5. Deep fluctuation.
6. Often great difficulty in walking due to pain and flexion of thigh.
7. Temperature often elevated.

Thoracic Aneurism.

Aortic Obstruction.

See Aortic Obstruction, page 44.

Thoracic Aneurism.

Aortic Regurgitation.

See Aortic Regurgitation, page 44.

Thoracic Aneurism.

Cardiac Hypertrophy.

See Cardiac Hypertrophy, page 41.

Thoracic Aneurism.

Angina Pectoris.

See Angina Pectoris, page 43.

Thoracic Aneurism.

Cancer of Pleura.

1. Not hereditary, or secondary.
2. Pain wandering and not constant.
3. Pain increased by excited heart's action.
4. Pulse at two wrists often unlike.
5. No enlarged glands in neck or axilla,

1. Hereditary or secondary.
2. Pain constant.
3. Pain not increased by over-action of the heart.
4. Pulse at the wrists alike.
5. Enlarged cervical and axillary veins and glands.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Thoracic Aneurism.

6. Expansive pulsation.
7. Double murmur.
8. Well-marked thrill.
9. Subjective sense of throbbing.

Thoracic Aneurism.

1. Pain wandering.
2. No chills, fever, or sweating.
3. Heart in normal position.
4. Double murmur.
5. Well-marked thrill.
6. Exploring needle withdraws blood.

Thoracic Aneurism.

1. Pain in chest.
2. Pulsating tumor in chest.
3. Double murmur and thrill.
4. Cough, paroxysmal and ringing.
5. Voice not uniformly changed in character.
6. Stridulous voice and breathing come on suddenly and are paroxysmal.
7. Laryngoscopic examination shows spasm of vocal cords,

Cancer of Pleura.

6. No expansive pulsation.
7. No double murmur.
8. No thrill.
9. No throbbing sensations.

Pulsating Empyema.

1. Pain stationary.
2. Chills, fever, and sweating.
3. Heart pushed to one side.
4. No murmur.
5. No thrill.
6. Exploring needle withdraws pus.

Chronic Laryngitis.

1. Pain referred to larynx.
2. No tumor in chest.
3. No murmur or thrill.
4. Cough more constant and stridulous.
5. Voice always changed.
6. Change in voice and breathing less paroxysmal in character.
7. Laryngeal examination shows disease of larynx.

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF
THE DIGESTIVE TRACT AND PERITONEUM.

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF THE DIGESTIVE TRACT AND PERITONEUM.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Cancer of the œsophagus	{ Organic stricture. { Hysterical stricture.
Acute gastritis	{ Toxic gastritis. { Acute peritonitis.
Toxic gastritis	{ Acute gastritis. { Acute peritonitis. { Acute enteritis. { Cholera morbus. { Cholera.
Chronic gastritis	{ Dyspepsia. { Ulcer of stomach. { Cancer of stomach.
Gastric dyspepsia	{ Chronic gastritis. { Acid fermentation. { Cerebral vertigo.
Cancer of stomach	{ Chronic gastritis. { Ulcer of stomach. { Abdominal aneurism. { Cancer of liver.
Ulcer of stomach	{ Chronic gastritis. { Cancer of stomach. { Cardialgia.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Hematemesis	Hemoptysis.
Acute enteritis	{ Acute poisoning. Acute peritonitis. Cholera morbus. Typhoid fever.
Cholera morbus	{ Acute enteritis. Asiatic cholera. Acute poisoning.
Cholera infantum	{ Enteritis of children. Hydrocephalus.
Dysentery	{ Diarrhœa with hemorrhoids. Proctitis. Cancer of rectum.
Perityphlitis	{ Typhlitis. Cancer of cæcum. Distension of cæcum. Psoas abscess. Intussusception.
Intestinal obstruction	{ Intestinal colic. Peritonitis. Hepatic colic. Renal colic. Chronic constipation.
Tubercular enteritis	{ Tubercular meningitis. Tubercular peritonitis.
Cancer of intestine	{ Floating kidney. Proctitis. Perityphlitis. Hemorrhoids.
Proctitis	{ Periproctitis. Cancer of intestine. Dysentery. Hemorrhoids.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Hemorrhoids	{ Proctitis. Dysentery. Cancer of rectum. Intestinal hemorrhage.
Intestinal colic	{ Acute peritonitis. Intestinal obstruction. Hepatic colic. Renal colic. Intestinal perforation. Muscular rheumatism. Uterine colic.
Acute peritonitis	{ Acute enteritis. Intestinal colic. Hysteria. Renal or hepatic colic. Acute gastritis. Intestinal obstruction. Acute poisoning.
Chronic peritonitis	{ Tuberculous peritonitis. Cancerous peritonitis. Ascites.
Tuberculous peritonitis	{ Cancer of peritoneum. Chronic peritonitis. Tubercular enteritis.
Ascites	{ Ovarian dropsy. Distended bladder. Hydatids of liver. Pregnancy. Chronic peritonitis. Cirrhosis of the liver.

Cancer of Œsophagus.

1. History of hereditary cancer.
2. Pain constant.

Simple Organic Stricture.

1. History of injury or inflammation of Œsophagus.
2. Pain inconstant.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Cancer of Œsophagus.

3. Pain increased by taking food.
4. Cervical glands enlarged.
5. Hemorrhage common.
6. Lungs affected.
7. Bougie brings up cancerous shreds.

Cancer of Œsophagus.

1. History of hereditary cancer.
2. Comes on gradually.
3. Greatest difficulty in swallowing solids.
4. Cancerous cachexia.
5. Lungs affected.
6. Bougie meets with stricture.

Acute Gastritis.

1. Temperature elevated.
2. Bowels usually constipated.
3. Mouth and pharynx normal.
4. Symptoms not very severe at first.
5. Symptoms do not usually appear within an hour after eating.
6. No blood with vomited matter.
7. No severe prostration.
8. No poison in vomited matter.

Acute Gastritis.

See Acute Peritonitis, page 69.

Toxic Gastritis.

(Acute poisoning.)

See Acute Gastritis, above.

Simple Organic Stricture.

3. But slightly increased by swallowing.
4. Glands not enlarged.
5. No hemorrhage.
6. Lungs not affected.
7. Bougie simply meets with an obstruction.

Hysterical Œsophageal Stricture.

1. History of hysteria.
2. Begins suddenly.
3. Equally as difficult to swallow liquids as solids.
4. No cachexia.
5. Lungs not affected.
6. Bougie passes directly into stomach.

Toxic Gastritis.

1. Temperature often subnormal.
2. Diarrhoea.
3. Mouth and pharynx congested.
4. Symptoms severe from the beginning.
5. Symptoms make their appearance within an hour after eating.
6. Bloody mucus mixed with the vomited matter.
7. Great prostration and collapse.
8. Vomited matter contains poison.

Acute Peritonitis.**Acute Gastritis.**

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Toxic Gastritis.

Acute Peritonitis.

See Acute Peritonitis, page 69.

Toxic Gastritis.

Acute Enteritis.

See Acute Enteritis, page 58.

Toxic Gastritis.

Cholera Morbus.

See Cholera Morbus, page 59.

Toxic Gastritis.

Cholera.

See Cholera, page 120.

Chronic Gastritis.

Dyspepsia.

1. Disease secondary.
2. Associated with chronic alcoholism, renal, hepatic, or thoracic disease.
3. Pain and tenderness in epigastric region.
4. Tongue always coated.
5. Constant thirst.
6. Frequent vomiting.
7. Stimulating ingesta aggravate the symptoms.
8. Many deposits in urine.

1. Disease primary.
2. Dependent upon the habits of life.
3. Little or no epigastric pain and tenderness.
4. Tongue pale and flabby.
5. Moderate thirst.
6. Vomiting infrequent.
7. Spices, etc., often relieve the symptoms.
8. Urine natural in appearance.

Chronic Gastritis.

Ulcer of Stomach.

1. Secondary disease of the heart, liver, or kidneys.
2. Pain slightly increased by taking food.
3. Constant thirst.
4. Tongue greatly coated.
5. Vomiting most frequent in early morning.
6. Hematemesis rare.
7. Common disease of adults and elderly people.
8. No rapid emaciation.
9. Deep pressure causes dull pain.

1. Disease primary.
2. Pain greatly increased by taking food.
3. No thirst.
4. Tongue red and glazed.
5. Vomiting occurs after eating.
6. Hematemesis common.
7. Common in young adults, especially females.
8. Emaciation rapid.
9. Deep pressure causes sharp pain.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Chronic Gastritis.

1. Usually a secondary disease.
2. Pain constant and moderate.
3. Pain increased by taking food.
4. Some tenderness on pressure.
5. Vomiting occasional.
6. Hematemesis rare.
7. No tumor in epigastric region.
8. No enlarged cervical glands.
9. No cachexia.
10. Temperature normal.

Gastric Dyspepsia.

1. Pain follows taking food immediately ; or,
2. Pain occurs when the stomach is empty, and relieved by taking food.
3. Vomiting common.
4. Mental and constitutional symptoms not marked.
5. Flatulence uncommon.
6. No sarcinæ in vomited matter.

Gastric Dyspepsia.
(Vertigo.)

1. History of dyspepsia.
2. Consciousness never lost.
3. Special senses (except eyes) not affected.
4. Patient knows that the motion of surrounding objects is unreal.

Gastric Dyspepsia.**Cancer of Stomach.**

1. Disease hereditary.
2. Pain constant and severe, at times.
3. Pain not increased by taking food.
4. No tenderness on pressure.
5. Vomiting frequent.
6. Hematemesis common.
7. Tumor felt in epigastric region.
8. Cervical glands enlarged.
9. Marked cachexia.
10. Attacks of moderate fever.

Acid Fermentation.

1. Pain comes on sometimes after eating.
2. Pain never occurs with an empty stomach.
3. Vomiting uncommon.
4. Mental and constitutional symptoms well marked.
5. Flatulence common.
6. Sarcinæ present in vomited matter.

Cerebral Vertigo.

1. History of mental disorder.
2. Consciousness lost at times.
3. Special senses affected.
4. Movement of surrounding objects seems real.

Chronic Gastritis.

See Chronic Gastritis, page 55.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Cancer of Stomach.

Chronic Gastritis.

See Chronic Gastritis, page 56.

Cancer of Stomach.

Ulcer of Stomach.

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. History of hereditary cancer. 2. Occurs in people over forty years of age. 3. Pain constant and lancinating. 4. Deep pressure not painful. 5. Hematemesis small in amount and "coffee grounds" in appearance. 6. Vomiting appears late in the disease. 7. Vomiting does not relieve the pain. 8. Cancerous cachexia. 9. Presence of tumor in epigastric region. | <ol style="list-style-type: none"> 1. History of anæmia or chlorosis. 2. Occurs usually in young adults. 3. Pain intermittent — worse after eating. 4. Deep pressure very painful. 5. Hematemesis bright red and large in amount. 6. Vomiting is one of the first symptoms. 7. Vomiting relieves the pain. 8. Anæmia. 9. No tumor in region of stomach. |
|--|--|

Cancer of Stomach.

Abdominal Aneurism.

See Abdominal Aneurism, page 46.

Cancer of Stomach.

Cancer of Liver.

See Cancer of Liver, page 83.

Ulcer of Stomach.

Chronic Gastritis.

See Chronic Gastritis, page 55.

Ulcer of Stomach.

Cancer of Stomach.

See Cancer of Stomach, above.

Ulcer of Stomach.

Cardialgia.

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. History of anæmia. 2. Pain increased by taking food. 3. Pain increased by deep pressure. | <ol style="list-style-type: none"> 1. History of neuralgia. 2. Pain not increased by eating. 3. Pain diminished by deep pressure. |
|---|--|

NAME OF DISEASE

DISEASES TO BE DIFFERENTIATED.

Ulcer of Stomach.

4. Electricity increases the pain.
5. Hematemesis common.
6. Gastric disturbance constantly present.

Hematemesis.**Acute Enteritis.**

1. Onset comparatively slow.
2. Gastric symptoms not severe.
3. Intestinal symptoms first to make their appearance.
4. Temperature elevated.
5. No vomiting of blood.
6. Prostration not severe.
7. Vomited matter free from poison.
8. Mouth and pharynx normal.

Acute Enteritis.

1. Onset comparatively slow.
2. Temperature high.
3. Diarrhœa.
4. Abdomen but slightly tympanitic.
5. Pulse feeble and rapid.
6. Vomited matter not characteristic.
7. Abdomno-thoracic breathing.
8. No severe prostration or collapse.

Acute Enteritis.

1. Onset comparatively slow.
2. Temperature high.
3. Occasional attacks of diarrhœa and vomiting.

Cardialgia.

4. Pain relieved by electricity.
5. No hematemesis.
6. Gastric symptoms only present during the attack.

Hemoptysis.

See Hemoptysis, page 30.

Acute Poisoning.

1. Onset sudden.
2. Very severe gastric symptoms.
3. Gastric symptoms first to make their appearance.
4. Temperature often subnormal.
5. Vomiting of bloody mucus.
6. Great prostration.
7. Vomited matter contains poison.
8. Mouth and pharynx often congested and glazed.

Acute Peritonitis.

1. Onset sudden—usually with a chill.
2. Temperature moderate.
3. Obstinate constipation.
4. Abdomen very tympanitic.
5. Pulse tense and wiry.
6. Vomited matter spinach green.
7. Thoracic breathing.
8. Great prostration and collapse.

Cholera Morbus.

1. Onset sudden—usually at night.
2. Temperature normal or subnormal.
3. Constant vomiting and purging.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Acute Enteritis.

4. No severe cramps in legs.
5. No rapid prostration or collapse.
6. Disease lasts a week or more.

Cholera Morbus.

4. Severe cramps in legs.
5. Sudden prostration and collapse.
6. Disease lasts a day or two.

Acute Enteritis.

1. Gastro-intestinal symptoms precede the febrile movement.
2. Temperature not characteristic.
3. No nose bleed.
4. No eruption.
5. Pain most severe in umbilical region.
6. No gurgling in iliac fossa.
7. Recovery at the end of a week.

Typhoid Fever.

1. Gastro-intestinal symptoms follow the febrile movement.
2. Temperature characteristic.
3. Frequent nose bleed.
4. Eruption on the seventh day.
5. Pains most severe in right iliac fossa.
6. Gurgling in right iliac fossa.
7. Disease lasts four weeks or more.

Cholera Morbus.

1. Disease sporadic.
2. Stools have a fæcal or mouse-like odor.
3. Stools contain bile.
4. Evacuations contain undigested food, mucus, fæcal matter, etc.
5. Pain with vomiting and purging.
6. Urine not albuminous or suppressed.
7. Temporary prostration.
8. No comma bacilli.

Asiatic Cholera.

1. Disease epidemic.
2. Stools have no fæcal odor.
3. No bile in stools.
4. "Rice water" evacuations often from the first.
5. Painless vomiting and purging.
6. Urine albuminous and often suppressed.
7. Prostration greater and prolonged.
8. Presence of comma bacilli.

Cholera Morbus.

Acute Enteritis.

See Acute Enteritis, page 58.

Cholera Morbus.

Acute Poisoning.

1. Begins with vomiting and purging.
2. Pain not limited to epigastric region.

1. Vomiting precedes the purging.
2. Pain limited at first to the epigastric region.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Cholera Morbus.

3. No morbid appearance of mouth or pharynx.
4. No blood in vomited matter.
5. Pain colicky in character.
6. No poison in vomited matter.

Cholera Infantum.

1. Temperature but slightly elevated.
2. Abdomen retracted.
3. Rapid emaciation and prostration.
4. Vomiting and purging excessive.
5. Great thirst.
6. Diarrhœa very watery.
7. Movements have a musty odor.
8. Urine albuminous and often suppressed.
9. Tendency toward coma and convulsions.

Cholera Infantum.

1. Diarrhœa.
2. Pupils dilated and regular.
3. Pulse rapid and regular.
4. Abdomen retracted.
5. Surface cold and perspiring.
6. Tearless cry.

Dysentery.

1. Begins acutely.
2. Temperature elevated.

Acute Poisoning.

3. Mouth and pharynx often congested and glazed.
4. Bloody mucus mixed with vomited matter and stools.
5. Pain constant with severe exacerbations.
6. Poison detected in the vomited matter.

Acute Enteritis of Children.

1. Temperature high.
2. Abdomen tympanitic.
3. Less rapid emaciation and prostration.
4. Vomiting and purging occur at intervals.
5. Thirst not excessive.
6. Diarrhœa—fæces containing undigested food.
7. Movements have a fæcal odor.
8. Urine not suppressed or albuminous.
9. Coma and convulsions rare.

Acute Hydrocephalus.

1. Constipation usually.
2. Pupils contracted and irregular.
3. Pulse slow and irregular.
4. Abdomen tympanitic.
5. Surface dry and hot.
6. Hydrocephalic cry.

Diarrhœa with Hemorrhoids.

1. History of hemorrhoids.
2. Temperature normal.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Dysentery.

3. Constitutional symptoms well marked.
4. Stools scanty in amount.
5. Stools contain mucus and blood.
6. On examination find absence of hemorrhoids.

Diarrhœa with Hemorrhoids.

3. No severe constitutional symptoms.
4. Stools copious.
5. Stools contain blood and fæcal matter.
6. Examination shows presence of enlarged veins.

Dysentery.

1. Begins acutely with chill, etc.
2. Constitutional symptoms well marked.
3. Severe pain in abdomen.
4. Temperature elevated.
5. Diarrhœa.
6. Abdomen tympanitic and tender.

Acute Proctitis.

1. Begins with uneasy feeling in rectum.
2. No constitutional symptoms.
3. Pain limited to rectum.
4. Temperature about normal.
5. Constipation.
6. Abdomen not tympanitic or tender.

Chronic Dysentery.

1. History of an acute attack.
2. Bearing down pains in rectum.
3. Diarrhœa common.
4. Fæces pasty and mixed with mucus and blood.
5. Anæmia and debility.
6. Rectal examination shows disease of mucous membrane.

Cancer of Rectum.

1. History of hereditary cancer.
2. Pain lancinating.
3. Constipation.
4. Fæces ribbon-like and covered with mucus and blood.
5. Cancerous cachexia.
6. Rectal examination shows presence of tumor.

Perityphlitis.

1. Presence of tumor before intestinal symptoms are developed.
2. Pain deep-seated.
3. Pain increased upon motion of thigh.
4. Presence of fluctuation.

Typhlitis.

1. Begins with colicky pains and irregular action of bowels.
2. Pain superficial.
3. Pain not increased by moving thigh.
4. No fluctuation.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Perityphlitis.

5. Tumor irregular and deep-seated.
6. Dulness on percussion over tumor has a tympanitic character.
7. Fever, chills, and sweats.

Perityphlitis.

1. Usually the result of typhlitis.
2. Tumor develops rapidly.
3. Pain throbbing in character.
4. Pain increased by movement of thigh.
5. Tumor fluctuating.
6. Fever, chills, and sweating.

Perityphlitis.

1. History of typhlitis.
2. Fever, chills, and sweating.
3. Tumor fluctuates.
4. Pain increased by moving the right thigh.
5. Symptoms not relieved by an enema or cathartic.

Perityphlitis.

1. History of typhlitis.
2. Intestinal symptoms well marked.
3. No pain in spine.
4. Fluctuating tumor appears gradually.
5. Constitutional symptoms are well marked.
6. The pus has a fæcal odor.

Typhlitis.

5. Tumor superficial and regular.
6. No tympanitic character to the dulness.
7. Absence of chills and sweating.

Cancer of Cæcum.

1. History of hereditary cancer.
2. Tumor develops slowly.
3. Pain lancinating.
4. Pain not increased by movement of thigh.
5. Tumor solid.
6. No chills or sweating.

Distension of Cæcum.

1. History of constipation.
2. No fever, chills, or sweating.
3. No fluctuation.
4. No pain produced by movements of thigh.
5. Symptoms relieved by an enema or cathartic.

Psoas Abscess.

1. History of disease of spine.
2. No well-marked intestinal symptoms.
3. Aching pain in back.
4. Tumor often appears suddenly.
5. No severe constitutional symptoms.
6. No fæcal odor to the pus.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Perityphlitis.

1. Tumor develops slowly.
2. Simple constipation.
3. No blood or mucus with stools.
4. Irregular chills and sweating.
5. No stercoraceous vomiting.
6. Tumor irregular in shape.
7. No severe collapse or prostration.

Intussusception.

1. Tumor develops suddenly.
2. Complete intestinal obstruction.
3. Small, bloody, and mucous passages.
4. No chills or sweating.
5. Stercoraceous vomiting.
6. Tumor sausage-shaped.
7. Sudden collapse and prostration.

Intestinal Obstruction.

1. Obstinate constipation.
2. Pain persistent.
3. Pain not relieved by pressure.
4. Stercoraceous vomiting.
5. Symptoms of profound collapse.

Intestinal Colic.

1. Bowels irregular.
2. Pain intermittent.
3. Pain relieved by pressure.
4. No vomiting.
5. No collapse.

Intestinal Obstruction.

1. Temperature normal or subnormal.
2. Pulse feeble and rapid.
3. Stercoraceous vomiting.
4. Pain localized.
5. Some tenderness upon pressure.
6. Abdomino-thoracic breathing.

Acute Peritonitis.

1. Temperature elevated.
2. Pulse tense and wiry.
3. Spinach-green vomiting.
4. Pain general over abdomen.
5. Great abdominal tenderness.
6. Thoracic breathing.

Intestinal Obstruction.

1. Fæcal vomiting.
2. Pain localized and constant.
3. Obstinate constipation.
3. Urine lessened in amount.
5. No jaundice.
6. Pressure increases the pain.

Hepatic Colic.

1. Vomiting not stercoraceous.
2. Pain paroxysmal and radiating from gall bladder to back.
3. Stools clay-colored.
4. Urine contains bile pigment.
5. Jaundice common.
6. Pressure relieves the pain.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Intestinal Obstruction.

1. Fæcal vomiting.
2. Pain localized and constant.
3. Urine diminished in amount.
4. Complete constipation.
5. No pain in testicles.
6. Pressure increases the pain.

Intestinal Obstruction.

1. Onset sudden.
2. Fæcal vomiting.
3. Tympanitic distension of abdomen.
4. Cathartics increase the severity of the symptoms.
5. No scybala felt through the abdominal wall.
6. Great prostration and collapse.

Tubercular Enteritis.

(Ulcer of intestine.)

1. Abdomen distended.
2. Diarrhœa.
3. Pulse accelerated.
4. Pupils normal.
5. Vomiting rare.
6. Inordinate hunger.

Tubercular Enteritis.

(Ulcer of Intestine.)

1. Abdomen distended and flaccid.
2. Pain moderate and not increased upon pressure.
3. Rapid emaciation.
4. Cervical glands enlarged.

Renal Colic.

1. No stercoraceous vomiting.
2. Pain paroxysmal and extends along ureters to penis of testicle.
3. Urine bloody.
4. Bowels normal.
5. Testicles painful and retracted.
6. Pressure relieves the pain.

Chronic Constipation.

1. History of constipation.
2. Absence of vomiting.
3. No tympanites.
4. Cathartics relieve the symptoms.
5. Scybala felt through the abdominal wall.
6. No severe constitutional symptoms.

Tubercular Meningitis.

1. Abdomen retracted.
2. Constipation.
3. Pulse retarded.
4. Pupils contracted and irregular.
5. Vomiting frequent and projectile.
6. Loss of appetite.

Tubercular Peritonitis.

1. Abdomen distended and rigid.
2. Pain severe and increased by pressure.
3. Emaciation less rapid.
4. Glands not enlarged.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Tubercular Enteritis.

Tubercular Peritonitis.

5. No ascites.
6. Tympanitic percussion note.
7. No redness around umbilicus.

5. Ascites common.
6. Dulness on percussion.
7. Redness and œdema around umbilicus.

Cancer of Intestine.

Floating Kidney.

1. History of hereditary cancer.
2. Cancerous cachexia.
3. Pain lancinating.
4. Tumor irregular in shape.
5. Tumor in front of intestines.
6. Pain not much increased by manipulation.

1. No hereditary tendencies.
2. No cachexia.
3. Pain dull.
4. Tumor kidney shape.
5. Tumor behind intestine.
6. Sickening pain produced by squeezing tumor.

Cancer of Intestine.

Perityphlitis.

See Perityphlitis, page 62.

Cancer of Intestine.

Hemorrhoids.

1. History of hereditary cancer.
2. Cancerous cachexia.
3. Bloody mucus with stools.
4. Fæces ribbon like.
5. Pain lancinating in character.
6. By examination find a tumorous mass in rectum.

1. History of sedentary habits, disease of the liver, etc.
2. No cachexia.
3. Occasional hemorrhage from bowel.
4. Fæces normal in shape.
5. Dragging pain in rectum.
6. On examination find enlarged veins in rectum.

Cancer of Intestine.

Abdominal Aneurism.

See Abdominal Aneurism, page 47.

Proctitis.

Periproctitis.

1. Begins with tenesmus.
2. Stools contain gelatinous mucus and blood.

1. Begins with pain and tenderness in anal region.
2. Stools do not contain blood or mucus.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Proctitis.

3. No chills, fever, or sweating.
4. No external signs of inflammation.
5. No fluctuating tumor.
6. Examination shows diseased condition of rectal mucus membrane.

Proctitis.

1. Tenesmus severe.
2. Stools contain mucus and blood.
3. No external appearance of disease.
4. Examination shows diseased condition of the rectal mucous membrane.

Proctitis.

See Dysentery, page 61.

Proctitis.

See Cancer of Intestine, page 65.

Hemorrhoids.

See Proctitis, above.

Hemorrhoids.

See Dysentery, page 60.

Hemorrhoids.

See Cancer of Intestine, page 65.

Hemorrhoids.

1. Tenesmus.
2. Bearing down pain in rectum.
3. Constipation.
4. Blood bright red and covers fæces.

Periproctitis.

3. Chills, fever, and sweating.
4. External signs of inflammation.
5. Presence of fluctuating tumor.
6. On examination an abscess is found in neighborhood of rectum.

Hemorrhoids.

1. Pain greater than the tenesmus.
2. Stools contain pure blood.
3. Hemorrhoids often appear externally.
4. Examination shows enlarged veins in rectum.

Dysentery.**Cancer of Intestine.****Proctitis.****Dysentery.****Cancer of Intestine.****Intestinal Hemorrhage.**

1. No tenesmus.
2. Abdominal pain.
3. Usually diarrhoea.
4. Blood tarry and mixed with fæces.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Hemorrhoids.

5. No constitutional symptoms.
6. Rectal examination shows presence of enlarged veins.

Intestinal Hemorrhage.

5. Well-marked constitutional symptoms.
6. Rectal examination negative.

Intestinal Colic.

1. No fever.
2. Pulse slow and full.
3. Great restlessness.
4. Pressure relieves the pain.
5. Pain paroxysmal.
6. No vomiting.

Acute Peritonitis.

1. High temperature.
2. Pulse rapid and wiry.
3. Patient perfectly still.
4. Pressure increases the pain.
5. Pain constant.
6. Spinach-green vomiting.

Intestinal Colic.

1. Pain paroxysmal.
2. Temperature normal.
3. Pulse slow and full.
4. Pressure relieves the pain.
5. No marked tympanites.
6. No real prostration or collapse.
7. No hemorrhage from bowels.

Perforation of Intestine.

1. Pain constant with paroxysmal aggravations.
2. Temperature often subnormal.
3. Pulse rapid and feeble.
4. Pressure increases the pain.
5. Tympanites.
6. Great prostration and collapse.
7. Hemorrhage from bowel common.

Intestinal Colic.

Intestinal Obstruction.

See Intestinal Obstruction, page 63.

Intestinal Colic.

Hepatic Colic.

1. No vomiting.
2. No jaundice.
3. Pain most severe in the umbilical region.
4. Bowels irregular.
5. Pain colicky in character.
6. No gall stones in fæces.
7. Urine normal.

1. Vomiting.
2. Jaundice.
3. Pain most severe in epigastric region, shooting toward back.
4. Stools clay-colored.
5. Pain tearing in character.
6. Gall stones in fæces.
7. Urine contains bile pigment.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Intestinal Colic.

1. Urine normal.
2. No pain in testicles.
3. Pain most severe in umbilical region.
4. Pain colicky in character.
5. No vomiting.
6. No numbness of thigh.

Intestinal Colic.

1. Pain paroxysmal.
2. Pain relieved by pressure.
3. Pain of greatest intensity in umbilical region.
4. History of indigestion, exposure to cold, etc.
5. No spots of extreme tenderness.
6. Pain deep-seated.

Intestinal Colic.

1. Occurs at any time.
2. Pain intermittent.
3. Pain in umbilical region most severe.
4. No vomiting.
5. No bladder symptoms.
6. Pain relieved by pressure.

Acute Peritonitis.**Acute Peritonitis.****Acute Peritonitis.**

See Acute Enteritis, page 58.

See Intestinal Colic, page 67.

See Intestinal Obstruction, page 63.

Renal Colic.

1. Urine passed frequently and contains blood.
2. Testicle retracted and painful.
3. Pain shoots along ureters into testicle to penis.
4. Pain tearing and shooting.
5. Frequent vomiting.
6. Marked numbness of thigh.

Abdominal Rheumatism.

1. Pain constant.
2. Pain increased by pressure.
3. Pain of greatest intensity over the origin and insertion of muscles.
4. History of rheumatism.
5. Spots of Hyperæsthesia.
6. Pain superficial.

Uterine Colic.

1. At menstrual period.
2. Pain remittent.
3. Pain most severe in the hypogastric or pelvic region.
4. Vomiting common.
5. Irritability of the bladder.
6. Pain increased by pressure.

Acute Enteritis.**Intestinal Colic.****Intestinal Obstruction.**

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Acute Peritonitis.

1. Temperature elevated.
2. Harder the pressure more severe the pain.
3. Pulse tense and wiry.
4. Great prostration.
5. Peritonitic countenance and position.
6. Spinach-green vomiting.

Acute Peritonitis.

1. Pain increased by pressure.
2. Patient very quiet.
3. Temperature elevated.
4. No change in color of fæces or urine.
5. Great tympanites.
6. Severe collapse and prostration.

Acute Peritonitis.

1. No vomiting at first.
2. Vomiting inconstant and spinach-green in color.
3. Pain diffuse.
4. Great tympanites.
5. Peritonitic countenance and position.
6. Constipation.

Acute Peritonitis.

1. Temperature elevated.
2. Begins with chill and pain in abdomen.
3. Spinach-green vomiting.

Hysteria.

1. Temperature normal.
2. A light touch causes as much pain as deep pressure.
3. Pulse normal.
4. Prostration only apparent.
5. Hysterical countenance and restlessness.
6. Globus hystericus.

Renal or Hepatic Colic.

1. Pain diminished by pressure.
2. Great restlessness.
3. Temperature normal.
4. Fæces or urine has an abnormal color.
5. Tympanites absent or slight.
6. Prostration but temporary.

Acute Gastritis.

1. Begins with vomiting.
2. Vomiting constant and bilious.
3. Pain limited to gastric region.
4. Tympanites moderate or absent.
5. Countenance pale, position not characteristic.
6. Bowels normal or irregular.

Acute Poisoning.

1. Temperature normal or subnormal.
2. Begins with vomiting and pain in the stomach.
3. Vomited matter contains blood and mucus.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Acute Peritonitis.

4. Obstinate constipation.
5. No cramps in legs.
6. Mouth and pharynx normal.
7. Abdomen tympanitic.
8. No poison in vomited matter.

Chronic Peritonitis.

1. History of an acute attack.
2. Temperature irregular — 99° to 104° .
3. Ascitic fluid clear.
4. Anæmia.
5. Occasional chills.
6. No tumefaction of the omentum.
7. No cancer cells in ascitic fluid.

Chronic Peritonitis.

1. History of an acute attack.
2. Constipation alternating with diarrhoea.
3. No redness around umbilicus.
4. Ascitic fluid clear.
5. No tubercle bacilli in fluid.
6. No sign of tubercular disease in other organs, as the lungs.
7. Frequent chills.
8. Moderate ascites.
9. Typhoid symptoms appear late.

Chronic Peritonitis.

1. History of an acute attack.
2. No general œdema.
3. Abdomen painful.

Acute Poisoning.

4. Diarrhoea.
5. Severe cramps in legs.
6. Mouth and pharynx red and glazed.
7. Abdomen retracted.
8. Vomited matter contains poison.

Cancerous Peritonitis.

1. History of hereditary cancer.
2. Temperature usually normal.
3. Ascitic fluid bloody.
4. Cancerous cachexia.
5. No chills.
6. Tumefaction of the omentum.
7. Ascitic fluid contains cancer cells.

Tubercular Peritonitis.

1. History of tuberculosis.
2. Constant diarrhoea.
3. Redness and œdema around umbilicus.
4. Ascitic fluid hemorrhagic.
5. Fluid contains tubercle bacilli.
6. Lungs and other organs frequently tuberculous.
7. Frequent profuse sweating.
8. Ascites well-marked.
9. Typhoid symptoms appear early.

Ascites.

1. History of kidney, liver, and heart disease.
2. General œdema.
3. No pain in abdomen.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Chronic Peritonitis.

4. Tenderness upon pressure.
5. Temperature irregular.
6. Abdominal veins not dilated.

Tubercular Peritonitis.

1. History of tuberculosis.
2. Tubercular disease of other organs.
3. Ascites well-marked.
4. Profuse sweats.
5. Temperature elevated, especially at night.
6. Redness and œdema around umbilicus.
7. Abdomen has a doughy feeling.

Tubercular Peritonitis.

See Chronic Peritonitis, page 70.

Tubercular Peritonitis.

See Tubercular Enteritis, page 64.

Ascites (Abdominal Dropsy).

See Chronic Peritonitis, page 70.

Ascites.

1. Uniform enlargement.
2. Begins in dependent portion of abdomen.
3. Line of dulness changes with position of patient.
4. Fluctuation well-marked.
5. History of liver, kidney, or heart disease.
6. Fluid serous in character.
7. No well-defined outline of dulness.

Ascites.

4. No tenderness on pressure.
5. Temperature normal.
6. Dilatation of abdominal veins.

Cancerous Peritonitis.

1. History of hereditary cancer.
2. Surrounding organs frequently cancerous.
3. Ascites usually not well-marked.
4. No profuse sweats.
5. Temperature about normal—cancerous cachexia.
6. No redness or œdema about umbilicus.
7. Abdomen feels tumorous.

Chronic Peritonitis.

Tubercular Enteritis.

Chronic Peritonitis.

Ovarian Dropsy.

1. Irregular abdominal enlargement.
2. Begins in one iliac fossa.
3. Line of dulness stationary.
4. Fluctuation indistinct.
5. No history of previous disease.
6. Fluid albuminous and contains characteristic cells.
7. Distinct outline of cyst wall, which limits the area of dulness.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Ascites.

1. No bladder symptoms.
2. Line of dulness changes with position of patient.
3. No pain on pressure.
4. No uniform outline of dulness.
5. Symptoms not relieved by passing catheter.

Distended Bladder.

1. Retention or incontinence of urine.
2. Line of dulness uniform.
3. Pain produced by pressure.
4. Dulness has a rounded outline.
5. Distention relieved by passing catheter.

Ascites.

1. Line of dulness changes with position of patient.
2. Fluctuation well-marked.
3. No mammary changes.
4. No well-defined outline to dulness.
5. No foetal heart.
6. No ballotement.

Pregnancy.

1. Line of dulness constant.
2. Fluctuation indistinct.
3. Well-marked mammary signs.
4. Uterus has a well-defined outline.
5. Foetal heart.
6. Ballotement.

Ascites.

1. Flatness begins below.
2. Line of dulness changes with position of patient.
3. No fremitus on percussion.
4. Tympanites above the flat area.
5. No hooklets in fluid.

Hydatids of Liver.

1. Flatness begins above.
2. Line of dulness constant.
3. Hydatid fremitus on percussion.
4. Tympanites below the flat area.
5. Hooklets found in the fluid.

Ascites.**Cirrhosis of the Liver.**

See Cirrhosis of the Liver, page 78.

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF
THE LIVER.



DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF THE LIVER.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Acute congestion of the liver	<ul style="list-style-type: none"> { Abscess of the liver. { Fatty liver. { Catarrh of the bile ducts.
Cirrhosis of the liver	<ul style="list-style-type: none"> { Fatty liver. { Cancer of liver. { Ascites due to other causes.
Abscess of the liver	<ul style="list-style-type: none"> { Hydatids of the liver. { Cancer of the liver. { Acute congestion of the liver. { Abscess in abdominal walls. { Enlarged gall-bladder. { Perihepatitis. { Empyema. { Pylephlebitis.
Acute yellow atrophy	<ul style="list-style-type: none"> { Yellow fever. { Pyæmia. { Bilious remittent fever. { Simple jaundice. { Remittent fever.
Fatty liver	<ul style="list-style-type: none"> { Waxy liver. { Acute congestion of liver. { Cancer of liver.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Cancer of Liver	{ Cirrhosis of liver. Fatty liver. Abscess of liver. Hydatids of liver. Cancer of stomach. Cancer of kidney.
Hydatids of liver	{ Ascites. Cancer of liver. Abscess of liver. Enlarged gall-bladder. Abdominal aneurism. Cyst of kidney.
Perihepatitis	{ Abscess of liver. Intercostal neuralgia. Acute pleurisy.
Hepatic colic	{ Renal colic. Intestinal colic. Acute peritonitis. Cardialgia.
Hepatogenous jaundice	{ Hematogenous jaundice. Acute yellow atrophy. Acute congestion of liver.

Acute Congestion of Liver.

1. Uniform enlargement of liver.
2. Rapid enlargement of liver.
3. Pain diffuse over liver.
4. Pain not severe.
5. Pulse slow or normal.
6. No chill, fever, or sweating.
7. But slight tenderness on pressure.

Abscess of Liver.

1. Irregular enlargement of liver.
2. Enlargement takes place slowly.
3. Pain localized.
4. Pain quite severe.
5. Pulse rapid.
6. Chills, fever, and profuse sweats.
7. Well-marked tenderness on pressure.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Acute Congestion of Liver.

1. History of alcoholism, gout, syphilis, etc.
2. Pain over liver.
3. Dyspeptic symptoms.
4. Skin dingy and rough.
5. On palpation liver feels hard and resistant.
6. Some tenderness on pressure.
7. Hemorrhoids common.

Acute Congestion of Liver.

1. Jaundice slight.
2. Gastro-duodenitis succeeds the hepatic symptoms.
3. Hemorrhoids common.
4. Liver considerably enlarged.
5. Tenderness on pressure.
6. Marked dizziness at times.

Cirrhosis of Liver.

1. History of alcoholism, syphilis, etc.
2. Skin dingy and rough.
3. Liver hard and resistant on palpation.
4. Some tenderness on pressure.
5. Emaciation.
6. Spleen enlarged.
7. Ascites.
8. Liver usually diminished in size.

Cirrhosis of Liver.

1. Liver usually small.
2. If nodular, the nodules are not well marked.

Fatty Liver.

1. History of high living or phthisis.
2. No pain over liver.
3. Dyspeptic symptoms uncommon.
4. Skin yellow and greasy.
5. Liver feels soft and doughy.
6. No tenderness on pressure.
7. Hemorrhoids uncommon.

Catarrh of Bile Ducts.

1. Jaundice well-marked.
2. Gastro-duodenitis precedes the hepatic symptoms.
3. Hemorrhoids unfrequent.
4. Liver slightly enlarged.
5. No tenderness upon pressure.
6. Patient stupid and drowsy.

Fatty Liver.

1. History of high living, phthisis, etc.
2. Skin yellow and greasy.
3. Liver soft and doughy.
4. No tenderness on pressure.
5. Obesity.
6. Spleen normal.
7. No ascites.
8. Liver always large.

Cancer of Liver.

1. Liver always enlarged.
2. Nodules well marked,

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Cirrhosis of Liver.

3. Spleen enlarged.
4. Ascites.
5. Slight pain over liver.
6. But slight tenderness on pressure.
7. Skin has a dingy hue.
8. Gastric and intestinal hemorrhages common.
9. Enlarged abdominal veins.

Cirrhosis of Liver.

1. Liver small.
2. Gastric and intestinal hemorrhages common.
3. Spleen enlarged.
4. Dropsy begins as ascites.
5. Enlarged abdominal veins.
6. Hemorrhoids common.
7. Absence of disease in other organs.

Abscess of Liver.

1. Occurs most frequently in those who have lived in hot climates.
2. Rapid and acute disease.
3. Severe pain.
4. Chills, fever, and sweating.
5. Well-marked gastric symptoms.
6. No peculiar fremitus produced on percussion.
7. Exploring needle withdraws pus.

Abscess of Liver.

1. Primary disease.
2. Rapid enlargement of liver.

Cancer of Liver.

3. Spleen not enlarged.
4. No ascites.
5. Severe pain over liver.
6. Marked tenderness on pressure.
7. Cancerous cachexia.
8. Hemorrhages rare unless the disease is complicated.
9. Adominal veins not enlarged.

Ascites due to other Causes.

1. Liver normal size.
2. Hemorrhages rare.
3. Spleen normal size.
4. Dropsy begins in extremities or face.
5. Abdominal veins not enlarged.
6. Hemorrhoids unfrequent.
7. Disease of heart, kidneys, peritoneum, etc.

Hydatids of Liver.

1. Occurs most frequently in cold climates.
2. Slow and chronic disease.
3. Little or no pain.
4. No chills, fever, or sweating.
5. No gastric disturbance.
6. Hydatid fremitus or thrill produced by percussion.
7. Fluid contains hooklets.

Cancer of Liver.

1. Disease hereditary or secondary.
2. Liver enlarges slowly.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Abscess of Liver.

3. Fever, chills, and sweating.
4. No nodular feel on palpation.
5. Patient hectic in appearance.
6. Ascites uncommon.
7. Exploring needle withdraws pus.

Cancer of Liver.

3. No chills or sweating.
4. Liver distinctly nodular.
5. Cancerous cachexia.
6. Ascites not infrequent.
7. Exploring needle withdraws blood.

Abscess of Liver.**Acute Congestion of Liver.**

See Acute Congestion of Liver, page 76.

Abscess of Liver.

1. Line of liver dulness well marked.
2. Line of dulness corresponds to the hepatic area.
3. Shiny, œdematous skin over liver appears late in the disease.
4. Superficial tenderness over liver appears late.
5. The tumor has an up and down movement, due to respiration.

Abscess in Abdominal Wall.

1. Line of dulness indistinct.
2. Line of dulness does not correspond to liver dulness.
3. Inflammation of the skin appears early in the disease.
4. Superficial tenderness appears early.
5. The tumor has no up and down movement.

Abscess of Liver.

1. History of injury, dysentery, etc.
2. Abscess tumor broad and flat.
3. Tumor not movable.
4. Chills, fever, and sweating.
5. Jaundice uncommon.
6. Melancholia.
7. Exploring needle withdraws pus.

Enlarged Gall Bladder.

1. History of jaundice or biliary colic.
2. Tumor globular and pear-shaped.
3. Tumor movable.
4. No chills or sweating.
5. Jaundice common.
6. No depression of spirits.
7. Exploring needle withdraws bile.

Abscess of Liver.

1. Chills, fever, and sweating.
2. Temperature, 103° to 105°.
3. Gastric symptoms.
4. Deep fluctuation on palpation.

Perihepatitis.

1. No chills or sweating.
2. Temperature rarely over 101°.
3. No gastric disturbance.
4. No fluctuating tumor.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Abscess of Liver.

5. Increased area of liver dulness on percussion.
6. Patient has a hectic appearance.
7. Melancholia.

Abscess of Liver.

1. Diarrhoea uncommon.
2. Jaundice infrequent.
3. Fluctuation on palpation.
4. Spleen normal size.
5. No enlargement of abdominal veins.
6. Stools clay-colored.
7. Exploring needle withdraws pus.

Abscess of Liver.

1. Gastric disturbance.
2. Stools clay-colored.
3. Needle thrust into liver abscess has an up-and-down movement.
4. Area of dulness corresponds to that of enlarged liver.
5. Dulness seldom reaches above the fourth rib.
6. Disease preceded by signs of hepatic inflammation.
7. Marked tenderness over liver area.
8. No pulmonary symptoms.
9. Exploring needle will bring away hepatic tissue.

Acute Yellow Atrophy.

1. Begins as simple jaundice.
2. No chill with sudden rise of temperature.

Perihepatitis.

5. Liver not enlarged.
6. Patient has a normal appearance.
7. Buoyant spirits.

Pylephlebitis.

1. Diarrhoea.
2. Jaundice.
3. No fluctuating tumor.
4. Spleen enlarged.
5. Abdominal veins distended.
6. Stools watery and dark.
7. Exploring needle withdraws blood.

Empyema.

1. No gastric symptoms.
2. Stools normal color.
3. Needle thrust into plural cavity has no up-and-down movement.
4. Area of dulness changes with the position of patient.
5. Flatness often extends higher than the fourth rib.
6. Disease preceded by pleurisy or pleuro-pneumonia.
7. No tenderness on pressure.
8. Cough, dyspnoea, and expectoration.
9. Exploring needle withdraws pus.

Bilious Remittent Fever.

1. Begins with a chill.
2. Chills followed by fever and sweating.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Acute Yellow Atrophy.**Bilious Remittent Fever.**

3. No regular remissions of symptoms.
4. No pigmentation of blood.
5. Jaundice appears early.
6. Liver diminishes in size.
7. Leucin and tyrosin in urine.

3. Regular remission of symptoms.
4. Free pigment in blood.
5. Jaundice appears late.
6. Liver increases in size.
7. Urine normal.

Acute Yellow Atrophy.**Simple Obstructive Jaundice.**

1. Temperature elevated.
2. Liver diminishes in size.
3. Stupor, coma, and convulsions.
4. Severe headache.
5. Leucin and tyrosin in urine.
6. Pulse rapid from 140 to 160.

1. Temperature normal.
2. Liver slightly increased in size.
3. Mind dull.
4. Dull frontal headache.
5. Bile pigment in urine.
6. Pulse full and slow.

Acute Yellow Atrophy.**Yellow Fever.**

1. Begins as simple jaundice.
2. Spleen increased in size.
3. Liver diminishes in size.
4. Urine acid.
5. Urine contains leucin and tyrosin.
6. Pulse 140 to 160.
7. "Black vomit" appears late.

1. Begins with a chill.
2. Spleen normal in size.
3. Liver increases in size.
4. Urine alkaline.
5. Urine contains many urates.
6. Pulse gaseous and rarely over 110.
7. "Black vomit" appears early.

Acute Yellow Atrophy.**Pyæmia.**

1. Begins as simple jaundice.
2. No chills or exhaustive sweats.
3. Stools clay-colored and formed.
4. Liver diminishes rapidly in size.
5. Leucin and tyrosin in urine.
6. No lung complications.

1. Begins with a chill.
2. Irregular chills and sweating.
3. Diarrhœa.
4. Liver normal in size.
5. Urine albuminous.
6. Abscess of lungs.

Acute Yellow Atrophy.**Remittent Fever.**

See Remittent Fever, page 80.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Fatty Liver.**Acute Congestion of Liver.***See Acute Congestion of Liver, page 77.***Fatty Liver.****Waxy Liver.**

1. History of high living or phthisis.
2. Skin shiny and greasy.
3. Blood hydroæmic.
4. Urine normal.
5. Liver feels soft and flabby.
6. Spleen normal in size.

1. History of suppuration or syphilis.
2. Skin pale and dry with indigo odor.
3. Blood leukæmic.
4. Urine albuminous.
5. Liver feels hard and well defined.
6. Spleen increased in size.

Fatty Liver.**Cancer of Liver.**

1. History of high living or phthisis.
2. Liver uniformly enlarged.
3. No pain over liver.
4. Skin shiny and greasy.
5. Slow progress of disease.
6. No enlarged glands.

1. History of hereditary or secondary cancer.
2. Nodular enlargement of liver.
3. Severe pain over liver.
4. Skin dry and straw-colored.
5. Disease rapid in progress.
6. Abdominal and cervical glands enlarged.

Cancer of Liver.**Cirrhosis of Liver.***See Cirrhosis of Liver, page 77.***Cancer of Liver.****Fatty Liver.***See Fatty Liver, above.***Cancer of Liver.****Abscess of Liver.***See Abscess of Liver, page 78.***Cancer of Liver.****Hydatids of Liver.**

1. Pain severe.
2. Liver nodules hard.

1. No pain.
2. Liver tumors soft, smooth and elastic.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Cancer of Liver.

3. No percussion fremitus.
4. Severe gastric symptoms.
5. Disease rapid in development.
6. Exploring needle withdraws blood.

Cancer of Liver.

1. Hepatic symptoms appear first
2. No vomiting of blood.
3. Gastric symptoms not increased by taking food.
4. Absolute dulness over the tumor.
5. Tumor multiple.
6. Tumor stationary.

Cancer of Liver.

1. Gastric symptoms well marked.
2. Urine normal.
3. Outline of dulness corresponds to the shape of the liver.
4. Area of dulness not bounded by a tympanitic resonance.
5. Tumor lowered by a deep inspiration.
6. Disease of adults.

Hydatids of Liver.**Hydatids of Liver.**

See Cancer of Liver, page 82.

See Abscess of Liver, page 78.

Hydatids of Liver.

3. Hydatid fremitus on percussion.
4. No gastric disturbance.
5. Slow progress of disease.
6. Exploring needle withdraws fluid containing hooklets.

Cancer of Stomach.

1. Gastric symptoms are the first to appear.
2. Hematemesis.
3. Symptoms often increased by taking food.
4. Tympanitic quality to the tumor dulness.
5. Tumor single.
6. Tumor movable.

Cancer of Kidney.

1. No well-marked gastric disturbance.
2. Urine contains blood.
3. Outline of dulness corresponds to the shape of the kidney.
4. Area of dulness is bounded by tympanitic resonance.
5. Tumor stationary.
6. disease of children or adults.

Cancer of Liver.**Abscess of Liver.**

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Hydatids of Liver.**Abdominal Aneurism.**

See Abdominal Aneurism, page 46.

Hydatids of Liver.**Enlarged Gall Bladder.**

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. History of eating raw meat. 2. Tumor multiple. 3. Tumor globular. 4. Tumor readily manipulated. 5. Hydatid fremitus on percussion. 6. Exploring needle withdraws fluid containing hooklets. | <ol style="list-style-type: none"> 1. History of jaundice or hepatic colic. 2. Tumor single. 3. Tumor pear-shaped. 4. Tumor not readily manipulated. 5. No fremitus on percussion. 6. Exploring needle withdraws bile. |
|---|--|

Hydatids of Liver.**Cyst of Kidney.**

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Tumor grows from above downward. 2. Tumor rises and falls with respiration. 3. Colon lies behind tumor. 4. Hydatid fremitus on percussion. 5. Hooklets found in aspirated fluid from tumor. | <ol style="list-style-type: none"> 1. Tumor grows from below upward. 2. Tumor stationary. 3. Colon lies in front of tumor. 4. No fremitus on percussion. 5. Aspirating needle withdraws albuminous fluid containing chlorides. |
|--|---|

Hydatids of Liver.**Ascites.**

See Ascites, page 72.

Perihepatitis.**Abscess of Liver.**

See Abscess of Liver, page 79.

Perihepatitis.**Intercostal Neuralgia.**

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Begins with a chill. 2. Temperature 100° to 102°. 3. No distinct points of tenderness. 4. No history of neuralgia. 5. Pain not limited to an intercostal space. | <ol style="list-style-type: none"> 1. Begins with shooting pain in side. 2. Temperature normal. 3. Three distinct points of tenderness. 4. History of neuralgia. 5. Pain limited to an intercostal space. |
|--|--|

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Perihepatitis.

6. Pain increased by pressure upward under ribs.
7. No herpetic eruptions.

Perihepatitis.

1. Slight dyspnoea.
2. Pain increased by pressure upward under ribs.
3. Pain most severe below fourth rib.
4. Pulmonary physical signs normal.
5. No cough.

Hepatic Colic.**Hepatic Colic.*****Hepatic Colic.**

1. Pain shoots from gall bladder to back.
2. Urine contains bile pigment.
3. Fæces clay-colored.
4. Stools contain gall-stones.
5. Urine voided naturally.
6. Gall bladder remains tender on pressure.

Hepatic Colic.

1. Attack comes on at any time.
2. Pain shoots from gall bladder to back.
3. Pain ceases suddenly.
4. Urine contains bile pigment.
5. Fæces clay-colored.

Intercostal Neuralgia.

6. Pain not increased by pressure upward under ribs.
7. Herpes zoster common.

Acute Pleurisy.

1. Dyspnoea well marked.
2. Pain not increased by pressure, but by respiration.
3. Pain most severe above fourth rib.
4. Diminished vocal fremitus, dullness on percussion, and sticky râles.
5. Teasing dry cough.

Intestinal Colic.

See Intestinal Colic, page 67.

Acute Peritonitis.

See Acute Peritonitis, page 69.

Renal Colic.

1. Pain shoots along ureter to testicle or penis.
2. Urine contains blood.
3. Fæces normal color.
4. Urine contains gravel.
5. Urine passed every few minutes.
6. Sharp pain followed by a dull aching in loins.

Cardialgia.

1. Attack comes on after eating.
2. Pain confined to epigastric region.
3. Pain stops gradually.
4. Urine normal.
5. Normal color of fæces.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Hepatogenous Jaundice.

1. Occurs with gastroduodenitis, catarrh of bile ducts, etc.
2. Urine contains bile coloring matter.
3. No albumen in urine.
4. Fæces clay-colored.
5. Heart slow and regular.
6. No severe nervous symptoms.
7. Itching of skin.
8. Liver increased in size.
9. Jaundice well marked.
10. Slight loss of flesh.

Hematogenous Jaundice.

1. Occurs with fevers, blood diseases, etc.
2. Urine contains bile acids.
3. Urine albuminous.
4. Fæces dark color.
5. Heart rapid and irregular.
6. Nervous symptoms well marked.
7. Small hemorrhages in skin.
8. Spleen usually enlarged.
9. Jaundice slight.
10. Rapid emaciation.

Hepatogenous Jaundice.**Acute Yellow Atrophy.**

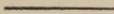
See Acute Yellow Atrophy, page 81.

Hepatogenous Jaundice.**Acute Congestion of Liver.**

See Acute Congestion of Liver, page 77.

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF
THE KIDNEYS AND BLADDER.

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF THE KIDNEYS AND BLADDER.



NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Uræmia	{ Epilepsy. { Apoplexy. { Hysteria. { Meningitis. { Opium poisoning. { Alcoholic coma.
Acute Bright's	{ Congestion of the kidneys. { Hematuria. { Suppurative nephritis. { Acute cystitis. { Chronic Bright's.
Large White Kidney (Chronic Bright's)	{ Acute Bright's. { Cirrhotic kidney. { Fatty or waxy kidney.
Cirrhotic kidney (Chronic Bright's)	{ Acute Bright's. { Large, white kidney. { Fatty or waxy kidney.
Fatty or waxy kidney (Chronic Bright's)	{ Acute Bright's. { Cirrhotic kidney. { Large white kidney.
Bright's disease (dropsy)	Dropsy due to other causes.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Pyelitis	{ Suppurative nephritis. Cystitis.
Pyonephrosis	{ Perinephritic abscess. Hydronephrosis.
Suppurative nephritis	{ Pyelitis. Pyæmia. Perinephritic abscess. Acute Bright's. Cystitis.
Hematuria	{ Hemorrhage from bladder. Hemorrhage from urethra.
Hematuria	{ Acute Bright's. Hematuria.
Hydronephrosis, or hydatids	{ Hydatids of kidney. Ovarian cyst. Pyonephritis. Cancer of kidney. Perinephritic abscess. Hydatids of liver.
Cancer of kidney	{ Perinephritic abscess. Tumor of liver. Tumor of spleen. Abdominal aneurism. Hydronephrosis, or Hydatids. Tubercle of kidney.
Perinephritic abscess	{ Pyonephritis. Suppurative nephritis. Cancer of kidney. Hydronephrosis.
Renal calculi	{ Acute peritonitis. Hepatic colic. Intestinal colic.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Cystitis	{ Acute Bright's. Pyelitis. Suppurative Nephritis. Spasm of the bladder.
--------------------	---

Uræmia.

1. History of Bright's disease.
2. Œdema.
3. Convulsions migratory in character.
4. No change in pupils.
5. No biting of tongue.
6. Waxy countenance.
7. Albumen and casts in urine.
8. Temperature elevated.
9. Coma follows convulsions.
10. No initial cry or pallor.

Uræmia.

1. History of Bright's disease.
2. Coma follows convulsions.
3. Stertor sharp and hissing.
4. No paralysis.
5. Urine albuminous with casts.
6. Pupils normal.
7. General œdema.
8. Patient has a uriniferous smell.

Uræmia.

1. History of Bright's.
2. Convulsions appear without warning.
3. Temperature elevated.
4. Casts and albumen in urine.
5. Reflexes absent.

Epilepsy.

1. History of epilepsy.
2. No general œdema.
3. Convulsions general—tonic then clonic.
4. Dilated pupils follow spasm.
5. Tongue bitten.
6. Countenance cyanotic.
7. Urine normal.
8. Temperature normal.
9. Sleep follows convulsions.
10. Initial cry and pallor.

Apoplexy.

1. History of disease of arteries, heart, or of injury.
2. Coma precedes convulsions.
3. Stertor labored and snoring.
4. Paralysis and spasm of one side.
5. Urine normal.
6. Pupils unequal.
7. No œdema.
8. No smell about patient.

Hysteria.

1. History of hysteria.
2. Convulsions are preceded by screams.
3. Temperature normal.
4. Urine pale and abundant.
5. Reflexes normal or exaggerated.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Uræmia.

6. Opisthotonos rare.
7. Cervical vessels distended.
8. Moral treatment has no effect.

Uræmia.

1. History of Bright's.
2. General œdema.
3. Pulse rapid.
4. Waxy countenance.
5. Temperature highest at first.
6. Convulsions migratory in character.
7. Odor of urine about patient.
8. Albumen and casts in urine.
9. Delirium usually mild or absent.

Uræmia.

1. History of Bright's.
2. Temperature elevated.
3. Respiration hurried.
4. Pupils normal.
5. Casts and albumen in urine.
6. œdema.
7. Smell of urine about patient.
8. Skin dry and waxy in appearance.

Uræmia.

1. History of Bright's.
2. Temperature elevated.
3. Albumen and casts in urine.
4. Uriniferous smell about patient.
5. Face waxy.
6. œdema.
7. Stertor hissing in character.

Hysteria.

6. Opisthotonos common.
7. No distended veins.
8. Moral treatment curative.

Meningitis.

1. History of injury or disease.
2. No œdema.
3. Pulse slow.
4. Flushed face.
5. Temperature rises from day to day.
6. Convulsions not characteristic.
7. No odor about patient.
8. Urine normal.
9. Wild delirium.

Opium Poisoning.

1. No previous history.
2. Temperature normal or subnormal.
3. Respiration slow.
4. Pupils contracted.
4. Urine normal.
6. No œdema.
7. Often smell of opium in breath.
8. Profuse sweating, countenance cyanosed.

Alcoholic Coma.

1. History of alcoholism.
2. Temperature normal.
3. Urine normal.
4. Smell of alcohol in breath.
5. Face flushed.
6. No œdema.
7. Stertor "puffy" in character.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Acute Bright's Disease.

1. History of acute disease, exposure to cold, etc.
2. Severe constitutional symptoms as headache, vomiting, etc.
3. High specific gravity of urine.
4. Urine very albuminous.
5. Casts in urine.
6. Urine bloody.
7. Temperature elevated.
8. Dropsy well marked.

Acute Bright's.

1. Dropsy.
2. Disease lasts for some time.
3. Small amount of blood in urine.
4. Severe constitutional symptoms.
5. No granular pigment in urine.
6. Much albumen and many casts in urine.

Acute Bright's.

1. Affects both kidneys.
2. Casts abundant.
3. Pus small in amount.
4. Kidneys not enlarged.
5. Continued fever.
6. Severe backache.
7. Dropsy.

Acute Bright's.

1. Pain in back.
2. Pain not very severe.
3. Slight pain in passing water.

Congestion of Kidney.

1. History of venous obstruction.
2. No severe constitutional symptoms.
3. Specific gravity of urine normal.
4. But little albumen in urine.
5. No casts in urine.
6. No blood in urine.
7. Temperature normal.
8. No general œdema.

Hematuria.

1. No general œdema.
2. Disease of short duration.
3. Blood in large amount.
4. No severe constitutional disturbance.
5. Granular pigment in urine.
6. But little albumen and few blood-casts in urine.

Suppurative Nephritis.

1. Affects one kidney.
2. Casts few and covered with pus.
3. Large amount of pus in urine.
4. Affected kidney enlarged and tender.
5. Fever remittent.
6. Pain localized over one kidney.
7. No general œdema.

Acute Cystitis.

1. Pain over bladder and in penis.
2. Pain sharp and burning.
3. Burning pain on urinating.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Acute Bright's.

4. Albumen large in amount.
5. But little pus and mucus in urine.
6. Urine bloody.
7. Casts in urine.
8. Dropsy.
9. Constitutional symptoms well marked.

Acute Cystitis.

4. But little albumen in urine.
5. Much ropy pus and mucus in urine.
6. Bloody urine uncommon.
7. No casts in urine.
8. No general œdema.
9. Less severe constitutional disturbances.

Acute Bright's.**Chronic Bright's.**

See Chronic Bright's, pages 94, 95, 96.

Large White Kidney.**Acute Bright's.**

(Chronic Bright's.)

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Usually the result of acute Bright's. 2. Heart hypertrophied. 3. Urine normal, or slightly increased in amount. 4. Casts—hyaline, granular, and epithelial. 5. Specific gravity of urine diminished. 6. No blood in urine. 7. Temperature normal. | <ol style="list-style-type: none"> 1. Usually the result of exposure to cold or some acute disease. 2. Heart normal. 3. Urine diminished in amount. 4. Blood and a few hyaline casts in urine. 5. Specific gravity of urine increased. 6. Urine bloody. 7. Temperature elevated. |
|--|---|

Large White Kidney.**Cirrhotic or Atrophied Kidney.**

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Dropsy well marked. 2. Most common in young adults. 3. Amount of urine normal, or slightly increased. 4. Epistaxis and retinitis uncommon. 5. Specific gravity of urine, 1010-1018. | <ol style="list-style-type: none"> 1. Little or no general œdema. 2. The nephritis of adults. 3. Amount of urine greatly increased. 4. Epistaxis and retinitis common. 5. Urine low specific gravity, 1005-1010. |
|--|---|

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Large White Kidney.

6. Many casts in urine.
7. Liver normal size.
8. Much albumen in urine.

Cirrhotic or Atrophied Kidney.

6. Few casts, principally hyaline.
7. Liver small.
8. Little or no albumen in urine.

Large White Kidney.

1. Usually the result of acute Bright's.
2. Dropsy comes on rapidly.
3. Uræmic symptoms common.
4. Liver and spleen normal size.
5. Diarrhœa unfrequent.
6. Casts: hyaline, granular, and epithelial.
7. Face pale.

Fatty or Waxy Kidney.

1. Follows wasting disease and sup-
puration.
2. Gradual development of œdema.
3. Uræmic symptoms uncommon.
4. Liver and spleen enlarged.
5. Obstinate diarrhœa.
6. Fatty and waxy casts in urine.
7. Face wax-like.

Cirrhotic Kidney.

(Chronic Bright's.)

1. Œdema slight.
2. Disease of slow progress.
3. Urine increased in amount.
4. Urine of low specific gravity.
5. No blood in urine.
6. Few casts—hyaline and granular.
7. No acute symptoms at first.

Acute Bright's.

1. Dropsy well marked.
2. Disease rapid in progress.
3. Urine diminished in amount.
4. Specific gravity of urine high.
5. Bloody urine.
6. Blood and hyaline casts.
7. Symptoms acute from the begin-
ning.

Cirrhotic Kidney.**Large White Kidney.***See Large White Kidney, page 94.***Cirrhotic Kidney.**

1. History of previous good health.
2. Little or no dropsy.
3. Liver small.

Fatty or Waxy Kidney.

1. History of wasting disease or sup-
puration.
2. Œdema well marked.
3. Liver large.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Cirrhotic Kidney.

4. Specific gravity of urine 1,005 to 1,010.
5. But little albumen in urine.
6. Few hyaline and granular casts.
7. Sallow complexion.

Fatty or Waxy Kidney.

4. Specific gravity of urine 1,010 to 1,015.
5. Much albumen in urine.
6. Fatty and waxy casts.
7. Waxy countenance.

Fatty or Waxy Kidney.**Large White Kidney.**

See Large White Kidney, page 95.

Fatty or Waxy Kidney.**Cirrhotic Kidney.**

See Cirrhotic Kidney, above.

Fatty or Waxy Kidney.**Acute Bright's.**

(Chronic Bright's.)

1. History of wasting disease or sup-
puration.
2. Symptoms appear slowly.
3. Urine increased in amount.
4. No blood in urine.
5. Fatty and waxy casts.
6. Uræmic symptoms rare.
7. Temperature normal.
8. Specific gravity of urine low.

1. History of exposure to cold or
some acute disease.
2. Symptoms come on rapidly.
3. Urine diminished
4. Bloody urine.
5. Blood and hyaline casts.
6. Uræmic symptoms common.
7. Temperature elevated.
8. High specific gravity of urine.

Bright's Disease.**Dropsy Due to Other Causes.**

(Dropsy.)

1. Dropsy usually begins in the feet.
2. Urine contains albumen and casts.
3. Complexion pale, sallow, or waxy.
4. Urine altered in amount or color.
5. Urine altered in specific gravity.
6. No pulmonary symptoms.
7. Pain in region of kidneys.
8. Uræmic symptoms.

1. Dropsy begins in the face or as
ascites.
2. Urine normal.
3. Complexion cyanotic or cachectic.
4. Urine normal in color and amount.
5. Specific gravity of urine normal.
6. Pulmonary or liver symptoms com-
mon.
7. No pain over kidneys.
8. Absence of uræmic symptoms.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Pyelitis.

1. Constitutional symptoms not very prominent.
2. No recurring chills or fever.
3. No diarrhoea.
4. No typhoid symptoms.
5. Characteristic "tailed" cells in urine.
6. No tubal pus casts in urine.
7. Much pus constantly in urine.
8. Now and then irregular nephritic enlargement (pyonephritis).

Pyelitis.

1. Pain in lumbar region.
2. Urine acid.
3. Large quantities of pus in urine.
4. "Tailed" cells in urine.
5. No constant desire to urinate.
6. Much foreign matter in urine.
7. Little mucus in urine.
8. No pain during micturition.

Pyonephrosis.

1. Pus, blood, and mucus in urine.
2. Temperature nearly normal.
3. No pain on motion.
4. "Tailed" cells in urine.
5. Irregular chills and sweating uncommon.
6. Tumor appears and disappears suddenly.
7. No signs of inflammation over tumor.

Suppurative Nephritis.

1. Constitutional symptoms severe.
2. Recurring chills and fever.
3. Diarrhoea common.
4. Typhoid symptoms.
5. No characteristic cells in urine.
6. Pus casts of renal tubes in urine.
7. Pus in urine inconstant and in small amount.
8. Kidney constantly enlarged and tender.

Cystitis.

1. Pain over bladder and in penis.
2. Urine alkaline.
3. But little pus in urine.
4. No characteristic cells in urine.
5. Constant desire to urinate.
6. But little foreign matter in urine.
7. Urine contains large quantities of ropy mucus.
8. Burning pain on passing water.

Perinephritic Abscess.

1. Urine normal.
2. Temperature elevated.
3. Severe pain on motion.
4. No characteristic cells in urine.
5. Irregular chills and profuse sweating at intervals.
6. Tumor constant.
7. Severe pain and some œdema over tumor.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Pyonephrosis.

1. Urine contains much pus, etc.
2. " Tailed " cells in urine.
3. Moderate constitutional symptoms, as pain, debility, etc.
4. Indistinct fluctuation of tumor.
5. Aspirating needle withdraws pus, etc.

Hydronephrosis.

1. Urine normal.
2. No cells in urine.
3. General health good.
4. Distinct fluctuation of tumor.
5. Aspirating needle withdraws watery urine.

Suppurative Nephritis.**Pyelitis.**

See Pyelitis, page 97.

Suppurative Nephritis.**Acute Bright's.**

See Acute Bright's, page 93.

Suppurative Nephritis.**Pyæmia.**

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. No profuse sweating. 2. Urine purulent and bloody. 3. Temperature moderately high. 4. No joint affections. 5. No pulmonary symptoms. 6. Affected kidney enlarged and tender. 7. Severe lumbar pains. | <ol style="list-style-type: none"> 1. Profuse sweats. 2. Urine normal. 3. Fever very high at times. 4. Large joints affected. 5. Pulmonary symptoms. 6. Kidneys not enlarged or tender. 7. Pain not referred to lumbar region. |
|---|---|

Suppurative Nephritis.**Perinephritic Abscess.**

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Urine bloody and purulent. 2. No distinct renal tumor. 3. Pus casts in urine. 4. No superficial signs of inflammation. 5. Kidneys tender on pressure. 6. No fluctuation. 7. Temperature continues elevated. | <ol style="list-style-type: none"> 1. Urine normal. 2. A distinct tumor in lumbar region. 3. No casts in urine. 4. Superficial tenderness and œdema. 5. Kidneys painful on pressure. 6. Fluctuation. 7. Irregular chills, fever, and sweating. |
|--|---|

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Suppurative Nephritis.

1. Urine contains much pus and little mucus.
2. Pain in lumbar region.
3. Pus casts in urine.
4. Typhoid symptoms well marked.
5. No constant desire to urinate.
6. Affected kidney enlarged and tender.

Cystitis.

1. Urine contains much ropy mucus and little pus.
2. Pain in bladder and penis.
3. No casts in urine.
4. No severe constitutional symptoms.
5. Constant desire to micturate.
6. Kidneys not enlarged or tender.

Hematuria.

1. History of kidney disease, blood disease, poisoning, etc.
2. Blood mixed with the urine.
3. Urine contains albumen and blood casts.
4. Pain in the lumbar region.
5. Renal epithelium in urine.

Vesical Hemorrhage.

1. History of disease of the bladder.
2. Blood follows the passage of urine.
3. Urine contains blood clots.
4. Pain located in bladder or penis.
5. Vesical epithelium in urine.

Hematuria.

1. History of kidney trouble, blood disease or poisoning.
2. Blood is mixed with the urine.
3. Urine contains albumen and blood casts.
4. Pain in the lumbar region.
5. Renal epithelium in urine.
6. Blood is passed with urine.

Urethral Hemorrhage.

1. History of urethritis, prostatic trouble, etc.
2. Blood precedes the urinary discharge.
3. Blood casts of urethra in the urine.
4. Pain in penis or prostate.
5. No renal or vesical epithelium in urine.
6. Blood discharged without emptying the bladder.

Hematinuria.**Acute Bright's.**

See Acute Bright's, page 93.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Hematuria.

1. Often the result of malaria.
2. Few red blood corpuscles in urine.
3. Abundance of blood pigment in urine.
4. Often preceded by chilliness, slight jaundice, and gastric disorder.
5. Coloring matter not deposited on standing.
6. Urine often suddenly changes color on standing.

Hydronephrosis.

1. Urine normal.
2. May affect both kidneys.
3. No fremitus on percussion.
4. Tumor single.
5. Tumor grows rapidly.
6. Tumor seldom of great size.
7. Exploring needle withdraws a watery uriniferous fluid.

Hydronephrosis or Hydatids of Kidney.

1. Tumor grows from lumbar region.
2. Colon lies in front of tumor.
3. Vaginal examination negative.
4. Absence of tympanitic percussion note in lumbar region.
5. Exploring needle withdraws a watery fluid, either with or without hooklets.

Hydronephrosis or Hydatids of Kidney.**Hematuria.**

1. The result of kidney disease.
2. Many red blood corpuscles in urine.
3. No free blood pigment in urine.
4. Preceded by pain in lumbar region.
5. Coloring matter deposited at bottom of vessel on standing.
6. Urine does not change color on standing.

Hydatids of Kidney.

1. Urine contains hydatid vesicles.
2. Affects one kidney.
3. Hydatid fremitus on percussion.
4. Tumor multiple.
5. Tumor grows slowly.
6. Tumor often of large size.
7. Exploring needle withdraws fluid containing hooklets.

Ovarian Cyst.

1. Tumor starts from pelvic region.
2. Colon behind tumor.
3. Vaginal examination positive.
4. Tympanitic percussion in lumbar region.
5. Exploring needle withdraws albuminous fluid containing characteristic cells.

Pyonephritis.

See Pyonephritis, page 98.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

**Hydronephrosis or Hydatids of
Kidney.****Hydatids of Liver.**

See Hydatids of Liver, page 84.

**Hydronephrosis or Hydatids of
Kidney.****Perinephritic Abscess.**

1. Tumor not painful.
2. Tumor grows forward.
3. Superficial fluctuation.
4. No constitutional symptoms.
5. No signs of inflammation about the tumor.
6. Exploring needle withdraws watery fluid, either with or without hooklets.

1. Tumor painful.
2. Tumor grows backward.
3. Deep fluctuation.
4. Chills, fever, and sweating.
5. Tumor painful and tender, skin cedematous and sometimes red.
6. Exploring needle withdraws pus.

**Hydronephrosis or Hydatids of
Kidney.****Cancer of Kidney.**

1. Tumor not painful.
2. No constitutional symptoms.
3. Tumor smooth and fluctuating.
4. Urine normal.
5. No cachexia or history of cancer.
6. Exploring needle withdraws watery fluid with or without hooklets.

1. Tumor painful.
2. Constitutional symptoms.
3. Tumor hard and nodular.
4. Urine contains blood and cancer cells.
5. Cachexia and often history of cancer.
6. Exploring needle withdraws blood and cancer cells.

Cancer of Kidney.**Tumor of Liver.**

See Tumor of Liver, page 83.

Cancer of Kidney.**Abdominal Aneurism.**

See Abdominal Aneurism, page 46.

Cancer of Kidney.**Hydronephrosis or Hydatids of
Kidney.**

See Hydronephrosis or Hydatids of Kidney, above.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Cancer of Kidney.

1. History of hereditary or secondary cancer.
2. No fluctuation.
3. No chills or sweating.
4. No pain on pressure.
5. Slow growth.
6. Urine contains blood and cancer cells.
7. Exploring needle withdraws blood and cancer cells.

Cancer of Kidney.

1. History of cancer.
2. Tumor stationary.
3. Outline of tumor irregular.
4. No blood changes.
5. Grows from lumbar region.
6. Cancerous cachexia.
7. Blood and cancer cells in urine.

Cancer of Kidney.

1. History of cancer.
2. Blood in urine.
3. No tenderness over the tumor.
4. No disease of testicles or prostate.
5. No pulmonary symptoms.
6. Hectic appears late.
7. Tumor grows to a large size.

Perinephritic Abscess.

1. Often a history of injury to lumbar region.
2. Fluctuation about tumor.
3. Irregular chills and profuse sweats.
4. Marked pain and tenderness on pressure.
5. Tumor of rapid growth.
6. Urine normal.
7. Exploring needle withdraws pus.

Tumor of Spleen.

1. History of malaria, leucocythemia.
2. Tumor moves up and down with the breathing.
3. Outline of tumor presents the splenic notch.
4. Large increase of white blood corpuscles.
5. Tumor grows from the left hypochondriac region.
6. Patient very anæmic.
7. Urine normal.

Tubercular Kidney.

1. History of tuberculosis.
2. Cheesy débris in urine.
3. Tumor tender on pressure.
4. Tubercular disease of testicles or prostate.
5. Lungs phthisical.
6. Hectic appears early.
7. Tumor rarely of large size.

NAME OF DISEASE.

DISEASES TO BE DIERFERENTIATED.

Perinephritic Abscess.

Pyonephritis.

See Pyonephritis, page 97.

Perinephritic Abscess.

Suppurative Nephritis.

See Suppurative Nephritis, page 98.

Perinephritic Abscess.

Cancer of Kidney.

See Cancer of Kidney, page 102.

Perinephritic Abscess.

Hydronephrosis.

See Hydronephrosis, page 101.

Renal Calculi.

Acute Peritonitis.

See Acute Peritonitis, page 69.

Renal Calculi.

Hepatic Colic.

See Hepatic Colic, page 85.

Renal Calculi.

Intestinal Colic.

See Intestinal Colic, page 68.

Cystitis.

Acute Bright's.

See Acute Bright's, page 94.

Cystitis.

Pyelitis.

See Pyelitis, page 97.

Cystitis.

Suppurative Nephritis.

See Suppurative Nephritis, page 99.

Cystitis.

Spasm of the Bladder.

1. Temperature elevated.
2. Pain burning in character.
3. Pain constant.
4. Ropy mucus and pus in urine.
5. No difficulty in passing water except the pain.
6. Urine scalds.

1. Temperature normal.
2. Pain lancinating.
3. Pain paroxysmal.
4. Urine normal.
5. Great difficulty in passing any urine during the paroxysm.
6. Urine does not scald.

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DIFFERENTIAL DIAGNOSIS OF THE ACUTE GENERAL DISEASES.

DIFFERENTIAL DIAGNOSIS OF THE ACUTE GENERAL DISEASES.



NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Typhoid fever	{ Typhus fever. Typho-malarial fever. Acute tuberculosis. Septicæmia. Ulcerative endocarditis. Trichinosis. Acute enteritis.
Typhus fever	{ Typhoid fever. Relapsing fever. Measles. Meningitis. Small-pox.
Yellow fever	{ Acute yellow atrophy of liver. Relapsing fever. Typho-malarial fever. Pernicious malarial fever.
Relapsing fever	{ Yellow fever. Typhus fever. Remittent fever. Dengue fever.
Intermittent fever	{ Pyæmia. Remittent fever.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Remittent fever	{ Intermittent fever. Typhoid fever. Yellow fever. Relapsing fever.
Pernicious malarial fever	{ Meningitis. Cholera. Yellow fever.
Small-pox	{ Scarlet fever. Measles. Epidemic cerebro-spinal meningitis. Varioloid. Chicken-pox. Typhus fever.
Scarlet fever	{ Measles. Variola. Erythema. Diphtheria.
Measles	{ Variola. Scarlet fever. Roseola. Typhus fever.
Cholera	{ Acute poisoning. Cholera morbus. Pernicious malarial fever.
Diphtheria	{ Diphtheritic sore throat. Membranous croup. Scarlet fever. Erysipelas of throat.
Epidemic cerebro-spinal meningitis	{ Small-pox. Typhus fever. Tubercular meningitis. Pernicious fever.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Pyæmia	{ Suppurative nephritis. Septicæmia. Intermittent fever. Acute yellow atrophy of liver. Ulcerative endo-carditis.
Septicæmia	{ Typhoid fever. Pyæmia.
Hydrophobia	{ Tetanus. Hysteria.

Typhoid Fever.

1. Disease endemic.
2. Advent slow, with general malaria, etc.
3. Chilly sensations.
4. Temperature characteristic for each week of the disease.
5. Lenticular rose-colored eruption limited to abdomen.
6. Eruption disappears on pressure.
7. Eruption appears from seventh to tenth day.
8. Eruption appears in crops.
9. Diarrhœa.
10. Gurgling and tenderness in right iliac fossa.
11. Epistaxis and intestinal hemorrhage common.
12. Nervous symptoms appear in the second week.
13. Spleen enlarged.
14. Face flushed,

Typhus Fever.

1. Epidemic.
2. Advent sudden.
3. Severe chill.
4. Temperature high from the first and remains so until crisis.
5. Irregular, dark, mottled eruption appears about shoulders and spreading over body.
6. Eruption does not disappear on pressure.
7. Eruption appears on fifth day.
8. Eruption does not appear in crops.
9. Constipation.
10. No abdominal symptoms.
11. Hemorrhages very uncommon.
12. Nervous symptoms appear early.
13. Spleen not much enlarged.
14. Face mahogany color,

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Typhoid Fever.

15. Lasts about four weeks.
16. No crisis.
17. Bed-sores.

Typhus Fever.

15. Lasts two weeks.
16. Crisis about the fourteenth day.
17. Glandular enlargements.

Typhoid Fever.

1. Onset slow with chilly sensations.
2. Temperature rises slowly and regularly.
3. Characteristic eruption.
4. No jaundice or hepatic tenderness.
5. Spleen somewhat enlarged.
6. Abdomen tympanitic.
7. Tenderness and gurgling in the right iliac fossa.
8. Gastric symptoms not very severe.
9. Diarrhœa characteristic.
10. No free pigment in blood.

Typho-malarial Fever.

1. Onset sudden with a chill.
2. Temperature rises suddenly and is periodical in character.
3. No eruption.
4. Jaundice and hepatic tenderness.
5. Spleen greatly enlarged.
6. No distension of abdomen.
7. No tenderness or gurgling in right iliac fossa.
8. Gastric symptoms especially marked.
9. No characteristic diarrhœa.
10. Free pigment in blood.

Typhoid Fever.

1. Temperature characteristic.
2. Eruption.
3. Typhoid symptoms appear late.
4. No jaundice.
5. Gurgling, etc., in right iliac fossa.
6. Nose bleed.
7. History of exposure to typhoid poison.

Septicæmia.

1. Temperature very high and irregular from first.
2. No eruption.
3. Typhoid symptoms appear early.
4. Jaundice.
5. No iliac symptoms.
6. No nose bleed.
7. History of injury or infectious disease.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Typhoid Fever.**Acute Tuberculosis.**

1. Disease endemic.
2. Temperature highest the end of second week.
3. Spleen enlarged.
4. Absence of dyspnoea.
5. Bronchitis.
6. Face flushed.
7. Characteristic eruption.
8. Choroid normal.
9. Sputum not characteristic.

1. Disease hereditary or secondary.
2. Temperature 106° - 107° in first week.
3. Spleen not enlarged.
4. Severe dyspnoea.
5. Lung consolidation—subcrepitantrals.
6. Face cyanosed.
7. No eruption.
8. Tubercular ulceration of choroid.
9. Sputum contains tubercle bacilli.

Typhoid Fever.**Trichinosis.**

1. Temperature characteristic.
2. Eruption.
3. No oedema.
4. No severe muscular pains.
5. No muscular tenderness.
6. Examination of muscle negative.

1. Temperature not characteristic.
2. No eruption.
3. Oedema of eyelids.
4. Severe muscular pains.
5. Extreme muscular tenderness.
6. Trichinae found in the muscle.

Typhoid Fever.**Ulcerative Endocarditis.**

See Ulcerative Endocarditis, page 40.

Typhoid Fever.**Acute Enteritis.**

See Acute Enteritis, page 59.

Typhus Fever.**Typhoid Fever.**

See Typhoid Fever, page 109.

Typhus Fever.**Relapsing Fever.**

1. Early delirium.
2. Mulberry rash.
3. Great muscular weakness.
4. Spleen normal size.
5. Crisis on fourteenth day.

1. No delirium.
2. No eruption.
3. Severe muscular and arthritic pains.
4. Spleen enlarged.
5. Intermission end of first week.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Typhus Fever.

6. No relapse.
7. No profuse sweats.
8. Pulse not very rapid at first.
9. No abdominal symptoms.
10. Frequent glandular enlargement.

Typhus Fever.**Typhus Fever.**

1. Eruption preceded by cerebral symptoms and great prostration.
2. Eruption appears on the fifth day.
3. But little eruption about the head.
4. Eruption not crescentic in appearance.
5. Eruption dark-brown.
6. Eruption does not disappear on pressure.
7. Mucous membrane of throat normal.

Typhus Fever.

1. Frontal headache.
2. Headache disappears with the delirium.
3. No muscular rigidity.
4. Mulberry rash.
5. No strabismus.
6. No convulsions or paralysis.
7. Countenance blank,

Relapsing Fever.

6. Relapse end of second week.
7. Severe sweats.
8. Pulse 150 to 170 from the first.
9. Vomiting and abdominal pain.
10. No enlarged glands.

Small-pox.

See Small-pox, page 118.

Measles.

1. Eruption preceded by symptoms of a severe cold.
2. Eruption appears on the fourth day.
3. Eruption well-marked about the face.
4. Eruption crescentic.
5. Eruption dark-red.
6. Eruption disappears on pressure.
7. Throat red and injected.

Cerebro-spinal Meningitis.

1. Occipital headache.
2. Pain in head continues with the delirium.
3. Muscular rigidity appears early.
4. Herpetic eruption, if any.
5. Strabismus.
6. Convulsions and paralysis common.
7. Face pinched and anxious,

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Typhus Fever.

8. Temperature remains high from first.
9. Pulse rapid and compressible.
10. No vomiting.
11. Crisis.

Yellow Fever.

See Acute Yellow Atrophy of Liver, page 81.

Yellow Fever.

1. Temperature rarely over 104°.
2. Pulse comparatively slow and gaseous.
3. Jaundice well-marked.
4. Supra-orbital pain.
5. Remission about the fourth day.
6. Spleen not greatly enlarged.
7. Fiery eye.
8. Hemorrhages common.

Yellow Fever.

1. Temperature constant until remission.
2. Constipation.
3. Supra-orbital pain.
4. Countenance peculiar.
5. Jaundice well-marked.
6. Hemorrhages common.
7. Urine albuminous.
8. Spleen slightly enlarged.
9. Disease of short duration.

Yellow Fever.

1. Temperature rarely over 104.
2. Pulse slow and gaseous.

Cerebro-spinal Meningitis.

8. Temperature rises slowly seldom over 104°.
9. Pulse slow.
10. Frequent vomiting.
11. No critical days.

Acute Yellow Atrophy of Liver.**Relapsing Fever.**

1. Temperature 105° to 107°.
2. Pulse very rapid.
3. Jaundice slight and late in appearing.
4. Arthritic and muscular pain.
5. Intermission end of first week.
6. Spleen much enlarged.
7. No change in face.
8. Hemorrhages uncommon.

Typho-malarial Fever.

1. Periodicity in daily temperature.
2. Diarrhoea.
3. Pain in iliac fossa.
4. No peculiar countenance.
5. Slight jaundice.
6. Hemorrhages uncommon.
7. Urine normal.
8. Spleen greatly enlarged.
9. Disease of long duration.

Pernicious Malarial Fever.

1. Temperature 104 to 106.
2. Pulse rapid.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Yellow Fever.

3. Remission about the fourth day.
4. Hemorrhages common.
5. Tongue clean.
6. Mind clear.
7. Fiery eye.
8. Supra-orbital pain.
9. Urine albuminous.
10. Vomiting projectile and severe.

Pernicious Malarial Fever.

3. Remission within twenty-four hours.
4. Hemorrhages rare.
5. Tongue coated.
6. Delirium or stupor.
7. Countenance not peculiar.
8. No supra-orbital pain.
9. No albumen in urine.
10. Vomiting retching and moderate.

Relapsing Fever.**Typhus Fever.**

See Typhus Fever, page III.

Relapsing Fever.**Yellow Fever.**

See Yellow Fever, page II3.

Relapsing Fever.**Remittent Fever.**

1. Continued high temperature until remission.
2. Pulse very rapid.
3. Intense arthritic pains.
4. Complete relapse.
5. Sweating without reduction of temperature.
6. Crisis.
7. Blood contains spirilli.

1. Daily remissions.
2. Pulse not very rapid.
3. No severe pain in muscles or joints.
4. No relapses.
5. Sweating with reduction of temperature.
6. No crisis.
7. Blood contains free pigment.

Relapsing Fever.**Dengue Fever.**

1. Begins with a chill and high fever.
2. No swelling of joints.
3. No enlarged glands.
4. Complete intermission toward the end of first week.

1. Begins as a rheumatism.
2. Joints swollen and tender.
3. Glands enlarged and tender.
4. Remission on third or fourth day.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Relapsing Fever.

5. Vomiting.
6. Profuse sweats.
7. No eruption.

Dengue Fever.

5. Vomiting uncommon.
6. No profuse sweats.
7. Accompanying the relapse an eruption appears first on the hands.

Intermittent Fever.

1. History of exposure to malarial poisoning.
2. Paroxysms regular.
3. Temperature very high.
4. Jaundice uncommon.
5. No severe prostration.
6. Breath normal odor.
7. No pulmonary or joint symptoms.
8. No points of local infection.

Pyæmia.

1. History of injury or infectious disease.
2. Irregular paroxysms.
3. Temperature lower.
4. Jaundice.
5. Patient greatly prostrated.
6. Breath sweet and nauseous.
7. Abscess of lungs and joints.
8. Points of local infection.

Intermittent Fever.

1. Many chills.
2. Complete intermissions.
3. Periods of no fever.
4. Regular development of paroxysms.
5. Patient feels well during the intermissions.

Remittent Fever.

1. One Chill.
2. Remissions.
3. Always fever.
4. Symptoms irregularly developed.
5. Patient feels sick all of the time.

Remittent Fever.**Typhoid Fever.**

See Typhoid Fever, page 110.

Remittent Fever.**Yellow Fever.**

See Yellow Fever, page 113.

Remittent Fever.**Relapsing Fever.**

See Relapsing Fever, page 114.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Remittent Fever.**Intermittent Fever.***See Intermittent Fever, page 115.***Pernicious Malarial Fever.****Cerebro-Spinal Meningitis.**

(Cerebral form.)

1. Coma appears early.
2. History of malaria.
3. Temperature very high.
4. Pulse rapid and full.
5. Distinctly paroxysmal.
6. Attack ends in a few hours with sweating, fall in temperature, and sleep.
7. Free pigment in blood.

1. Coma preceded by headache, delirium, etc.
2. History of injury and infectious disease.
3. Temperature rarely over 104°.
4. Pulse slow and irregular.
5. No intermissions or remissions.
6. Attacks usually end in coma and death.
7. No pigment in blood.

Pernicious Malarial Fever.**Cholera.**

(Gastro-enteric form.)

1. History of malarial infection.
2. Temperature elevated.
3. Discharges bloody from first.
4. No albumen in urine.
5. Vomiting painful and retching.
6. Free pigment in blood.

1. History of epidemic cholera.
2. Temperature subnormal.
3. Rice-water evacuations.
4. Urine albuminous.
5. Vomiting regurgitative.
6. Comma bacilli in discharges.

Pernicious Malarial Fever.**Yellow Fever.**

(Bilious remittent fever.)

*See Yellow Fever, page 113.***Small-Pox.****Scarlet Fever.**

1. Begins with a chill and severe pain in head and back.
2. Eruption appears on third day around the edges of the hair.

1. Begins with headache, vomiting, sore throat, and chilliness.
2. Eruption appears beginning of second day about the neck and chest,

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Small-Pox.

3. Eruption changes from day to day —macular, papular, vesicular, and lastly, pustular.
4. Eruption spreads slowly.
5. Remission on occurrence of eruption.
6. Relapse or secondary fever about the eighth day.
7. Scabbing and pitting.

Small-Pox.

1. Begins with a chill and a severe pain in head and back.
2. Eruption appears about the hair on third day.
3. Eruption macular, then papular, vesicular, and lastly pustular.
4. Remission on occurrence of eruption.
5. Secondary fever and relapse during suppuration.
6. Scabbing and pitting.

Small-Pox.

1. Pustules maturate on eighth day.
2. Secondary fever.
3. Deep suppuration.
4. Many pustules.
5. Pustules burst, then dry, forming scabs.
6. Cicatrices well marked.

Small-Pox.

1. Begins with high temperature, etc.
2. Vesicles terminate in pustules.

Scarlet Fever.

3. Eruption erythematous with interspersed, minute, elevated, dark red points.
4. Eruption spreads rapidly.
5. No remission in symptoms.
6. No secondary fever.
7. Well-marked scaly desquamation.

Measles.

1. Begins with the symptoms of a severe cold.
2. Eruption appears on the face on the fourth day.
3. Eruption papular, and appears in crescentic patches.
4. Temperature rises on appearance of eruption.
5. No secondary fever.
6. Bran-like desquamation.

Varioloid.

1. Pustules maturate from fourth to sixth day.
2. No secondary fever.
3. Superficial suppuration.
4. Few pustules.
5. Pustules dry up without bursting.
6. Cicatrices not well marked.

Chicken-Pox.

1. Fever, etc., follow the eruption.
2. Vesicles dry up without pustulating.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Small-Pox.

3. Eruption complete on eighth day.
4. Eruption begins about the hair.
5. Vesicles umbilicated.
6. Remission on occurrence of eruption.
7. Secondary fever.

Small-Pox.

1. Frontal headache.
2. Face flushed.
3. Temperature high.
4. Pulse rapid.
5. Sore throat.
6. Vomiting retching.
7. Temperature falls with the appearance of the eruption.
Etc., etc., etc.

Small-Pox.

1. No great muscular prostration.
2. Sore throat.
3. Eruption appears on third day.
4. Eruption appears first about hair.
5. Characteristic eruption of small-pox.
Etc., etc., etc.

Scarlet Fever.

1. Begins with chilliness, vomiting, headache, and sore throat.
2. Eruption appears on the second day.
3. Eruption erythematous with minute, interspersed, elevated dark red spots.

Chicken-Pox.

3. Eruption complete on fourth day.
4. Eruption begins on the trunk.
5. Vesicles globular.
6. No remissions.
7. No secondary fever.

Cerebro-Spinal Meningitis.

1. Occipital headache.
2. Face pale and anxious.
3. Temperature rarely over 104°.
4. Pulse not very rapid.
5. No sore throat.
6. Vomiting projectile.
7. No fall in temperature on appearance of eruption.
Etc., etc., etc.

Typhus Fever.

1. Severe muscular prostration.
2. No sore throat.
3. Eruption appears on fifth day.
4. Eruption appears first on trunk.
5. Characteristic typhus eruption.
Etc., etc., etc.

Measles.

1. Begins as a severe cold in the head.
2. Eruption appears on the fourth day.
3. Eruption papular, and is arranged in crescentic patches.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Scarlet Fever.

4. Strawberry tongue.
5. Severe sore throat.
6. Albumen in urine.
7. Eruption appears first on neck and chest.
8. Eruption spreads rapidly.
9. Desquamation scale-like.
10. Sequelæ Bright's disease.

Scarlet Fever.

1. Diffuse redness of tonsils and pharynx.
2. Exudation mucous and easily removed.
3. Strawberry tongue.
4. Temperature very high.
5. Erythematous eruption followed by desquamation.
6. Sequelæ, Bright's disease.

Scarlet Fever.

See Small-Pox, page 116.

Scarlet Fever.

1. High temperature.
2. Eruption covers the body.
3. Sore throat.
4. Enlarged cervical glands.
5. Urine albuminous.
6. Strawberry tongue.
7. Eruption interspersed with minute dark red, elevated spots.
8. Desquamation.

Measles.**Measles.**

4. Tongue coated.
5. Bronchitis.
6. Urine normal.
7. Eruption appears first on face.
8. Eruption spreads slowly.
9. Desquamation bran-like.
10. Sequelæ broncho-pneumonia.

Diphtheria.

1. Dark local redness of throat.
2. Exudation membranous and adherent.
3. Tongue dry and cracked.
4. Temperature rarely over 104.°
5. No eruption, if any, roseola not followed by desquamation.
6. Sequelæ, paralysis.

Small-Pox.**Erythema (Simple).**

1. Temperature slightly elevated.
2. Eruption irregularly distributed.
3. No sore throat.
4. Glands not enlarged.
5. No albumen in urine.
6. Tongue normal.
7. Eruption uniform.
8. No desquamation.

Typhus Fever.

See Typhus Fever, page 112.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Measles.

1. Eruption confluent.
2. Coryza and bronchitis well marked.
3. Temperature high.
4. Eruption dark, elevated and crescentic.
5. Eruption appears first on the face.
6. No sore throat.
7. Desquamation.

Roseola.

1. Non-confluent eruption.
2. Slight coryza and bronchitis.
3. Temperature slightly elevated.
4. Eruption bright, smooth, and not crescentic.
5. Eruption appears first on trunk.
6. Some sore throat.
7. No desquamation.

Measles.**Scarlet Fever.**

See Scarlet Fever, page 118.

Measles.**Small-Pox.**

See Small-Pox, page 117.

Cholera.**Acute Poisoning.**

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|--|--|
| <ol style="list-style-type: none"> 1. Mouth and pharynx normal. 2. Vomiting painless and regurgitative. 3. No burning pain in œsophagus or stomach. 4. Rice-water discharges. 5. Comma bacilli in discharges. | <ol style="list-style-type: none"> 1. Mouth and pharynx glazed and congested. 2. Vomiting painful and retching. 3. Intense burning sensation in stomach and œsophagus. 4. Discharge bloody and mucous. 5. Poison found in discharges. |
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Cholera.**Cholera Morbus.**

See Cholera Morbus, page 59.

Cholera.**Pernicious Malarial Fever.**

See Pernicious Malarial Fever, page 116.

Diphtheria.**Membranous Croup.**

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Preceded by sore throat. 2. Attacks any one. 3. Cervical glands greatly enlarged. | <ol style="list-style-type: none"> 1. Preceded by cough and hoarseness. 2. Attacks children. 3. Glands but slightly enlarged. |
|--|--|

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Diphtheria.

4. Great prostration from the first.
5. Exudation deep—cannot be readily detached.
6. Exudation if detached leaves an ulcer.
7. Temperature rarely over 104°.
8. Exudation of a gray-color, and contains characteristic bacteria.
9. Death due to blood-poison.
10. Sequelæ, paralysis.

Diphtheria.

See Scarlet Fever, page 119.

Diphtheria.

1. Begins with sore throat and slight fever.
2. Constitutional symptoms well-marked.
3. Inflammation localized at first.
4. Pulse feeble and rapid.
5. Cervical glands greatly enlarged.
6. Exudation cannot be easily removed.
7. Laryngeal symptoms common.

Diphtheria.

1. Tongue coated.
2. Throat not greatly swollen.
3. Cervical glands greatly enlarged.
4. Exudation membranous.
5. Throat has a grayish appearance.

Membranous Croup.

4. Prostration follows the throat-obstruction.
5. Exudation superficial—can be readily detached.
6. No ulcer produced by detaching the exudation.
7. Temperature often 104° to 106°.
8. Exudation of a white color, and does not contain characteristic bacteria.
9. Death usually due to suffocation.
10. No paralysis.

Scarlet Fever.**Diphtheritic Sore Throat.**

1. Begins with a chill and high range of temperature.
2. No severe depression or prostration.
3. General inflammation of throat.
4. Pulse rapid and strong.
5. Glands slightly enlarged.
6. Exudation easily removed or picked off.
7. Usually no complicating laryngitis.

Erysipelas of Throat.

1. Tongue brown and fissured.
2. Throat greatly swollen.
3. Cervical glands slightly enlarged.
4. Exudation serous in character.
5. Mucous membrane of throat vivid or dusky in color.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Epidemic Cerebro-Spinal Meningitis.

1. History of epidemic.
2. Muscular rigidity appears early.
3. Pain and tenderness along spine.
4. No peculiar cry.
5. Delirium often wild.
6. Disease begins suddenly.
7. Herpetic eruption common.
8. Pulse moderately slow.
9. Incoördinate movements.

Tubercular Meningitis.

1. History of tuberculosis.
2. Muscular rigidity appears late.
3. No marked spinal symptoms.
4. Hydrocephalic cry.
5. Mild delirium.
6. Disease develops slowly.
7. No herpetic eruption.
8. Pulse very slow at first.
9. Automatic movements.

Epidemic Cerebro-Spinal Meningitis.**Small-Pox.***See Small-Pox, page 118.***Epidemic Cerebro-Spinal Meningitis.****Typhus Fever.***See Typhus Fever, page 112.***Epidemic Cerebro-Spinal Meningitis.****Pernicious Fever.***See Pernicious Fever, page 116.***Pyæmia.****Septicæmia.**

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Begins with a chill. 2. Recurrent chills, fever, and sweating. 3. Jaundice well marked. 4. Sweetish odor to breath. 5. Temperature irregular—100° to 105°. 6. Diarrhœa moderate if present. 7. Formation of metastatic abscesses in lungs, joints, etc. | <ol style="list-style-type: none"> 1. Begins with chilly sensations. 2. No recurrent chills and sweating. 3. Slight jaundice. 4. Odor to breath not peculiar. 5. Temperature less fluctuating. 6. Obstinate diarrhœa. 7. No metastatic abscesses. |
|--|--|

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Pyæmia.**Intermittent Fever.**

See Intermittent Fever, page 115.

Pyæmia.**Acute Yellow Atrophy.**

See Acute Yellow Atrophy, page 81.

Pyæmia.**Ulcerative Endocarditis.**

See Ulerative Endocarditis, page 40.

Pyæmia.**Suppurative Nephritis.**

See Suppurative Nephritis, page 98.

Hydrophobia.**Tetanus.**

1. History of dog or cat bite.
2. Delirium.
3. Fear of liquids.
4. Clonic convulsions.
5. Marked hyperæsthesia.
6. Special senses involved.
7. Much frothy mucus about mouth.
8. Spasms occur at intervals.

1. History of injury.
2. Mind clear.
3. No fear of liquids.
4. Convulsions tonic.
5. Slight hyperæsthesia.
6. Special senses normal.
7. *Risus sardonicus*.
8. Severe tonic spasms all the time.

Hydrophobia.**Hysteria.**

1. History of dog or cat bite.
2. Spasms clonic.
5. Delirium.
4. Special senses affected.
5. Fear of liquids, caused by the inability to swallow without producing convulsions.
6. Occurs usually in men.
7. Moral treatment has no effect.

1. Hysterical history.
2. Spasms hysterical.
3. Mind clear.
4. Special senses normal.
5. Fear of liquids imaginary, as patient can swallow without causing spasms.
6. Occurs usually in hysterical young women.
7. Moral treatment curative.

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DIFFERENTIAL DIAGNOSIS OF THE CHRONIC GEN-
ERAL DISEASES.

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DIFFERENTIAL DIAGNOSIS OF THE CHRONIC GENERAL DISEASES.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Acute articular rheumatism	{ Acute gout. { Gonorrhoeal rheumatism.
Arthritis deformans	{ Chronic articular rheumatism. { Chronic gout.
Diabetes	Glycosuria.
Pernicious anæmia	{ Simple anæmia. { Chlorosis. { Leucocythæmia.
Anæmia	{ Chlorosis. { Pernicious anæmia.
Leucocythæmia	{ Pseudo-leukæmia. { Pernicious anæmia.
Scurvy	Purpura.
Trichinosis	{ Myalgia. { Typhoid fever.
Alcoholism	{ Apoplexy. { Uræmia. { Meningitis. { Opium poisoning. { Sunstroke.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.					
Myalgia	<table border="0"> <tr> <td rowspan="4" style="font-size: 3em; vertical-align: middle;">}</td> <td>Neuralgia.</td> </tr> <tr> <td>Intestinal colic.</td> </tr> <tr> <td>Trichinosis.</td> </tr> <tr> <td>Spinal meningitis.</td> </tr> </table>	}	Neuralgia.	Intestinal colic.	Trichinosis.	Spinal meningitis.
}	Neuralgia.					
	Intestinal colic.					
	Trichinosis.					
	Spinal meningitis.					
Syphilis (chancre)	Chancroid.					

Acute Articular Rheumatism.

1. History of exposure to wet or cold.
2. Begins with a chill and fever.
3. Large joints first attacked.
4. Pain constant.
5. Temperature high.
6. Profuse sweats.
7. Attacks young people usually.
8. Joint swollen, but not greatly inflamed.
9. No pruritis or desquamation.
10. Urine abundant.
11. Frequent cardiac complications.
12. Tophi never formed.

Acute Articular Rheumatism.

1. History of exposure to cold, etc.
2. Begins usually with a chill.
3. Many joints attacked.
4. Eyes rarely inflamed,
5. Copious sweating.
6. Temperature high.
7. Disappears rapidly under treatment.

Acute Gout.

1. History of high living or hereditary tendency.
2. Begins at night with severe pain in some small joint—as the great toe
3. Small joints first attacked.
4. Pain paroxysmal.
5. Temperature rarely over 103°.
6. No profuse sweats.
7. Attacks adults.
8. Joints greatly inflamed with surrounding veins enlarged.
9. Desquamation and itching of skin about joint attacked.
10. Urine scanty and highly colored.
11. No cardiac complications.
12. Frequent formation of tophi.

Gonorrhœal Rheumatism.

1. History of gonorrhœa.
2. Begins with pain and lameness in one joint, usually the knee.
3. Usually but one or two joints attacked.
4. Eyes frequently inflamed.
5. No profuse sweats.
6. Temperature rarely over 102°.
7. Treatment has but little effect.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Acute Articular Rheumatism.

8. Frequent cardiac complications.
9. Pain very severe and acute.

Gonorrhœal Rheumatism.

8. Heart rarely attacked.
9. Subacute inflammation of joint.

Arthritis Deformans.

1. Not hereditary.
2. Disease progressive.
3. Usually attacks females.
4. No kidney complications.
5. No chalky deposits.
6. Marked deformity and ankylosis.
7. No excess of uric acid.

Chronic Gout.

1. Hereditary.
2. Disease periodic.
3. Usually attacks males.
4. Frequent kidney complications.
5. Chalky deposits in joints, etc.
6. Marked deformity and ankylosis uncommon.
7. Excess of uric acid.

Arthritis Deformans.

1. No history of acute rheumatism.
2. Disease progressive.
3. Marked deformity.
4. Small joints first involved.
5. Weather has no effect upon the disease.

Chronic Rheumatism.

1. History of acute rheumatism.
2. Disease periodical.
3. Deformity not well-marked.
4. Large joints first attacked.
5. Disease worse in damp, cold weather.

Diabetes.

1. Occurs at all ages.
2. Causes unknown.
3. Amount of sugar varies but little from day to day.
4. Polyuria and polyphagia well-marked.
5. Well-marked nervous and skin symptoms.
6. Fehling's method of analysis easy.
7. Complications, as phthisis, etc., common.

Simple Glycosuria.

1. Common in aged people.
2. Caused by insanity, injuries, medicine, etc.
3. Amount of sugar varies greatly from time to time.
4. Polyuria and polyphagia less severe.
5. Obscure nervous and skin symptoms.
6. Method of analysis obscure from presence of keratinine.
7. Complications rare.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Pernicious Anæmia.

1. Disease of adults.
2. Dropsy.
3. Hemorrhages common.
4. Purpura.
5. Fever.
6. Face has a straw color.

Pernicious Anæmia.

1. No severe emaciation.
2. Fever.
3. Hemorrhages common.
4. Purpuric spots.
5. Persistent dropsy and cardiac murmurs.
6. Severe dyspnœa.
7. Does not yield to treatment.

Pernicious Anæmia.

1. Spleen normal.
2. Glands not enlarged.
3. Bones not painful or tender.
4. No pain in sternum.
5. Hemorrhages occur early.
6. Fever.
7. No actual increase in the number of white blood corpuscles.

Simple Anæmia.

1. Emaciation.
2. Skin pale.
3. Attacks any one
4. No mental disturbance.
5. No uterine complications.
6. No cough or severe dyspnœa.

Chlorosis.

1. Disease of girls at puberty.
2. No dropsy.
3. Hemorrhages uncommon.
4. No purpuric eruption.
5. No fever.
6. Face has a greenish hue.

Anæmia.

1. Quite rapid emaciation.
2. No fever.
3. Occasional hemorrhages.
4. No purpuric eruptions.
5. Occasional slight dropsy and blowing murmurs.
6. Slight dyspnœa.
7. Yields readily to treatment.

Leucocythæmia.

1. Spleen greatly enlarged.
2. Lymphatic glands enlarged.
3. Bones painful and tender.
4. Pain in sternum.
5. Hemorrhages occur late.
6. No fever.
7. White blood corpuscles greatly increased, often one in twenty.

Chlorosis.

1. No emaciation.
2. Skin has a greenish hue.
3. Disease of girls at puberty.
4. Mental disturbance.
5. Frequent uterine complications.
6. Severe cough and dyspnœa.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Leucocythæmia.

1. Spleen greatly enlarged.
2. Lymphatic glands somewhat enlarged.
3. Pain in bones, especially sternum, well marked.
4. White blood corpuscles greatly increased (1 to 20).
5. Progressive anæmia and rapid loss of health.

Pseudo-Leukæmia.

1. Spleen somewhat enlarged.
2. Lymphatic glands greatly enlarged.
3. Pain in bones less marked.
4. Number of white blood corpuscles not actually increased.
5. Anæmia and loss of health less marked.

Leucocythæmia.

Pernicious Anæmia.

See Pernicious Anæmia, page 130.

Scurvy.

1. Hemorrhages not confined to free surfaces.
2. Disease of long duration.
3. History of faulty nutrition.
4. Œdema well marked.
5. Muscles swollen.
6. Great depression and despondency.
7. Gums spongy.
8. Attacks numbers of people.
9. Treatment dietetic.

Purpura.

1. Hemorrhages confined to free surfaces.
2. Disease of short duration.
3. No faulty dietetic history.
4. No œdema.
5. No swelling of muscles.
6. No mental prostration.
7. Gums normal.
8. Seen in isolated cases.
9. Dietetic treatment of no effect.

Trichinosis.

1. Abdominal pain.
2. Fever.
3. Diarrhoea.
4. History of eating raw meat.
5. Trichinæ found in muscle.
6. Œdema of eyelids, feet, etc.

Myalgia.

1. No deep abdominal pain.
2. No fever.
3. No diarrhoea.
4. History of exposure to wet or strain.
5. Examination of muscle negative.
6. No œdema.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Trichinosis.**Typhoid Fever.**

See Typhoid Fever, page III.

Alcoholism (Coma).

1. Patient can be aroused.
2. Pupils equal.
3. Pupils dilate by slapping face.
4. Reflexes normal.
5. Odor of alcohol about patient.
6. Steamboat respiration.
7. No paralysis or convulsions.
8. Pulse rapid.
9. Temperature equal on both sides.

Alcoholism (Delirium).

1. Delirium wild but coherent.
2. Temperature normal.
3. Surface cool and sweaty.
4. Pupils normal.
5. Patient sees animals and objects.
6. Does not complain of pain.
7. Pulse rapid.
8. Marked tremor.
9. Eyes wild but otherwise no peculiar appearance of body.

Alcoholism (Coma).

1. Pupils about normal.
2. Pupils dilate by slapping face.
3. Surface hot and often congested.
4. Respiration hurried and deep.
5. Respirations regular and blowing in character.

Apoplexy.

1. Cannot arouse patient.
2. Pupils unequal.
3. Pupils do not respond.
4. Reflexes often absent on one side.
5. No peculiar odor about patient.
6. Stertorous respiration.
7. Paralysis and convulsions common.
8. Pulse slow.
9. Temperature elevated on paralyzed side.

Acute Meningitis.

1. Delirium incoherent and not very wild.
2. Temperature elevated.
3. Surface hot and dry.
4. Pupils contracted.
5. Patient continually trying to get out of bed.
6. Patient complains of headache.
7. Pulse slow.
8. No tremor.
9. "Boat-belly" and strabismus, or photophobia common.

Opium Poisoning.

1. Pupils "pin-head."
2. Pupils do not respond.
3. Surface cool and perspiring.
4. Respiration very slow.
5. Respirations irregular and shallow in character.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Alcoholism (Coma).

Opium Poisoning.

6. Smell of alcohol about patient.
7. Pulse rapid.
8. Face flushed.

6. Odor of opium about patient.
7. Slow pulse.
8. Face pale and cyanotic.

Alcoholism.

Sun-Stroke.

1. Temperature normal.
2. No diarrhoea.
3. Odor of alcohol about patient.
4. Reflexes normal.
5. Steamboat respiration.
6. Patient can swallow.

1. Temperature very high.
2. Profuse diarrhoea.
3. No peculiar smell about patient.
4. Reflexes absent.
5. Quiet or stertorous breathing.
6. Patient cannot swallow.

Alcoholism (Coma).

Uræmia.

See Uræmia, page 92.

Syphilis (Chancre).

Chancroid.

1. Incubation about twenty days.
2. Begins as a papule.
3. Single.
4. Ulceration superficial.
5. Edges of ulcer sloping.
6. Floor of ulcer copper-colored.
7. Scanty secretion.
8. No pain.
9. Indolent induration of glands.
10. Constitutional symptoms.

1. Incubation from one to five days.
2. Begins as a pustule or ulcer.
3. Multiple.
4. Deep ulceration.
5. Edges of ulcer abrupt.
6. Floor of ulcer worm-eaten in appearance.
7. Secretion purulent and abundant.
8. Ulcer painful.
9. Acute suppurative inflammation of glands.
10. Disease purely local.

Myalgia.

Neuralgia.

1. Skin normal.
2. Skin not sensitive to pressure.
3. Pain greatly increased by contraction of muscle.

1. Skin frequently inflamed.
2. Skin anæsthesia or hyperæsthesia.
3. Pain greatly increased by pressure.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Myalgia.**Neuralgia.**

4. Pain constant and tearing in character.
5. Pain most severe at points of attachment of muscle.
6. No eruptions.

4. Pain paroxysmal and shooting.
5. Pain most severe over course of nerve.
6. Frequent herpetic eruptions.

Myalgia.**Trichinosis.**

See Trichinosis, page 131.

Myalgia.**Intestinal Colic.**

See Intestinal Colic, page 67.

Myalgia.**Spinal Meningitis.**

See Spinal Meningitis, page 146.

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DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF
THE NERVOUS SYSTEM.

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF THE NERVOUS SYSTEM.

DISEASES OF THE BRAIN.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Acute meningitis	{ Uræmia. Typhus fever. Small-pox. Delirium tremens. Tubercular meningitis. Pachymeningitis interna.
Chronic meningitis	{ Cerebral tumor. Cerebral softening.
Tubercular meningitis	{ Acute meningitis. Spurious hydrocephalus. Infantile remittent fever. Tubercular enteritis. Cerebro-spinal meningitis.
Cerebral softening	{ Chronic meningitis. Cerebral tumor. Abscess of brain.
Cerebral-apoplexy, or embolus	{ Cerebral embolus. Uræmia. Alcoholism. Opium poisoning. Hysteria. Asphyxia. Epilepsy.

Abscess of the brain	{	Cerebral tumor.
	}	Cerebral softening.
Cerebral tumor	{	Abscess of the brain.
	}	Chronic meningitis.
	}	Cerebral softening.
Cerebral concussion		Cerebral compression.

DISEASES OF THE CORD.

Spinal meningitis	{	Tetanus.
	}	Myelitis.
	}	Muscular rheumatism.
Myelitis	{	Spinal meningitis.
	}	Hysterical paralysis.
	}	Spinal apoplexy.
	}	Polio-myelitis anterior.
	}	Congestion of the cord.
Bulbar paralysis	{	Bulbar embolus or hemorrhage.
	}	Tumor of medulla.
	}	Progressive muscular atrophy.
Polio-myelitis anterior	{	Myelitis.
	}	Progressive muscular atrophy.
	}	Amyotrophic lateral sclerosis.
	}	Locomotor ataxia.
Progressive muscular atrophy	{	Polio-myelitis anterior.
	}	Amyotrophic lateral sclerosis.
Cerebro-spinal sclerosis	{	Paralysis agitans.
	}	Amyotrophic lateral sclerosis.
	}	Chorea.
Locomotor ataxia	{	Polio-myelitis anterior.
	}	Cerebellar disease.
Amyotrophic lateral sclerosis	{	Progressive muscular atrophy.
	}	Polio-myelitis anterior.
	}	Cerebro-spinal sclerosis.

FUNCTIONAL NERVOUS DISEASES.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Epilepsy	{ Apoplexy. Hysteria. Opium poisoning. Uræmia. Syncope. Organic brain diseases.
Hysteria	{ Angina pectoris. Cancer of œsophagus. Epilepsy. Uræmia. Acute peritonitis. Hydrophobia. Myelitis. Chronic laryngitis.
Chorea	{ Cerebro-spinal sclerosis. Paralysis agitans.
Tetanus	{ Strychnia poisoning. Spinal meningitis. Hydrophobia.
Paralysis agitans	{ Cerebro-spinal sclerosis. Chorea. General paralysis of insane.

DISEASES OF THE BRAIN.

Acute Meningitis.

Uræmia.

See Uræmia, page 92.

Acute Meningitis.

Typhus Fever.

See Typhus Fever, page 112.

Acute Meningitis.

Small-Pox.

See Small-Pox, page 118.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Acute Meningitis.**Delirium Tremens.**

See Delirium Tremens, page 132.

Acute Meningitis.**Tubercular Meningitis.**

1. History of injury or acute disease.
2. Begins suddenly.
3. Temperature high and constant.
4. No peculiar cry.
5. Usually a disease of adults.
6. Convulsions appear early.
7. Active delirium.
8. Incoördinate movements.

1. History of phthisis or tuberculosis.
2. Prodromata.
3. Temperature lower and very irregular.
4. Hydrocephalic cry.
5. Disease especially of children.
6. Late convulsions.
7. Mild or passive delirium.
8. Automatic movements.

Acute Meningitis.**Pachymeningitis Interna.**

1. Begins acutely.
2. Temperature high.
3. General headache.
4. Active delirium.
5. No apoplectic seizures.
6. Marked paralysis uncommon.
7. *Tâche cérébrale.*

1. Prodromata.
2. Temperature slightly elevated.
3. Localized and vertical headache.
4. Passive delirium or simply impaired intellection.
5. Periods of sudden loss of consciousness.
6. Paralysis comes on gradually.
7. No "cerebral trace."

Chronic Meningitis.**Cerebral Tumor.**

1. History of head injury or blood disease.
2. Headache dull and constant.
3. Paralysis not limited to certain nerves.
4. Marked general decline in mental and physical powers.
5. Symptoms of a general nature.
6. Speech usually unimpaired.
7. Great irritability of temper.
8. Choked discs appear late if at all.

1. Negative history.
2. Headache severe and paroxysmal.
3. Paralysis of certain nerves or set of nerves.
4. No rapid decline in mental or physical powers.
3. Local symptoms.
6. Speech often impaired.
7. Temper not especially excitable.
8. Choked discs appear early.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Chronic Meningitis.

1. History of head injury or blood disease.
2. No contraction of muscles.
3. Mental excitement.
4. Great irritability of temper.
5. Speech usually unimpaired.
6. No disease of heart or arteries.
7. Constant headache.
8. No well-marked paralysis.

Tubercular Meningitis.

1. History of tuberculosis.
2. Vomiting projectile.
3. Constipation.
4. Abdomen retracted.
5. No special thirst.
6. Flushing of one cheek.
7. Pulse slow at first.
8. Pupils contracted.
9. Fever irregularly remittent.

Tubercular Meningitis.

See Acute Meningitis, page 140.

Tubercular Meningitis.

See Spurious Hydrocephalus, page 64.

Tubercular Meningitis.

See Tubercular Enteritis, page 64.

Tubercular Meningitis.

See Epidemic Cerebro-Spinal Meningitis, page 122.

Cerebral Softening.

See Chronic Meningitis, above.

Cerebral Softening.

1. Often a history of apoplexy.
2. Muscular contraction.
3. Mental apathy.
4. Temper not excitable.
5. Speech frequently affected.
6. Heart or arterial disease common.
7. Inconstant headache.
8. Paralysis usually well marked.

Infantile Remittent Fever.

1. History of gastro-enteritis.
2. Vomiting retching.
3. Diarrhoea.
4. Abdomen distended.
5. Great thirst.
6. Flushing of both cheeks.
7. Pulse rapid.
8. Pupils normal.
9. Fever regularly remittent.

Acute Meningitis.**Spurious Hydrocephalus.****Tubercular Enteritis.****Epidemic Cerebro-Spinal Meningitis.****Chronic Meningitis.**

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Cerebral Softening.

1. History of apoplexy or heart disease common.
2. Headache dull and diffuse.
3. Speech and intellect usually affected.
4. No facial paralysis.
5. Epileptiform convulsions uncommon.
6. Symptoms steadily progressing.
7. Limbs chiefly affected.

Cerebral Softening.

1. History of apoplexy or heart disease common.
2. Disease of months' duration.
3. No chills or fever.
4. Headache dull and diffuse.
5. Hemiplegia and muscular contractions common.
6. Speech and intellect affected early.

Cerebral Apoplexy.

1. Disease of old people.
2. Arteries usually diseased.
3. Aphasia uncommon.
4. Complete hemiplegia.
5. Frequent loss of consciousness.
6. No sudden improvement in the paralysis.
7. Pulse slow and full.

Cerebral Tumor.

1. Negative history.
2. Local pain in head.
3. Speech and intellect not greatly implicated.
4. Facial paralysis common.
5. Frequent epileptiform convulsions.
6. Symptoms irregular and of long duration.
7. Cranial nerves affected ; choked discs.

Cerebral Abscess.

1. History of head injury or disease of ear.
2. Disease of weeks' duration.
3. Chills, fever, and sweating.
4. Headache local and acute.
5. Hemiplegia and contractions rare.
6. Speech, intellect, etc., not early affected.

Cerebral Embolus.

1. Disease of young people.
2. History frequently of heart disease.
3. Aphasia common.
4. Partial hemiplegia.
5. Loss of consciousness uncommon.
6. Improvement in symptoms often followed by a sudden relapse.
7. Pulse rapid and feeble.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Cerebral Apoplexy.

8. Pupils unequal.
9. Vomiting common.
10. Breathing stertorous.

Cerebral Embolus.

8. Pupils normal.
9. Rarely vomiting.
10. Breathing normal.

Apoplexy or Embolus.**Uræmia.**

See Uræmia, page 91.

Apoplexy or Embolus.**Alcoholism.**

See Alcoholism, page 132.

Apoplexy or Embolus.

1. Pupils irregular.
2. Convulsions common.
3. Coma appears suddenly.
4. Pulse irregular and full.
5. Hemiplegia.
6. Stertor.
7. Face flushed.
8. No odor to breath.
9. Respirations hurried.
10. Skin hot.

Opium Poisoning.

1. Pupils "pin-head."
2. No convulsive movements.
3. Coma deepens gradually.
4. Pulse slow and regular.
5. No paralysis.
6. Shallow, irregular breathing.
7. Face pale and cyanotic.
8. Odor of opium about patient.
9. Respirations slow.
10. Skin cool and perspiring.

Apoplexy or Embolus.

1. History of heart or arterial disease.
2. Pupils irregular.
3. Breathing stertorous and hurried.
4. Frequent loss of sensation.
5. Administration of ether gives a negative result.
6. Moral treatment has no effect.

Hysteria.

1. History of hysteria.
2. Pupils regular.
3. Breathing catching and sobbing.
4. Hyperæsthesia common.
5. Paralyzed limbs moved during ether administration.
6. Moral treatment curative.

Apoplexy or Embolus.

1. History of heart or other arterial disease.
2. Tongue never bitten.

Epilepsy.

1. History of epilepsy.
2. Tongue frequently bitten.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Apoplexy or Embolus.

3. No permanent rapid improvement.
4. No bloody froth about mouth.
5. Pulse full and slow.
6. Paralysis follows the coma.
7. Convulsions follow the coma.

Apoplexy or Embolus.

1. Face pale or congested.
2. Breathing stertorous.
3. Hemiplegia common.
4. Pupils irregular.
5. Pulse full and strong.
6. Reflexes absent on the paralyzed side.
7. Blood red.

Cerebral Abscess.

1. History of injury to the head or disease of the ear.
2. Emaciation.
3. Chills and sweatings.
4. No local paralysis.
5. No choked discs.
5. Headache sudden in development.
7. Epileptiform convulsions, and succeeded by paralysis.
3. Rapid disease.

Cerebral Abscess.

See Cerebral Softening, page 144.

Cerebral Tumor.

See Chronic Meningitis, page 140.

Epilepsy.

3. Rapid improvement.
4. Bloody froth about mouth.
5. Rapid, irregular, and feeble pulse.
6. Sleep follows the coma.
7. Convulsions precede the coma.

Asphyxia.

1. Face turgid and cyanotic.
2. Distressed and embarrassed breathing.
3. No paralysis.
4. Pupils regular.
5. Pulse small and rapid.
6. Reflexes the same on both sides.
7. Blood blue.

Cerebral Tumor.

1. Negative history.
2. No rapid emaciation.
3. No chills or sweats.
4. Local paralysis of long standing.
5. Choked discs.
6. Headache gradually increasing.
7. Spasm of single muscles or group of muscles, and not followed by paralysis.
8. Slow disease.

Cerebral Softening.**Chronic Meningitis.**

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Cerebral Tumor.**Cerebral Softening.**

See Cerebral Softening, page 142.

Cerebral Tumor.**Cerebral Abscess.**

See Cerebral Abscess, page 144.

Cerebral Concussion.**Cerebral Compression.**

1. Symptoms appear immediately.
2. Power of speech retained.
3. Special senses retained.
4. Noiseless respiration.
5. Feeble and frequent pulse.
6. Sphincters relaxed.
7. Nausea and vomiting.
8. No paralysis.
9. Pupils contracted and regular.
10. Lids open and movable.
11. Skin cool and pale.
12. Mental faculties not abolished.

1. Symptoms appear gradually.
2. Power of speech lost.
3. Special senses blunted.
4. Stertorous breathing.
5. Slow and full pulse.
6. Sphincters contracted.
7. No vomiting.
8. Hemiplegia common.
9. Pupils dilated and irregular.
10. Eyelids shut.
11. Skin hot and red.
12. Mental faculties abolished.

DISEASES OF THE CORD.

Spinal Meningitis.**Tetanus.**

1. No traumatic history.
2. Face not peculiar.
3. No jaw symptoms.
4. Great pain on motion.
5. Spasm produced by attempts to move.
6. Paralysis follows spasms.
7. Temperature elevated.

1. History of traumatism.
2. *Risus sardonicus.*
3. Lockjaw.
4. Intense hyperæsthesia.
5. Spasm caused by external irritation.
6. No paralysis.
7. Temperature nearly normal.

Spinal Meningitis.**Lumbago.**

1. Fever.
2. Marked rigidity of spine.
3. Cutaneous hyperæsthesia.

1. Temperature normal.
2. Apparent rigidity of spine.
3. No cutaneous hyperæsthesia.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Spinal Meningitis.

4. Spasms.
5. Paralysis.
6. No tenderness on pressure.
7. Shooting pains along the course of the spinal nerves.

Spinal Meningitis.

1. Pain increased by moving.
2. Pain shoots in direction of spinal nerves.
3. Tonic spasm of back and other muscles.
4. Increased reflex irritation.
5. Urine normal until paralysis is well marked.
6. No constricting bands.
7. Sphincters not affected.
8. No bed-sores.
9. Moderate paralysis.
10. Short duration.
11. Temperature elevated.
12. Electro-contractility of muscle preserved.
13. Hyperæsthesia of skin.

Myelitis.

1. Paralysis well-marked.
2. Urine alkaline.
3. Pain on pressure along cord.
4. Constricting band about waist.
5. Bed-sores.
6. Anæsthesia well marked.
7. Wasting of muscles affected.

Lumbago.

4. No convulsions.
5. No paralysis.
6. Tenderness on pressure over origin and insertion of muscles.
7. No shooting pain along spinal nerves.

Myelitis.

1. Pain increased by pressure.
2. No darting pains along nerves.
3. No tonic convulsions.
4. Diminished reflex action.
5. Urine alkaline.
6. Constriction about waist.
7. Constipation and incontinence or retention of urine.
8. Bed-sores form early.
9. Paraplegia.
10. Disease of long duration.
11. Temperature normal usually.
12. Diminished electro-contractility of paralyzed muscles.
13. Anæsthesia of affected parts.

Spinal Congestion.

1. Paralysis usually slight.
2. No urinary symptoms.
3. No pain in cord on pressure.
4. No constricting bands.
5. No bed-sores.
6. Usually hyperæsthesia.
7. No wasting of muscles.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Myelitis.

8. Paralysis progressive.
9. Paralysis of sphincters.
10. Electro-contractility of muscles diminished.

Myelitis.

1. Fever.
2. Paralysis usually appears gradually after exposure to cold, etc.
3. Bladder symptoms appear gradually.
4. Subjective sensation in feet, etc.
5. No convulsions.
6. Pain in spine increased on pressure.

Myelitis.

See Spinal Meningitis, page 146.

Myelitis.

1. Paralysis of sphincters.
2. Bed-sores.
3. Anæsthesia.
4. Constriction about waist.
5. Urine alkaline.
6. Paralysis progressive.
7. No rapid wasting of muscles.
8. Temperature of affected limbs lower than normal.

Myelitis.

1. History of exposure to cold, syphilis, etc.
2. Urine scanty and alkaline,

Spinal Congestion.

8. Diminishing paralysis.
9. Sphincters normal.
10. Electro-contractility of muscles preserved and sometimes increased.

Spinal Apoplexy.

1. Temperature normal.
2. Paralysis comes on suddenly—often the result of injury.
3. Bladder symptoms appear suddenly.
4. No subjective sensations.
5. Twitching of affected muscles common.
6. No pain in cord on pressure.

Spinal Meningitis.**Polio-myelitis Anterior.**

1. Sphincters normal.
2. No bed-sores.
3. Anæsthesia absent or slight.
4. No constricting bands.
5. Urine normal.
6. Symptoms improve under treatment.
7. Rapid wasting of affected muscles.
8. Temperature of affected limbs higher than normal.

Hysterical Paralysis.

1. History of hysteria.
2. Urine acid and abundant.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Myelitis.

3. Urine cloudy.
4. Constriction about waist.
5. Reflexes diminished.
6. Diminished electro-tractility of muscles.
7. Pain on pressure along spine.
8. Disease of long duration.
9. Moral treatment of no effect.

Bulbar Paralysis.

1. Bilateral disease.
2. Progressive paralysis of facial and lingual muscles.
3. Vomiting inconstant.
4. No severe neuralgic pains.
5. No epileptiform attacks.
6. Special senses not especially affected.

Bulbar Paralysis.

1. Bilateral disease.
2. Symptoms appear gradually.
3. Vomiting infrequent.
4. No convulsions.
5. No loss of consciousness.
6. Paralysis confined to cranial nerves usually.

Bulbar Paralysis.

1. Paralysis precedes atrophy.
2. Thenar and hypothenar eminences involved late if at all.
3. Atrophy confined to the muscles supplied by the cranial nerves.
4. Articulation affected early

Hysterical Paralysis.

3. Urine clear and limpid.
4. Globus hystericus.
5. Reflexes normal or increased.
6. Increased electro-tractility of muscles.
7. Pain on pressure over ovaries.
8. Disease of short duration.
9. Moral treatment curative.

Tumor of Medulla.

1. Disease unilateral.
2. Convulsions usually precede the paralysis of muscles.
3. Frequent vomiting.
4. Facial neuralgia.
5. Epileptiform attacks common.
6. Special senses affected; choked discs.

Bulbar Embolus or Apoplexy.

1. Unilateral symptoms predominate.
2. Disease develops suddenly.
3. Frequent vomiting.
4. Epileptiform convulsions.
5. Frequent loss of consciousness.
6. Often hemiplegia or paraplegia.

Progressive Muscular Atrophy.

1. Paralysis follows atrophy.
2. Thenar centres involved early.
3. Atrophy not confined to muscles supplied by the cranial nerves.
4. Articulation affected late if at all.

Polio-myelitis Anterior.

1. Pain not severe.
2. Paralysis.
3. Normal balancing power.
4. Coördinate movements.
5. Loss of electro-contractility of muscles.
6. Muscular atrophy well marked.
7. No joint or eye symptoms.

Locomotor Ataxia.

1. Lightning-like pains.
2. No true paralysis.
3. Loss of balancing power.
4. Incoördinate movements especially marked when the eyes are closed.
5. Electro-contractility of the muscles preserved.
6. No muscular atrophy.
7. Joints swollen, impaired eyesight, etc.

Polio-myelitis Anterior.

See Myelitis page 146.

Myelitis.**Polio-myelitis Anterior.**

1. Paroxysmal increase of paralysis.
2. Paralysis precedes atrophy.
3. Reflexes impaired early.
4. Early loss of muscular electro-contractility.
5. Temperature highest in affected limbs.
6. General atrophy of affected parts.
7. No fibrillary contractions.
8. Pain not severe.
9. Rapid disease.
10. Begins in muscles of lower extremity.

Progressive Muscular Atrophy.

1. Steadily progressive paralysis.
2. Paralysis follows atrophy.
3. Reflexes not impaired until late.
4. Electro-contractility of muscles preserved.
5. Low temperature in affected parts.
6. Atrophy of one muscle follows another.
7. Fibrillary contractions of muscles.
8. Fulminating pains.
9. Very slow disease.
10. Usually begins in small muscles of thumb.

Polio-myelitis Anterior.

1. Large muscles early affected.
2. Begins in lower extremity.
3. No rigidity of affected limbs.

Amyotrophic Lateral Sclerosis.

1. Small muscles first affected.
2. Often attacks upper extremities first.
3. Well-marked rigidity of affected parts.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Polio-myelitis Anterior.

4. No well-marked contractions of fingers or toes.
5. Reaction of degeneration.
6. Diminished tendon reflex.

Progressive Muscular Atrophy.

1. Atrophy precedes the paralysis.
2. No marked rigidity of affected parts.
3. Very slow disease.
4. Normal tendon reflex.
5. Loss of electro-contractility of the affected muscles.
6. Usually begins in the muscles of ball of thumb.
7. Does not affect all the limbs.
8. No bulbar paralysis as a rule.
9. No fibrillary contractions of the muscles.

Progressive Muscular Atrophy.

See Polio-myelitis Anterior, page 149

Cerebro-spinal Sclerosis.

(Multiple Sclerosis.)

1. No tremor when patient is at rest.
2. Disease of young adults.
3. Shaking of the head.
4. Change in voice and speech.
5. Tendon reflex greatly increased.
6. Patient has no tendency to run forward.
7. Disease usually begins in the lower extremities.

Amyotrophic Lateral Sclerosis.

4. "Bird-claw" contractions of fingers and toes.
5. No reaction of degeneration.
6. Increased tendon reflex.

Amyotrophic Lateral Sclerosis.

1. Atrophy follows the paralysis.
2. Rigidity of paralyzed parts.
4. Disease progresses quite rapidly.
4. Increased tendon reflex.
5. Electro-contractility of muscles preserved.
6. Usually begins in muscles of lower extremities.
7. Affects both extremities.
8. Usually bulbar paralysis toward the last.
9. Fibrillary contractions of the affected muscles.

Polio-myelitis Anterior.**Paralysis Agitans.**

1. Continued muscular tremor.
2. Disease of the aged.
3. No violent shaking of the head.
4. Speech slow.
5. Normal tendon reflex.
6. Patient has a tendency to run forward when starting to walk.
7. Usually first noticed in the hands.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Cerebro-spinal Sclerosis.

8. No rigidity of the limbs.
9. No peculiar physiognomy.
10. Voluntary motion beyond control.
11. Patient peevish and childish.
12. Periods of marked improvement.

Cerebro-spinal Sclerosis.

1. Tendon reflex greatly increased.
2. Muscular atrophy not marked.
3. Voluntary motion beyond control.
4. No fibrillary contractions.
5. No claw-like appearance of fingers, etc.
6. Mental disturbance.
7. No rigidity of affected parts.
8. Periods of marked improvement.

Cerebro-spinal Sclerosis.

1. Disease of young adults.
2. Voluntary motion beyond control.
3. Increased tendon reflex.
4. No tremor when quiet.
5. Patient can keep quiet if he tries.
6. Both sides affected alike.
7. Movements the same in character.

Paralysis Agitans.

8. Limbs become rigid.
9. Features present a peculiar physiognomy.
10. Voluntary motion can be accomplished, but with trembling.
11. Intellect remains good.
12. Disease steadily progressive.

Amyotrophic Lateral Sclerosis.

1. Tendon reflex slightly increased.
2. Well-marked muscular atrophy.
3. Coördinate voluntary motion.
4. Fibrillary contractions of muscles.
5. Claw-like contractions of fingers and toes.
6. Intelligence good.
7. Rigidity of affected parts.
8. Disease steadily progressive.

Chorea.

1. Disease of childhood.
2. Voluntary motion under control, but incoördinate.
3. Normal tendon reflex.
4. Jactitations when quiet and often during sleep.
5. Choreic movements more marked when patient tries to appear quiet.
6. No symmetrical distribution of symptoms; often confined to one side.
7. Movements irregular and rapidly changing.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Locomotor Ataxia.

1. No headache or vertigo.
2. No vomiting.
3. Paraplegic symptoms.
4. Gait abrupt and jerky.
5. Cutaneous sensibility greatly impaired.
6. Walking much more difficult with eyes closed.
7. Absence of knee-jerk.
8. Lightning-like pains.

Cerebellar Disease.

1. Headache and vertigo common.
2. Frequent vomiting.
3. Hemiplegia.
4. Drunken gait.
5. Normal cutaneous sensibility.
6. Patient walks much better with the eyes closed.
7. Normal reflexes.
8. No severe neuralgic pains.

Locomotor Ataxia.**Polio-myelitis Anterior.**

See Polio-myelitis Anterior, page 149.

Amyotrophic Lateral Sclerosis.**Progressive Muscular Atrophy.**

See Progressive Muscular Atrophy, page 150.

Amyotrophic Lateral Sclerosis.**Polio-myelitis Anterior.**

See Polio-myelitis Anterior, page 149.

Amyotrophic Lateral Sclerosis.**Cerebro-spinal Sclerosis.**

See Cerebral-spinal Sclerosis, page 150.

FUNCTIONAL NERVOUS DISEASES.

Epilepsy.**Apoplexy.**

See Apoplexy, page 91.

Epilepsy.**Uræmia.**

See Uræmia, page 91.

Epilepsy (Coma).**Opium Poisoning.**

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. History of epilepsy. 2. Coma preceded by convulsions. 3. Pupils dilated. 4. Temperature elevated. 5. Tongue bitten. | <ol style="list-style-type: none"> 1. History usually negative. 2. No convulsive seizures. 3. Pupils contracted. 4. Temperature normal or sub-normal. 5. No injury to tongue. |
|--|--|

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Epilepsy (Coma).

6. Respiration normal or rapid.
7. No odor to breath.
8. Skin hot and dry.
9. Pulse rapid.
10. Bloody froth about mouth.

Epilepsy.

1. History of epilepsy.
2. Temperature elevated.
3. General muscular rigidity.
4. *Aura epileptica*.
5. Anæsthesia.
6. Attacks both sexes.
7. No apparent cause.
8. Highly-colored urine.
9. No ovarian tenderness.
10. Face cyanosed.
11. Complete loss of consciousness.
12. Biting of tongue.
13. Pupils insensible to light.
14. Countenance distorted.
15. Convulsions tonic, then clonic.
16. Paroxysms of short duration.
17. Paroxysms followed by sleep.
18. Eyelids half-open.

Epilepsy.

1. Loss of consciousness sudden.
2. Coma preceded by convulsions.

Opium Poisoning.

6. Slow, shallow respiration.
7. Odor of opium about patient.
8. Skin cool and moist.
9. Pulse slow.
10. No frothy mucus about mouth.

Hysteria.

1. History of hysteria.
2. Temperature normal.
3. No general muscular rigidity.
4. Globus hystericus.
5. Hyperæsthesia.
6. Attacks females.
7. Caused by menstrual disorders.
8. Urine abundant, clear, and limpid.
9. Ovarian tenderness.
10. Face flushed.
11. Loss of consciousness incomplete, and accompanied with sobbing, grinding of teeth, etc.
12. Tongue not bitten.
13. Pupils sensitive.
14. No distortion of countenance.
15. Clonic convulsions.
16. Paroxysms often of some length.
17. Paroxysms followed by wakefulness.
18. Eyelids closed.

Syncope.

1. Loss of consciousness comes on slowly.
2. Coma preceded by a weak, faint feeling.

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Epilepsy.

3. Rapid recovery.
4. Loss of consciousness of short duration.
5. No recollection of the attack.
6. Pulse not greatly affected.
7. Hands warm.

Epilepsy.

1. History of epilepsy.
2. Advent sudden.
3. Attack followed by sleep.
4. Apparently a complete recovery from the attack.
5. Attack preceded by a well-marked *aura*.

Hysteria.

See Myelitis, page 147.

Hysteria.

See Epilepsy, page 153.

Hysteria.

See Uræmia, page 91.

Hysteria.

See Acute Peritonitis, page 69.

Hysteria.

See Hydrophobia, page 123.

Syncope.

3. Slow recovery.
4. Patient remains unconscious for some time.
5. Patient can recall the facts connected with the attack.
6. Pulse very weak, hardly felt at the wrist.
7. Hands and feet very cold.

Convulsions Due to Organic Brain Disease.

1. History of a brain disorder.
2. Advent slow.
3. Attack often followed by impaired intellect.
4. Symptoms of brain disorder usually more marked after an epileptiform attack.
5. No *aura epileptica*.

Myelitis.**Epilepsy.****Uræmia.****Acute Peritonitis.****Hydrophobia.**

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Hysteria.**Chronic Laryngitis.***See Chronic Laryngitis, page 16.***Hysteria.****Angina Pectoris.***See Angina Pectoris, page 42.***Hysteria.****Cancer of the Œsophagus.***See Cancer of the Œsophagus, page 54.***Chorea.****Cerebro-Spinal Sclerosis.***See Cerebro-Spinal Sclerosis, page 151.***Chorea.****Paralysis Agitans.**

- | | |
|--|---|
| 1. Disease usually of young people. | 1. Disease of adults. |
| 2. Spasmodic contraction of muscles. | 2. Great muscular weakness. |
| 3. Loss of muscular control. | 3. Muscular tremor. |
| 4. No general disturbance. | 4. Signs of general decay. |
| 5. Symptoms usually more marked upon one side. | 5. Both sides of body alike affected. |
| 6. No muscular rigidity. | 6. Muscular rigidity well marked. |
| 7. No peculiar physiognomy. | 7. Physiognomy peculiar. |
| 8. No tendency to run forward. | 8. Patient loses balance when about to walk and runs forward. |

Tetanus.**Spinal Meningitis.***See Spinal Meningitis, page 145.***Tetanus.****Hydrophobia.***See Hydrophobia, page 123.***Tetanus.****Strychnine Poisoning.**

- | | |
|----------------------------------|--------------------------------|
| 1. History of traumatism. | 1. No traumatic history. |
| 2. Arms and legs last affected. | 2. Extremities first affected. |
| 3. No epigastric pain. | 3. Severe epigastric pain. |
| 4. Slow development of disease. | 4. Advent sudden. |
| 5. Spasms affect the jaws first. | 5. Jaws secondarily affected. |

NAME OF DISEASE.

DISEASES TO BE DIFFERENTIATED.

Tetanus.**Strychnine Poisoning.**

- | | |
|--|---|
| 6. Some spasmodic rigidity constantly present.
7. Disease lasts usually for several days. | 6. Complete muscular relaxation in interval between spasms.
7. Attack of short duration. |
|--|---|

Paralysis Agitans.**Cerebro-Spinal Sclerosis.**

See Cerebro-Spinal Sclerosis, page 150.

Paralysis Agitans.**Chorea.**

See Chorea, page 155.

Paralysis Agitans.**General Paralysis of the Insane.**

- | | |
|--|---|
| 1. Voice slow.
2. Intelligence remains good until late in the disease.
3. Physiognomy peculiar.
4. Peculiar gait.
5. No trembling of the head.
6. Tremor constantly present.
7. Disease of long duration.
8. Unaltered cutaneous sensibility. | 1. Voice tremulous.
2. Intelligence early affected.
3. Dull expression to face.
4. No peculiar gait.
5. Head unsteady.
6. Inconstant tremor.
7. Rapid progressive disease.
8. Altered cutaneous sensibility. |
|--|---|

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