

tween clinical diagnosis and laboratory diagnosis I have described all the methods of getting at an organ—*e.g.*, the kidney—in a single section. Palpation, thermometry, urinalysis are different processes by which we may gather information about the kidney. The student should be accustomed to think of them and practise them in close sequence.

For the same reason the most important methods of investigating the stomach have been grouped together without any distinction of “clinical” and “laboratory” procedure.

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190 MARLBORO ST., BOSTON.

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PHYSICAL DIAGNOSIS.

CHAPTER I.

DATA RELATING TO THE BODY AS A WHOLE.

I. WEIGHT.

To weigh the patient should be part of every physical examination, and every physician's office should contain a good set of scales.

1. *Gain in weight*, aside from seasonal changes, the increase in normal growth, and convalescence from wasting diseases, means usually:

(a) Obesity.

(b) The accumulation of serous fluid in the body—dropsy, evident or latent.

The first of these needs no comment. *Latent* accumulation of fluid, not evident in the subcutaneous tissues or serous spaces, occurs in some forms of uncompensated cardiac or renal disease, and gives rise to an increase in weight which may delude the physician with the false hope of an improvement in the patient's condition, but in reality calls for derivative treatment (diuresis, sweating).

Obvious dropsy has, of course, the same effect on the weight and the same significance.

(c) Myxœdema is occasionally a cause of increased weight, *i.e.*, when the myxœdematous infiltration is widespread (see below, page 10).