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THE DIAGNOSIS OF SURGICAL DISEASES

BY

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BY

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WITH FIFTY-THREE ILLUSTRATIONS



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TRANSLATOR'S PREFACE

THIS volume presents to the practitioner and to the student the problems in diagnosis which confront them at the bedside. In order to achieve this object theoretical classifications are not adhered to; instead, diseases are grouped according to similarity of symptoms and points of general resemblance—considerations which in practice render their differentiation difficult. In this way the advantages of clinical teaching are most nearly attained, and by the presentation of a large number of cases, the value of this arrangement is further enhanced. The fragmentary and disjointed instruction which clinical demonstration necessarily entails, even under the most favourable conditions, is thus systematized. Moreover, whenever feasible, the cases reported are followed to the operating table, at times to autopsy, either to confirm or to correct the diagnosis.

In marked contrast to the numerous works on medical diagnosis now accessible to the American reader, works on surgical diagnosis are comparatively few. If the translation of Albert's book can fill this gap it will fulfil its purpose.

ROBERT T. FRANK.

NEW YORK.

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THE DIAGNOSIS OF SURGICAL DISEASES

CHAPTER I

THE CAUSES OF ABNORMAL POSITIONS OF THE HEAD

THE mechanism by which the head is maintained in its physiological position has been studied by the Weber brothers. The results of their experiments, which were performed upon the cadaver, are very striking. A head severed from the rest of the body by a cut extending through the occipito-atlantal articulation, and resting solely upon the condyles, was placed upon a thin vertical cylinder. The head remained in this position of equilibrium without further support. It follows that there is at least *one* position of the head, and that one of labile equilibrium, in which it remains balanced without the intervention of muscular exertion or of ligamentous support.

In this position the head is directed straight forward, with the chin tilted slightly up. Physical considerations show that in this posture the centre of gravity of the head lies slightly in front of its condylar support, and therefore, that a slight downward force, applied behind the fulcrum, is able to keep the head at rest. It is evident that this office is performed by the muscles at the nape of the neck which keep the head properly balanced in all positions the body may