

THE PHYSIOGNOMY OF DISEASE.

The late Sir William Gull used to say, that "mistakes were oftener made by not seeing than by not knowing," and the late Sir George Humphrey taught his students "eyes first, eyes second, hands third." We should ever remember that we treat patients and not diseases, and that our minds should be open for the reception of information from all sources. We ought to view the patient as a whole, and not merely the organ affected.

Sir Dyle Duckworth, in the latest volume of *International Clinics* has an interesting article on "Physiognomical Diagnosis in Disease." He states that before any questions are asked, a careful survey should be made of the patient, to ascertain what manner of a person the practitioner has to deal with. A careful guess should be made as to the age, occupation and past life of the individual. Then the condition of the various organs, vessels and limbs must be passed under review. The question should be asked "Is the disease cerebral, thoracic, abdominal or articular?" In this way, a shrewd idea may be formed as to the nature of the patient's ailment, and a favorable impression created. When the questions are put they have a far more definite aim, and go to convince the patient that in some way or other the doctor already understands the case.

Many diseases present a rather characteristic facies, such as tuberculosis, diabetes, aortic aneurism, Grave's disease, pericarditis, cancer, chronic jaundice, hepatic cirrhosis, cardiac dilatation, malarial cachexia, chronic alcoholism, Addison's disease, cretinism, pernicious anemia, chronic tubal nephritis, collapse and morbus ceruleus. Melasma may arise from Addison's disease, arsenical poisoning, abdominal tuberculosis or chronic phthiriasis; erythema may suggest an arthritic habit or rheumatic infection. The posture of the patient often throws light upon the case. Note should be made of the red gum of phthisis, the blue gum of lead poisoning, and the fungating gum of scurvy. A few scattered vascular stigmata on the face point to alcoholic cirrhosis of the liver. Small cutaneous nodules on the hands or over bony projections point to rheumatic infection and almost certain endocarditis. Fluted or vertically lined nails point with much certainty to gout. Transverse furrows on the nails point to past ill health, the date of which can be guessed by the position of the furrow, as the nail requires about six months to grow. These furrows indicate the arrest of bodily nutrition at the time of the illness. Visible scars may point to previous injury, operation, tuberculosis or syphilis.