

(b) *Angina Pectoris*.—While the pain of angina pectoris is usually found in the precordial region radiating to the arm and neck, yet there are cases in which it may be referred almost wholly to the epigastrium. An examination of the heart and arteries, with a careful consideration of the mode of onset of the pain and other symptoms, will serve to reveal the true nature of the pain.

8. *Aneurism of the lower part of the Thoracic Aorta* may so compress and destroy the vertebræ as to produce symptoms similar to those of caries of the vertebræ, with the added symptom of a pulsating tumor in the back.

Acute Rheumatism.—Pain in the upper abdomen is frequently associated with rheumatism, especially in children. The pain is of short duration; recurs. The diagnosis will depend on the recognition of other symptoms of rheumatism.

II. WITHIN.

1. *Localized Subphrenic Peritonitis*.—I wish here to speak only of a suppurative form, which is usually due to the perforation of a gastric or duodenal ulcer.

Diagnosis.—A history of gastric ulcer can usually be elicited. The onset is generally sudden, with severe pain and vomiting. Later there are chills, fever, and rapid pulse. The respiration is greatly embarrassed, and there is marked rigidity of the abdominal muscles.

Physical Examination.—Dr. Sidney Martin, in Gibson's "Practice of Medicine," says: "Physical examination shows the following points: In many cases the heart's apex-beat is displaced horizontally away from the diseased side. The side is but slightly bulged, and the respiratory movements are deficient. In some cases abdominal respiration ceases, in others it is present. A thrill may be elicited over the abscess in some cases by a sudden jerking movement given to the abdominal wall. The liver may be displaced downwards, even to the level of the umbilicus. Over the lower part of the chest there is a tympanitic note, the upper limit of which is sharply marked off from the resonance obtained over the lung. The liver dullness may be completely absent, a tympanitic note being obtained over it.

"The physical signs of percussion are frequently obscured by the presence of consolidation of the lung, or by fluid in the pleura. Auscultation gives valuable signs. Vesicular breath sounds are heard over the lung down as far as the edge of the