BEDSIDE DIAGNOSIS

By

CHARLES SEWARD

TENTH EDITION

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With the assistance of

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Foreword by

The Rt. Hon. LORD COHEN OF BIRKENHEAD

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Foreword to the Tenth Edition

The almost unparalleled demand for *Bedside Diagnosis* over the past 25 years is both a warm tribute to Dr Charles Seward, and abundant evidence of its worth.

Continuous revision has ensured that all relevant advances in diagnosis have been included in successive editions. But the fundamental plan of the work, which I discussed in my foreword to the first edition, has remained unchanged, and it is this practical, clinical approach which I am sure accounts for the book's outstanding success.

COHEN OF BIRKENHEAD.

Foreword to the First Edition

History may not repeat itself but historians do, wrote Philip Guedalla. From a like failing, the authors of our textbooks of medicine are by no means immune. For nearly three centuries they have accepted the doctrine of Sydenham that diseases are 'to be reduced to certain and determinate kinds with the same exactness as we see it done by botanic writers in their treatises of plants.' In their delineation of diseases they have emphasised 'certain distinguishing signs which Nature has particularly affixed to every species.' Thus, as every clinical teacher can testify, for many students diagnosis is a process of 'matching.' 'Which of the diseases described in my textbook,' asks the student, 'most closely resembles the clinical picture which the patient presents?' To simplify this task he searches for pathognomonic signs. He finds the diagnosis of tabes dorsalis unthinkable unless the patient shows Argyll-Robertson pupils and absent knee jerks; and in the absence of the classical triad of staccato speech, intention tremor and nystagmus he will overlook disseminated sclerosis.

In this handbook on *Bedside Diagnosis*, Dr Seward frees himself (and the enlightened students who will read and digest it) from the fetters of such irrationality. He bases his text on the concept of disease as a disturbance of function which may or may not be accompanied by structural change, and rightly stresses that the causes of disease are often indicated by the grouping and mode of development of symptoms and signs. Only from a knowledge of the normal and its range, and of the ways in which disordered structure and function express themselves, i.e. by symptoms and signs, can the site of the disease, the functional disturbances which accompany it, and its causes be inferred.

Dr Seward here considers most of the common presenting symptoms of disease, both of the body and of the mind. He perceives, however, that this dichotomy is largely artificial and that we do well to recognise not only the influence of mind on body (psychosomatic disturbances) but of body on mind (somatopsychic dysfunction). After discussing the normal anatomical and physiological mechanisms whose derangements give rise to the symptom or sign which is the patient's dominant complaint, he examines in such detail as is appropriate to the practitioner, its possible causes, and the associated clinical signs and accessory investigations which might help to establish the cause. This is clearly the rational approach to diagnosis and it is because this handbook exemplifies the method of sound diagnosis that Dr Seward is to be congratulated on the result of his labours. Moreover, in these days of increasing specialisation, it is well that a physician of wide general experience and outlook should tackle the problem of diagnosis in a way which emphasises that any symptom, such as breathlessness, may arise from disease in many organs or systems—the respiratory or cardiovascular systems, the blood, the brain or mind. Unless the doctor is prepared to view man as a whole and not isolate him into separate compartments, it is certain that his diagnoses will be incomplete.

The student who masters the principles on which this handbook is based will have an intelligent and rewarding approach to the diagnosis of disease, and he will have laid a foundation which will remain firm whatever stress the superstructure of later knowledge may impose upon it. And even the experienced practitioner will learn much from its text.

COHEN OF BIRKENHEAD.

Preface to the Tenth Edition

Si nemo ex me quaeret scio; si quaerenti explicare velim nescio.

St Augustine

Aristotle spoke of man as a political animal; he has even been described as a rational animal; man is certainly a classifying animal. In reflecting upon what caused me to write this book I find that I was compelled to do so by an increasing realisation of the confused state in which such knowledge as I had of medicine lay. This led me to classify what I did know. I was startled to find that if my knowledge was not challenged I believed that I knew but if I tried to explain I found that I did not do so. I had come to the same conclusion as St. Augustine in the fourth century.

The remedy for ignorance of a subject has long been to write a book about it, hence these pages. I had hoped that in choosing so fundamental an aspect of medicine as diagnosis I would be to some extent freed from what must be the bane of modern writers of textbooks, the need for constant revision. The gratifying popularity of the book, however, and the ever-widening frontiers of knowledge have imposed the burden of a tenth edition.

Clearly one who tries to be a general physician with internal medicine as his field is in the opposite state to that of the specialist in that he knows less and less about more and more.

I have endeavoured in each succeeding edition to remedy this by submitting to the criticism of my learned friends those sections in which notable advances have occurred. I have used discretion however in the introduction of new material, for it is not the role of the textbook to ' dull the palm with entertainment of each new hatcht unfledged comrade '.

The present edition marks the twenty-fifth year since its first publication and this has seemed a reasonable occasion for a thorough revision of the entire text; the format of which has been greatly improved.

I have carried this out under the critical eye of my colleague, Professor David Mattingly, and have indeed wholly rewritten the chapters on Psychogenic symptoms, Anaemia, Haematuria, Haemorrhagic Disease and Diarrhoea.

Professor Mattingly has himself written the section upon the endocrine causes of Debility and/or Loss of Weight which is his particular subject.

In an oration with the engaging title *Unde Venis*? Professor Maegraith of the Liverpool School of Tropical Medicine has emphasised the increasing role of world travel, particularly by air, in the spread of disease. I have referred in the chapter on Pyrexia to the necessity for a GEOGRAPHICAL SURVEY to be included in the taking of the history when confronted with a sick visitor or immigrant to this country.

With the introduction of potent modern drugs, the possibility now exists that we ourselves may be in part responsible for the state of the treated patient. ' It has been estimated that nearly 10 per cent of the beds in our hospitals are occupied by patients suffering to a greater or lesser extent from our efforts to treat them ' (Dunlop). In a textbook concerned essentially with the causes of symptoms and physical signs the increasingly important and still too little recognised role of drugs demands consideration. Confronted with a symptom or sign for which it is hard to account it must become a habit of mind to consider the possibility of a cause; in effect, ' Did I do it?' With the encouragement of Sir Derrick Dunlop I therefore wrote a chapter for the last edition upon Drugs Considered as Causes of Symptoms.

Advances in therapy and in the understanding of the action of drugs now call, however, for exposition by a pharmacologically-minded physician and I have therefore enlisted the help of Dr Harry Hall who has re-written the chapter. He has also contributed a new chapter upon the Causes of Coma.

In describing the distribution of pain of spinal origin I have had the help of Mr Norman Capener and in reference to the diseases of children, and in particular pyelonephritis, I have had the advice of Dr Frederic Brimblecombe.

In surgical matters I have been advised by Mr Henry Dendy Moore, in head pain of ocular origin by Mr Colin Schwerdt and in gynaecological conditions I have been aided by Mr P. M. G. Russell.

References in the investigations sections to the use and interpretation of X-rays have been checked by Dr William Holden, and Dr John Smyth has helped me in the sections dealing with pneumonia and heart failure. Of particular value has been the guidance I have received from Dr Mark Ridley in the chapter on Pyrexia. Dr John Edgcumbe has read my chapters on Anaemia and Haemorrhagic Disease.

The section on virological causes of pyrexia has been checked by Dr Robert Hart. I am indebted to Dr G. P. McLauchlan, MOH and Dr E. D. Irvine MOH for bringing various tables of causes up to date.

I have concluded the book with Tables of Normal Values and this has been checked for accuracy by Dr Tom Hargreaves, who has also kindly read the chapter on Jaundice.

It will be apparent that I have drawn largely upon the help and advice of my colleagues. They must not, however, be held responsible for the views expressed; the errors are my own. Whilst I could have written a poorer book without their help, I could not have done so at all without the patience and skill of my secretary, Miss Doreen Maunder, who has been assisted by Mrs Sarah Moody in transposing my hieroglyphics into orderly typescript.

I am equally obliged to Messrs Churchill Livingstone for the forbearance and helpfulness that I have for twenty-five years experienced from this great publishing firm.

CHARLES SEWARD

Exeter, 1974

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Introduction

'Felix qui potuit rerum cognoscere causas'

This book has been written to meet what is believed to be a need, both of the medical student and the doctor.

Some difficulties encountered by the student are mentioned in this chapter but they are and will remain difficulties for us all, for in no branch of human knowledge and endeavour more than in that of medicine is it necessary to remain always a student. As Lord Dawson has said: 'A doctor is a student till death; or shall I say, when he ceases to be a student he dies.'

The first concern of the doctor confronted with his patient is Diagnosis. The means to this end are his clinical knowledge, his skill in the taking of the history and in physical examination, and the use of such aids as the laboratory and X-ray examination may be able to supply. Some diseases may be diagnosed at the first encounter; but the answer is often less apparent, so that it is necessary to gather data for consideration of the possible causes of the presenting symptoms. The student, having interrogated and examined his patient, is at first ill-equipped by experience to proceed to the diagnosis. To achieve this, the formal textbook of systematic medicine is of little immediate help, for it concerns itself with a description of diseases grouped under the various physiological systems. This presumes that the reader, if concerned with a diagnostic problem, has already made a tentative diagnosis.

In approaching the diagnosis by an analysis of the causes of symptoms and signs presented in a particular case this book is thus complementary to the formal textbook and should be used as a link between it and the bedside.

The patient complains, let us say, of dyspnoea, and presents some doubtful physical signs in the chest. Is the student then to read 'Diseases of the Respiratory System', or to make a 'spot diagnosis' and read 'Pneumonia'? He may find much to support his tentative opinion and yet be in error; the dyspnoea may be of cardiac or renal or indeed of psychogenic origin.

The student is thus checked in his attempt to discover what is the matter with his patient. He is often enjoined to let the patient tell his own story but with many this may be a time-consuming affair. *L'art d'ennuyer est de tout dire.* He requires then some method by which, when confronted with a symptom or group of symptoms, he may recall what questions to ask, what data to collect, and then how systematically to consider the possible causes so that he may narrow the diagnostic field to the point at which the text-book may be usefully consulted. With regard to computer-aided diagnosis the use of this will make even more necessary a full, systematic and accurate assembling of clinical data, for the computer can only supply acceptable answers to properly posed questions.

The formulation of such questions will always demand skilled evocation, interpretation and evaluation by the clinician of the patient's account of his troubles.

It is the aim of this book to provide such a diagnostic approach.

THE SELECTION OF THE SIGNIFICANT SYMPTOM OR SIGN

An important principle in the process of diagnosis must now be established.

The approach to our problem is, or should be, by way of eliciting or isolating the significant symptom. We should begin of course by enquiring of what the patient chiefly complains. This may be no easy task; one may be baffled by a garrulous, confused, nervous, forgetful, exaggerating, minimising or untruthful patient.

It is exceptional, however, for only one symptom to be present and in the choice of which among several symptoms to select for analysis lies another of the student's difficulties which only experience can overcome. He should endeavour, whilst the patient is giving an account of his complaints, to select for consideration that symptom or sign which appears to be most fundamental or primary rather than secondary ones which have developed as sequels or minor accompanying symptoms.

A few examples may help to make this principle clear:

1. A patient complains of debility, dyspnoea, palpitation and sternal pain on exertion and presents an appearance of pallor.

The possibility of anaemia exists and therefore the haemoglobin percentage must be ascertained.

If anaemia is found then it is likely to be the significant physical sign and its causes should be considered rather than the causes of those symptoms mentioned above which proceed from and are secondary to it.

In particular pain of anginal character may be due to deficiency in quality as well as in the quantity of the coronary blood flow.

2. The anaemia in its turn may be due to a more fundamental cause such as haemorrhage.

Thus a patient may consult the doctor because of his pallor or because of giddiness and faintness. On being interrogated he describes what has evidently been a melaena. Clearly this is the significant condition which calls for investigation.

3. An old person was sent with the complaint of dyspnoea of recent onset awakening her, exhaustion and commencing anorexia and nausea. She was noted to have sallow pallor, atrial fibrillation, swollen ankles and painful osteoarthritis of one hip.

The haemoglobin was 37 per cent, but there was no recollection of blood loss. Tests for occult blood in the stool were positive and a barium enema disclosed a mild diverticulosis. The latter was thought unlikely to account for the anaemia and a barium meal revealed an hiatal hernia. She had been having phenylbutazone (p. 191) and digitalis. Both

drugs were stopped and 5 pints of packed cells were given slowly in two sessions.

The haemoglobin rose to 85 per cent, the heart became regular and her symptoms, save for occasional hip joint pain, ceased.

4. The patient may complain of debility and loss of weight, but if vomiting or diarrhoea, pyrexia or anaemia exist, the causes of these should be considered.

5. When headache is the patient's main complaint, but pyrexia is found to be present, the latter is the more fundamental sign for it is likely to be the cause of the headache.

This principle is emphasised by a paragraph which precedes the Synopsis of Causes of those symptoms in which it is most applicable.

With regard to the construction of this book, it is clear that different symptoms necessarily require different modes of classification but the aim throughout has been to provide a method that, without sacrifice of accuracy, can be naturally and easily recalled.

The principal symptoms of disease, i.e., those for which advice is usually sought, are relatively few in number; to include more and rare symptoms would defeat the object of the book, especially as regards brevity and compactness.

In actual practice, moreover, a disease is important, not in proportion to its rarity or scientific interest, but in the degree to which it affects the health of the people, and is capable of alleviation or cure.

Rare syndromes and diseases may therefore not receive mention save to complete a classification or to illustrate an idea. Thus Simmonds's disease is included because nearly all the endocrine glands may be responsible for debility and loss of weight.

The student should cultivate a preference for the probable. It has been well said that a small bird on a London chimney top may be a canary but is more likely to be a sparrow. With this in mind the commoner causes of a symptom have been shown in the Synopses of Causes in italics; and, as a rule, those which are important because they are common or

because early diagnosis is vital, have been dealt with more fully. In the text, too, italic is used for the headings of these diseases.

The distinction between the common and important and the rare refers of course to diseases as they occur in Great Britain and to a lesser extent to Europe and the United States of America and not to their occurrence in tropical countries.

It is proposed to take up a score of the principal symptoms and signs analysing these systematically and devoting a chapter to each.

These chapters will be divided up in the following way:

1. SYNOPSIS OF CAUSES OF THE SYMPTOM

The classifications have been arranged to enable the reader to analyse the symptom logically, and physiologically or anatomically. If he will learn the divisions and sub-divisions and apply these in his clinical work he will find himself able to recall most of the causes or diseases which fall under each heading.

The difficulty is commonly less of not knowing than of being unable to recall one's knowledge in an orderly and logical way. This is the author's excuse, if excuse be needed, for somewhat detailed classifications.

2. THE PHYSIOLOGY OF THE SYMPTOM

A brief note is given upon the mode of causation as far as this is understood and an endeavour is made to relate the physiology of the symptom to the way in which its causes are classified in the synopsis.

3. THE DIAGNOSTIC APPROACH

Some observations are made in this section to show how the clinician, with the Synopsis of Causes in mind, should analyse the presenting symptom or sign.

This analysis will enable him to narrow down the diagnostic field of possible causes and select the most likely among them for consideration.

4. THE DESCRIPTION OF EACH CAUSE OR DISEASE

Each disorder is considered under the following headings:

Aetiology. Under this heading are mentioned the cause when this is known and any factors which may bear upon the diagnosis such as age and sex incidence and the influence of occupation or habits, temperament or heredity.

Characteristics and Associated Symptoms. The characteristic features, where these exist, of the significant symptom in the disease under discussion and of those that may accompany it are given. These findings as applied to the patient constitute the *History of the Present Condition.* Next follows the *History of Previous Health* for only now will it be apparent what items are significant and what further information may be useful. The inquiry should begin in childhood. Was this serene and happy or overcast by fear and conflict with parents, brothers and sisters? One should proceed through adolescence noting whether he was away from school on account of illness and whether he played games. Did he serve in the Armed Forces —perhaps in the Tropics—and was he off-duty or invalided on account of illness?

In civilian life social activities, marriage, employment and satisfaction therein should be noted. We should ask about the consumption of alcohol and cigarettes, partly in view of their possible role in aetiology but chiefly as a guide to temperament and character.

We will by now have gathered something of the kind of person with whom we are dealing, with what difficulties and anxieties, fears and conflicts he may have been confronted and his account of his responses to them. This is taken up in more detail in the chapter which follows. We will at this stage have assessed the value of his evidence. This depends upon intelligence and education, which enable him to give a picture of how he feels, upon his memory, and upon his 'symptom threshold', for discomfort in one person may be 'agony' in another.

Finally it depends upon what C. E. Montague has described in an essay *Three Ways of Saying Things*—overstatement,

understatement and the truth. He remarks that the last of these is seldom employed but is most effective.

Where the possibility exists of a tropical disease in an immigrant, a visitor from abroad or a recently returned holiday-maker, a GEOGRAPHICAL SURVEY should be made, the question 'Where have you been and when?' being asked. The importance of this has been stressed in the Preface and in the chapter on Pyrexia (p. 449).

The Examination. The physical examination then follows, the system which appears to be chiefly affected being examined first.

Investigations. Only at this stage should ancillary investigations be undertaken. These may be chemical, haematological, bacteriological or radiological and also such procedures as lumbar puncture and endoscopy of various hollow organs. They are referred to in the order of their diagnostic importance in the disease under discussion. Valuable and even essential though they often are, the student is warned against the growing tendency to depend upon these aids and to employ them prematurely in the process of diagnosis. Medicine has indeed become a science, albeit an inexact one, but it is also an art and its concern is not with 'cases' but with sick men and women all differing in their individual responses, both physical and psychological, to disease. In practice our first clinical contact is not with a disease as met with in the textbook but with a patient complaining of symptoms or presenting physical signs.

The alternative to some such diagnostic approach as is given in this book is a haphazard consideration of the most likely causes that come to mind. This is no proper way to undertake that most fascinating, responsible and rewarding of all forms of detection, the diagnosis of disease.

The Index

At the bedside the clinician is confronted, not with diseases as met with in the textbook, but with symptoms and signs. In this book a score of these is considered and the Synopsis