



**Fig. A : Ehlers Danlos Syndrome ; note the hyperextensible joints.**

dences of anaemia and haemorrhagic episodes with leucocytosis, positive guinea pig inoculation test (with blood in the first week or with urine in the second and third weeks) and revealing leptospira in smears from liver, kidney and blood culture—is a patient of Weil's disease.

- (iv) Chances of coronary arterial diseases are more in businessmen, persons of sedentary habit, and those with type A personality.
- (v) Men working in plastic and rubber industries are prone to develop bronchial asthma and cancers of genitourinary tract, particularly those who handle chemicals like benzidine.
- (vi) Workers in mines (gold, copper, coal) pottery and sand blasting may develop silicosis, a type of pneumoconiosis. Pulmonary tuberculosis is very often a complication of silicosis.
- (vii) Workers in printing industry who handle gum acacia often develop bronchial asthma.
- (viii) Asbestosis is a type of pneumoconiosis that is common in persons working in textile industries and in persons engaged in construction work. Pleural plaques, bronchogenic carcinoma and pleural mesothelioma are often associated with asbestosis.

Persons suffering from these occupational chronic debilitating illnesses may legally claim for compensation and physicians are likely to be called into diagnose the condition and assess the severity.

**E. Marital Status**—The marital status of the patient must be noted— diseases like haemophilia A, nephrogenic diabetes insipidus, Duchenne muscular dystrophy, glucose 6-phosphate dehydrogenase deficiency are X-linked reces-

sive and hence are usually carried asymptotically by females while male offsprings are unfortunate victims. Marriage in extremes of age results in babies with congenital cardiac defects, abortion etc. and this is exemplified by the common occurrence of Down's syndrome (Trisomy 21) in children of elderly mothers and increasing frequency of Marfan's syndrome with increasing paternal age.

Psychiatric disturbances are sometimes precipitated by marital disharmony.

Marriage between close relatives or consanguineous marriages result in more frequent expression of genetic defects in the offsprings.

**F. Address**—Diseases like malaria, kala-azar, blackwater fever and filaria are common in West Bengal and parts of Orissa, whereas pernicious anaemia and subacute combined degeneration are rarely encountered in the tropics, but quite commonly seen in temperate countries.

Intestinal and extraintestinal (e.g. hepatic) amoebiasis, giardiasis, ascariasis, hookworm infection are very common in West Bengal, and other regions of Eastern India particularly along the Gangetic plains.

**G. Chief complaints**—It is essential to note down three or four most important symptoms of the patient in chronological order along with their durations.

**H. History of present illness**— The patient should be allowed to narrate the history of the present complaints from the beginning of its development in sequences, without any leading questions being put in as far as practicable.

Unnecessary elaboration and repetition of symptoms should be tactfully avoided. Intelligent and educated patients sometimes narrate their complaints in medical terms e.g. acidity, rheumatism etc. In such cases, they should be asked to describe what discomfort they actually feel.

Details of previous treatments should be enquired about particularly the name and duration of drugs taken and any adverse reactions out of them (e.g. hypersensitivity to penicillin), previous surgical procedures, irradiation or psychotherapy. These information may have influenced the presenting symptoms or disease. For example, a female patient presenting with symptoms suggestive of diabetes mellitus may have history of long continued intake of corticosteroids for her rheumatoid arthritis.

The patient should also be asked to produce the previous records, if possible. In case of children and very old or mentally sick patients, close relatives should be asked about the previous treatment.

**I. Past illness**—The history or relevant diseases from which the patient has suffered in the past should be elaborated; e.g.

(i) Rheumatic fever; (ii) Malaria and kalaazar; (iii) Infectious diseases e.g. diphtheria, scarlet fever, small pox; (iv) Infective hepatitis; (v) Syphilis and gonorrhoea etc.

There might be some correlation of the above mentioned diseases with the present clinical signs—e.g. hepatomegaly, hepatosplenomegaly, features of portal hypertension due to cirrhosis, rheumatic valvular heart disease, cardiomyopathy, tabes dorsalis, syphilitic aortic incompetence, gonococcal arthritis etc.

**J. Family history and Personal history**—(i) Enquiry about the health of parents and causes of death if they are not alive should be made because diseases like diabetes mellitus, hypertension, coronary arterial disease etc. run in family and they are usually multifactorial.

(ii) As regards brothers and sisters, it is of same value because hypertension, congenital heart diseases, diabetes

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