

**Outlines for case taking and routine ward and laboratory work : as used in the medical clinic of the Washington University / by George Dock.**

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**OUTLINES  
FOR  
CASE TAKING**

**MEDICAL CLINIC**

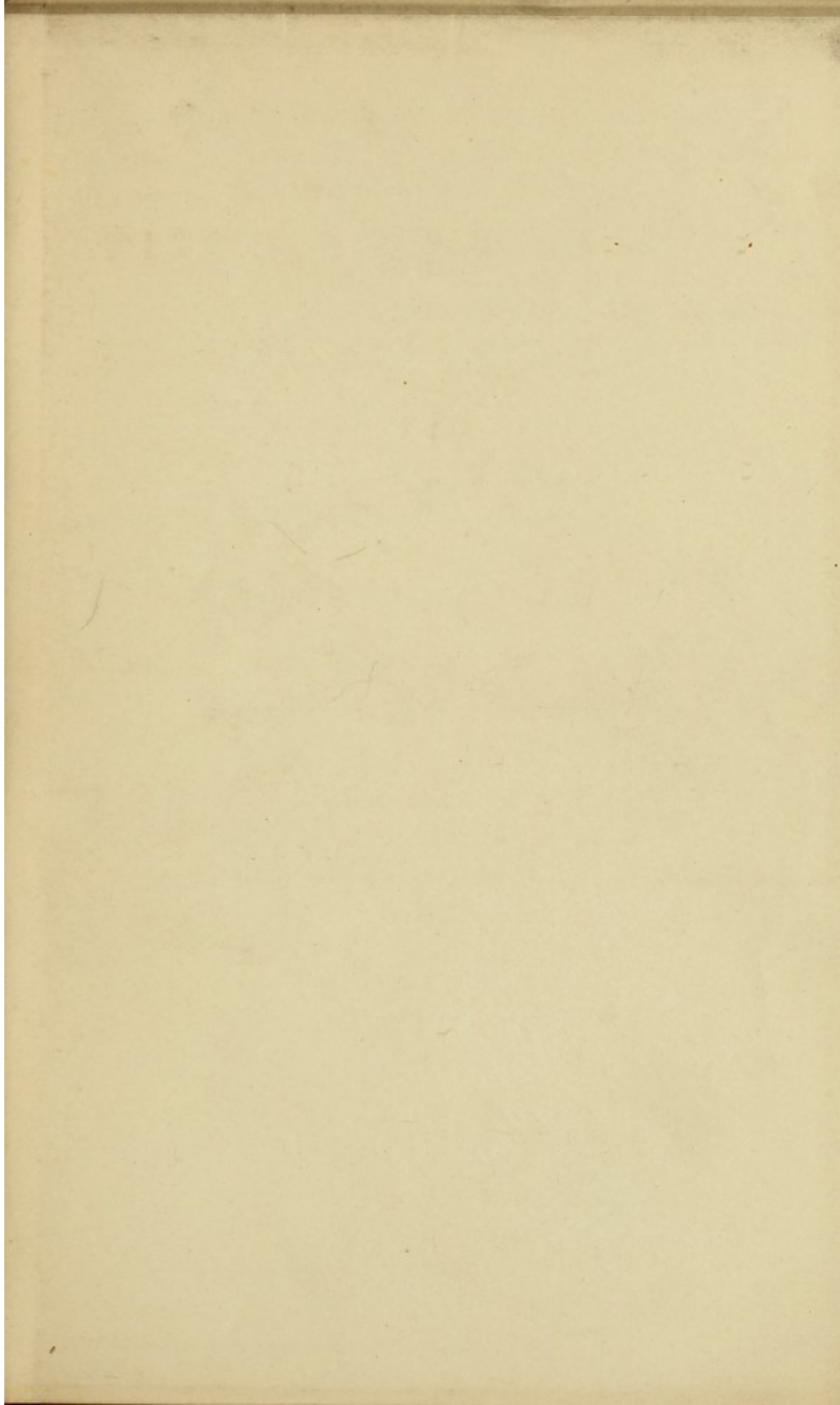
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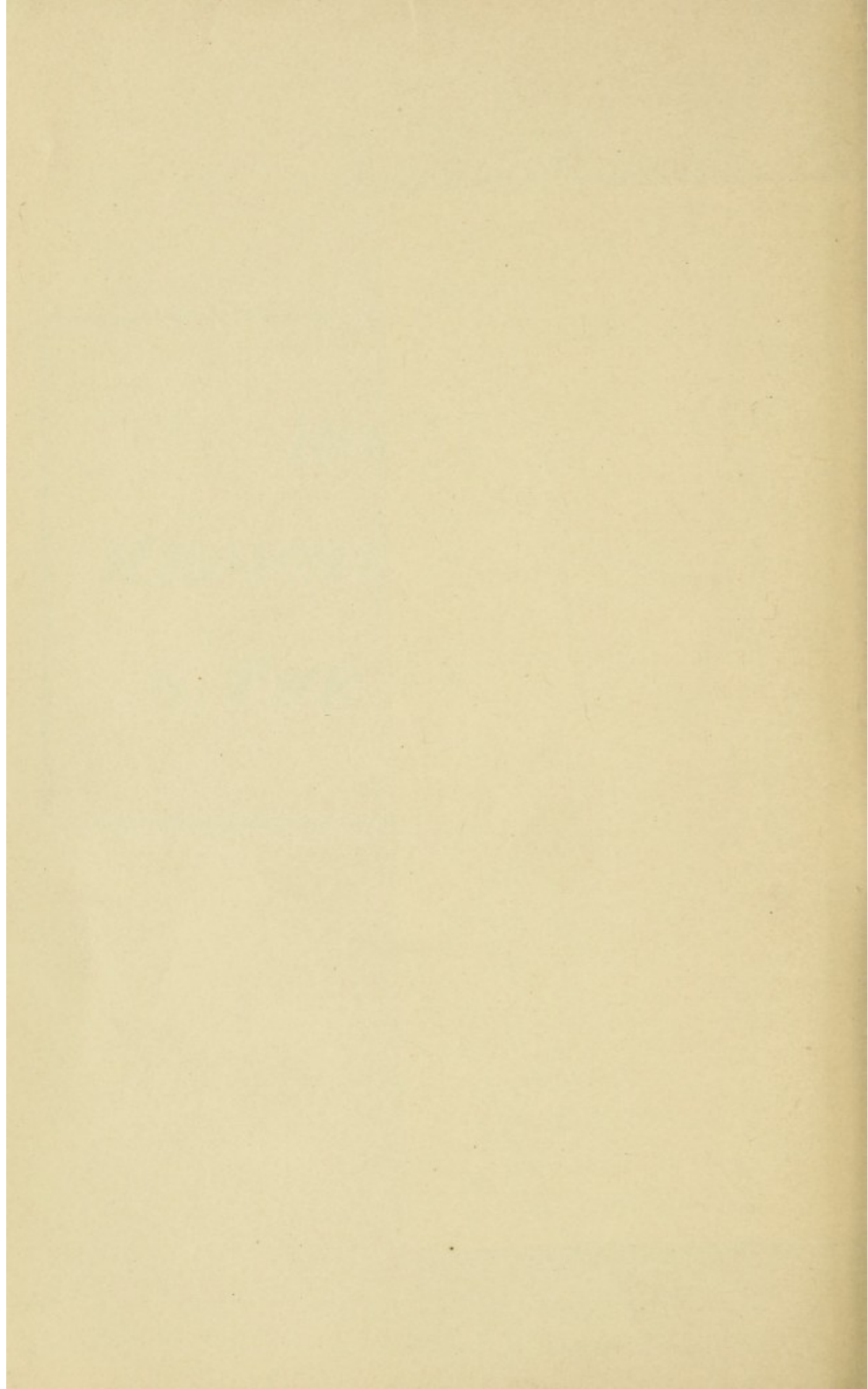
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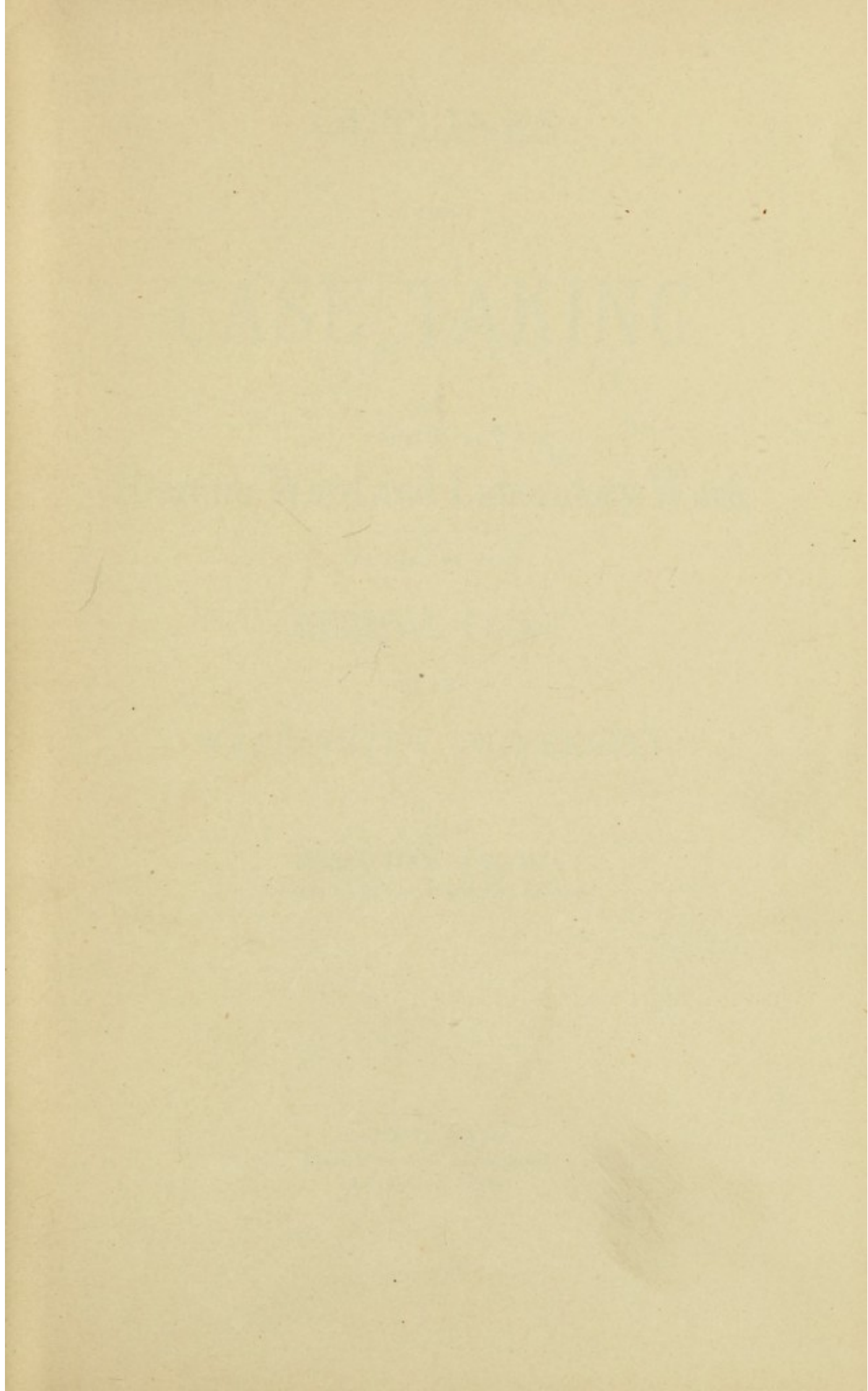
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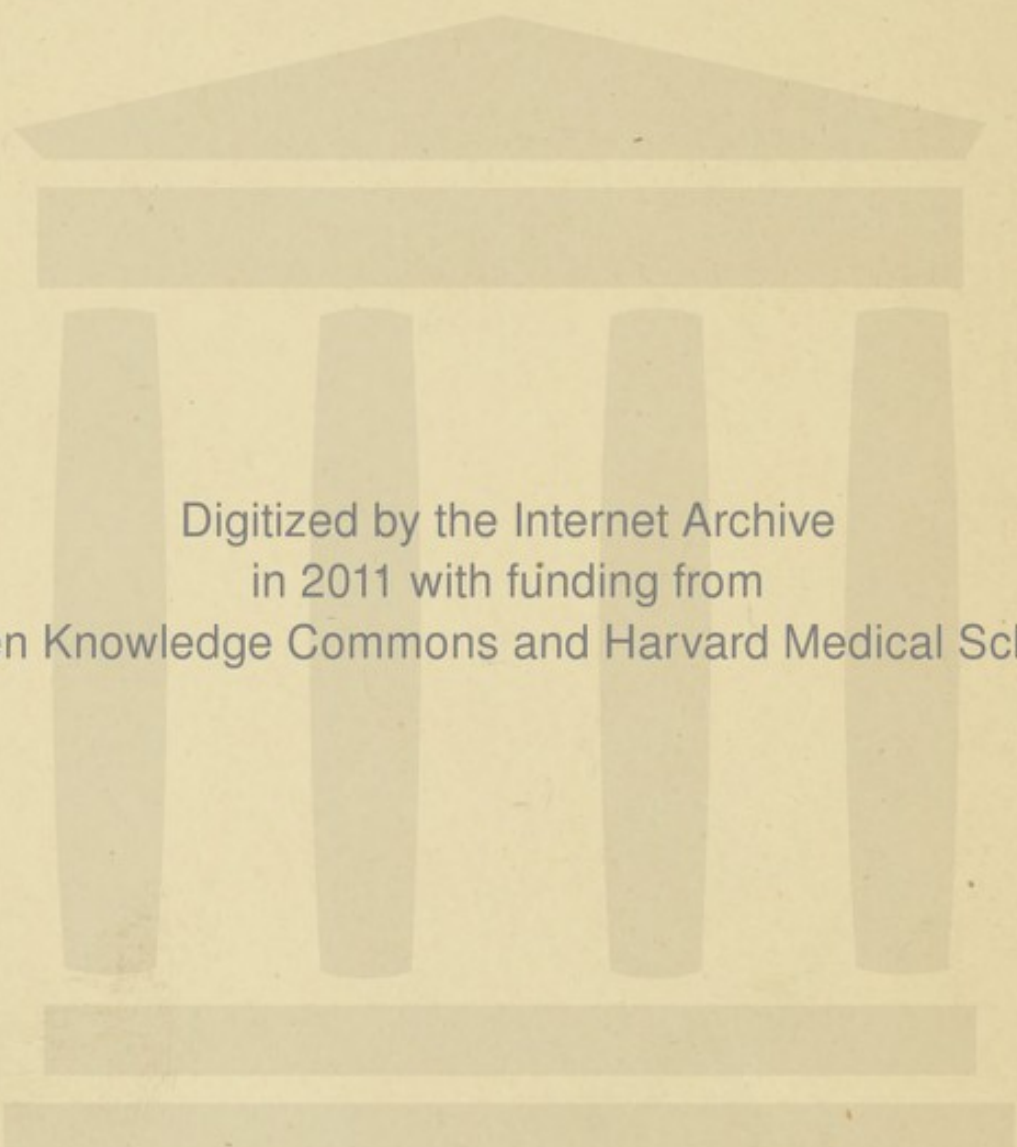
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AND

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AS USED IN THE

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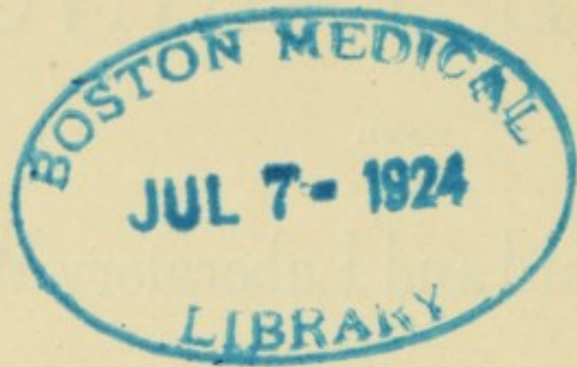
BY



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## PREFACE.

These outlines, based originally on Strümpell's *Leitfaden*, have long been used in my clinic in type-written copy as guides in case-taking. Being intended merely as outlines, methods are not included. Laboratory manipulations necessary in the study of cases are for the most part familiar to the student when he begins clinical work. Hand-books are available in the clinical laboratory and should be consulted freely.

### Preface to Second Edition.

The first edition of this little work has been used with considerable satisfaction in practical work in the medical wards. In preparing the present edition I have profited by experience in previous years and have also had the valuable assistance of Doctor J. S. Brotherhood in adding material. I am especially indebted to Doctor Ernest Sachs for additions and improvements in the neurological section.

GEORGE DOCK, M.D.



**HISTORIES ARE NEVER TO BE TAKEN  
FROM THE WARD.**

Front Page.

General Hospital Number.

Medical Service Number.

Patient's name in full—no initials. (*e. g.*, Smith, John, Mary, or Mrs. John); sex; age; married; single; widowed; occupation; nativity; residence.

Name and address of Patient's nearest relative in St. Louis, or nearest relative at home.

Name and address of Family Physician. If patient is from the Hospital Dispensary, give service number and date.

Date of admission to the Hospital.

Any former admission to this Hospital. (Date of Admission and Discharge, Medical Number and Diagnosis).

## I. FOR MISCELLANEOUS CASES AND ACUTE INFECTIONS.

(For special diseases see Scheme II, etc.)

1. **Name.** Put patient's name and medical number at top of each history page. Number each page 1, 2, 3, etc.
2. **Patient's complaints,** briefly but fully, in original words; or, circumstances and condition in which the patient enters clinic. If delirious or too weak to talk, try to get particulars from those who bring him, or who call; also from former physician, if possible.
3. **Family History:** Health or causes of death and ages of father and mother; (of uncles and aunts, and grandparents, if indicated;) ascertain fullest possible details, with special reference to nervous, constitutional and blood diseases. Clear up diagnoses given by histories; avoid all forced conclusions: use " " for unverified diagnosis. Brothers and sisters: ages, conditions, causes of death. Children: number; ages, health of each; if dead, causes of.
4. **In Women:** If married, how long; pregnancies; abortions. *still births*
5. **Condition from infancy, in chronologic order:** Inquire especially as to complications and sequels of various diseases in turn.



Investigate especially possible relations with present disease, *i. e.*, scarlatina, measles, whooping-cough, typhoid fever, malaria (caution), rheumatism, influenza (caution), sepsis, erysipelas, diphtheria, sore throat, gonorrhoea, syphilis, nephritis, endocarditis, pleurisy, pneumonia, chorea, gout, lead poisoning; exposure to epidemics; hygienic surroundings. Where there is a history of any of these infections it is desired that there be full notes regarding its duration, complications if any, *i. e.*, scarlet fever, ear trouble or nephritis; rheumatism, severity, condition of joints; of heart. Scrutinize all diagnoses, as in the study of the present disease.

6. **Occupations; habits; eating; kind and quality of food; regularity of meals; mastication; alcoholics, in detail; tea; coffee; tobacco.** Avoid the terms light, moderate, heavy; make definite statements of the amount used.
7. **Investigation of the sexual life,** when indicated (see scheme for Diseases of the Nervous System).
8. **Present Disease:** Date (not day of the week) of onset; probable cause, in opinion of patient, relatives or physician; trauma; "cold"; overwork; exposure to infection; hygienic conditions.
9. **Mode of Onset:** Sudden or gradual; first symptoms, as chill, fever, pain; location



and character; stomach and bowels (vomiting in acute infection); weakness.

**Later course:** Modifications by treatment or otherwise (avoid critical allusions to views or treatment of former physician).

*Nocturia*  
10. **Present Symptoms:** Read carefully before taking S. P. (status praesens); weakness; loss of weight; dyspnoea; cough, expectoration; palpitation of heart; appetite; nausea; vomiting; stools; urination, frequency of, amount; pain; menstruation; thirst; sweats; headache; vertigo; sleep; extremities, sensations in.

11. **Present Condition (S. P.):** Temperature; pulse; respiration.

12. **Body in general:** Height; frame, small, medium or large; slender or heavy; symmetrical or not, with details in latter case; musculature; panniculus; usual weight; alterations of weight; bones; joints; (flat-foot); reflexes; lymph glands.

13. **Position** (decubitus); station; gait; tremor. General appearance; expression. Mental condition; apathy, coma, delirium. Speech.

14. **Skin:** Color of face, body and extremities; visible mucous membranes; cyanosis; icterus; skin warm or cold, dry or moist; elastic or inelastic; oedema; eruptions; ulcers; striæ; scars.



15. **Head:** Skull; hair; eyes; ears, topi and discharge; cheeks; nose; herpes; mouth; teeth; tongue; soft palate, gums and buccal mucous membrane in general; tonsils; pharynx.
16. **Neck:** Shape; size. Larynx; thyroid; lymph-glands; blood-vessels.
17. **Thorax:** Shape; size; type of respiration; ~~diaphragm phenomenon~~; lagging, retraction; percussion and auscultation of lungs.
18. **Heart:** Inspection; position and character of apex beat; thrill; percussion; auscultation. Radial pulse; Palpation of wall; rate (increase on sitting up?); size; rhythm; tension. Other vascular anomalies, such as pulse in other arteries; veins; epigastrium; liver; capillaries.
19. **Abdomen:** Form; size; ~~floating tenth rib~~; visible peristalsis; palpation; pain or tenderness; ~~succussion~~; percussion (change of position). Liver: Percussion and palpation; gall-bladder. Spleen: Percussion; palpation. Pylorus. Pancreas. Appendix region. Pelvis (examine by vagina and rectum if indicated). Perineum; (hemorrhoids). Sites of hernia.
20. **Genito-urinary apparatus:** Kidneys, palpation. Bladder, palpation and percussion. Penis: ulcers; scars; discharge. Scrotum: varicocele; hydrocele; induration in testes

spleen

or cords. Prostate. Vulva; vagina; uterus; ovaries; tubes.

21. **Urine:** Amount; sp. gr.; color; sediment and "floaters." (See VI.)
22. **Blood:** Macroscopic appearance and examination of fresh drop; red corpuscles; leucocytes; hemoglobin; Widal test (in acute fevers). See V.  
Wassermann test.  
Blood culture; luetin.  
Tuberculin tests.
23. **Stools.** See IV.
24. **Sputum.** See II.
25. **Other secretions and excretions,** and special examinations as indicated.

## II. DISEASES OF THE RESPIRATORY ORGANS.

Supplementary to Scheme I, and to be used in connection with the former. The numbers in the various schemes correspond, and in the study of obscure cases all should be read. Certain repetitions have seemed unavoidable.

3. **Family History:** Investigate histories of father, mother, brothers and sisters with



reference to all possible diseases of respiratory organs, and to tuberculosis in various forms. Avoid writing doubtful diagnoses; if necessary put statements in " ". Note dates of illnesses and deaths. Add histories of other relatives if clear and noteworthy.

5. **Previous Diseases, etc.:** Enlarged glands, duration, location, severity; bone and joint disease; diseases of the nose, throat, larynx, lungs and pleura.
6. **Occupations, etc.:** Exposure to dust or irritating vapors, grinding, cold storage, etc.; exhausting or depressing occupations; living with or nursing persons with cough or tuberculosis. In women, puerperal state.
9. **Onset:** Anemia; anorexia; emaciation; hoarseness; aphonia; cough; expectoration; hemoptysis; weakness; fever; chills; diarrhea; hemorrhoids; bronchitis; pleurisy; pneumonia; amenorrhea.
10. **Present Symptoms:** Pain in thorax: duration, location; character. Cough, time of occurrence; character, dry or with expectoration; with or without pain.  
**Expectoration:** Amount, appearance, consistency, odor.  
**Blood spitting:** How excited, amount, appearance.

**Dyspnea:** When noticed, character, degree.

**Larynx:** Pain in, how excited, as by talking, swallowing, singing; voice, alterations of.

**Alimentary apparatus:** Compare scheme for Diseases of Organs of Digestion.

**Night-sweats.**

12. **Body in general:** Myoidema; fingers (clubbing); nails.

14. **Skin:** Flush on face; pallor; traces of cyanosis on face or extremities; dilated veins on thorax.

15. **Head, Pharynx and Larynx:** Alæ nasi; movement of larynx.

**Laryngoscopic examination;** pharynx; root of tongue; epiglottis; arytenoids; posterior wall; ventricles; cords; trachea.

17. **Thorax:** Shape in general; length; breadth; depth; circumference (cyrtometer); interspaces; epigastric angle; Louis' angle; clavicles, supra- and infra-clavicular fossæ; vertebræ; symmetry; expansion; ratio of in- and expiration; inspiratory retraction; diaphragm phenomenon.

**Percussion:** Always compare symmetrical parts. Note volume, pitch and quality of sound and resistance all over, and especially in apices, front and back; height of apices, front and back; lower boundaries (Grocco), with mobility on respiration, and change of position; Traube's space.



**Auscultation:** Vesicular breathing, weak, exaggerated, puerile; broncho-vesicular; blowing, soft or harsh; amphoric; ratio of in- and expiration; breathing after coughing.

**Adventitious sounds:** Location; character (crackling rales, fine, medium or coarse; dry or moist; few or many; in- or expiration; rhonchi, character, location; effect of coughing). Friction: location, character, phase of respiration, effect of pressure, position, cough, deep breathing.

**Auscultation of voice;** Whispered voice; of cough. Auscultatory percussion; coin sound.

**Palpation:** Vocal fremitus; friction; pain or tenderness; muscular rigidity. Spirometer.

18. **Heart:** Pulmonary second sound; epigastic and cervical pulsations; dicrotic pulse.
19. **Abdomen:** Compare scheme for Diseases of Organs of Digestion.
20. **Urine:** Tubercle bacilli; diazo reaction.
23. **Stools:** Pus; blood; tubercle bacilli.
24. **Sputum:** Quantity; color; consistency; character (watery, mucous, muco-purulent, purulent, bloody, nummular, layers); odor; reaction.



Cells: pavement epithelial; alveolar; dust-; heart-failure-; leucocytes; mononuclear; eosinophile. Colloid; myelin.

Red blood cells: number; condition.

Elastic tissue, kind and quantity; Charcot-Leyden crystals; fat-crystals; spirals; bronchial casts.

Tubercle bacilli, number; appearance; in cells.

Other bacteria: influenza; diplococci; streptococci; staphylococci; yeasts; molds; sarcines. Protozoa.

25. **Miscellaneous.** Exploratory aspiration; chemical and microscopic examination of fluids; X-ray examination of lungs.

### III. DISEASES OF THE CIRCULATORY APPARATUS.

3. **Family History:** History of valvular disease; arterio-sclerosis; syphilis; apoplexy; sudden death; family tendency to circulatory disease.
4. **In Women:** Effect of possible pregnancies on the course of the disease should be borne in mind in connection with 5.
5. **Previous Diseases:** Rheumatism; chorea (St. Vitus' dance) and all acute infectious diseases.

6. **Severe manual labor**; athletics; excitement; over-eating; excessive use of alcoholics (beer); tobacco; coffee and tea.
7. **Sexual anomalies and masturbation.**
8. **Present Disease:** Tuberculosis; endocarditis, in beginning.
9. **Mode of onset:** Note earliest appearance, with details of palpitation of the heart; causes of attacks; pain in heart region, with details of character, radiation, (arm, head, etc.); intermittent limping; subjective feeling of heart, character; dyspnea; cough, expectoration; vertigo; fainting; tinnitus aurium; cyanosis; œdema; pallor; flushing; fainting; sputum (bloody); change in quantity of urine.
12. **General:** Faulty development in congenital heart disease and that acquired in early childhood.
14. **Skin:** Combination of cyanosis and icterus; pallor; flushes; œdema.
15. **Head:** (Early grayness in atheroma).
16. **Neck:** Inspection and auscultation of arteries of neck; pulsation in cervical veins; systolic venous pulse; pulsation in jugular fossæ (palpate); tracheal tug; auscultation of goitre (systolic murmur in exophthalmic goitre).



17. **Thorax:** Emphysema; bronchitis; hydrothorax; congestion; infarct.

18. **Heart: Inspection:** Prominence in heart region. Apex beat: location; character; diffuse pulsations; retraction. Epigastrium; pulsations in other parts of thorax (aneurism).

**Palpation:** Strongest and most distinct location of apex beat; force; heaving impulse; shock; rhythm. Thrill and friction fremitus; location; time; character. Palpation of other pulsating areas in the thorax. Palpation of the back.

**Percussion:** Absolute dulness, above, to left, to right, below, (liver dulness); relative or deep heart dulness. Percussion of cardiac dulness in the back.

**Auscultation:** Note character (weak, strong, pure, impure, clear, murmurish, accentuated, snapping) of sounds at apex; along left edge of sternum, on sternum, to right of sternum, in left axilla, to right of ensiform, along carotids and subclavians, in back; rhythm; extrasystole; gallop rhythm; embryocardia. Adventitious sounds; time, character; where best heard; transmission.

**Blood-vessels:** Visible pulsations in arteries and veins; capillary pulse in nailbed, soft palate and pharynx, on forehead; pulsating liver.



**Radial artery:** Wall; course; size of pulse; quick or slow; hard or soft; tension; rate; rhythm.

**Auscultation of arteries:** Double tone; murmurs, (note effect of pressure on murmurs).

**Venous tones and murmurs.**

**Sphygmograph; sphygmomanometer; polygraph.**

19. **Abdomen:** Oedema; ascites. Liver. Spleen.

21. **Urine.** Complete examination as in Scheme VI.

**Blood, sputum** (blood and pigmented cells in) and other special examinations as indicated.

25. **X-ray examination of heart and sites of aneurism.**

#### IV. DISEASES OF THE ORGANS OF DIGESTION (OESOPHAGUS, STOMACH, INTESTINE, LIVER AND PANCREAS).

6. **Special attention to habits of eating and drinking.** Meal hours; bolting food; eating alone or in company; reading at meals. Condition of teeth; caries, artificial teeth; care of mouth. Quality and quantity of food; proteid; carbohydrates; fats; salt; milk, how taken. Water; when and how

taken; temperature. Tea; coffee; cocoa. Alcoholics in detail. Tobacco. Work and exercise. Mental anomalies.

7. **Sexual history often important**, especially in neuroses of stomach.
10. **Present Symptoms.** Appetite, degree of; perversions; is appetite lost or recovered by eating; lost after a few mouthfuls?

**Thirst.** (Is urine in proportion to water ingested?)

**Taste:** Normal or abnormal; disagreeable taste in mouth; stale, sour, rotten, sweet; dryness of mouth; burning in mouth.

**Saliva,** alterations of.

**Swallowing:** Pain; seat; character.

**Obstruction:** Apparent seat, change of; constant or variable; to what kinds of food, liquid, soft or solid? Onset and duration of.

**Hemorrhage from pharynx or oesophagus;** time; character of blood.

**Feeling of pressure in stomach region;** exact seat; relation to taking of food or kind of food; duration.

**Feeling of distention:** Location; time and duration of; relation to food.

**Pain:** Seat; character; boring, colicky, cutting, burning, etc.; time of occurrence, circumscribed or diffuse; radiation; degree; effects of pressure; of heat. (Gastric crises, gall-stones, renal colic.)



**Regurgitation and eructation:** Time; degree; consistence; character; odor; taste; amount of fluid regurgitated; regurgitation of food, condition of, time of. Rumination. Hiccup.

**Nausea:** Time; degree; apparent cause.

**Vomiting:** Time; frequency; relation to meals; amount and character of vomitus; color, taste and odor; food eaten many hours before; mucus; bile; blood, appearance. Symptoms accompanying vomiting: nausea, pain, weakness, faintness, colic, cramp. *stercoraceous* fecal vomiting. Sensations after vomiting.

**Flatulence:** Duration of; degree; constant or variable; relation to food; noises in abdomen. Is wind passed up or down?

**Subjective motions in abdomen:** seat; relation of eating; degree of. Pulsations; when felt; degree.

**Stools:** Number; character; is latter constant or variable. If constipation, what is and has been used to overcome it? Appearance of stools.

**Pain in defecation:** Location, character.

**Mucus, pus or blood in stools;** describe in patient's words.

**Hemorrhoids;** fissure; fistula; tenesmus.

**Tumors, masses, "bunches"** (or other terms applied to new-growths) **in abdomen:** when discovered; constant or variable;



size and change of size; pain; position; mobility.

**Pain in region of liver or gall-bladder;** occurrence, duration, character, degree.

**Jaundice:** Duration, degree; associated symptoms; nervous symptoms.

12. **General.** Emaciation; *caehexia*.

14. **Skin.** Color and other condition of skin (*nævi* in carcinoma); examine whole body.

15. **Head.** (Dark hair in cancer). Tongue. Teeth in detail. Pharynx. Lymph glands in various regions.

16. **Neck.** Tumors in *œsophagus*; stricture; spasms. Examination of *œsophagus*; soft tube; probe; swallowing murmurs.

17. **Effusions or new-growths in thorax.** Lordosis; scoliosis; retraction.

18. **Abdomen.** Size and shape of abdomen, both lying and standing.

**Skin:** Texture, color, *striæ*; veins, visible tumors; patterns of tumidity; pulsations; peristaltic motion.

**Palpation:** of liver, spleen, kidneys, as to position, size, shape and consistence.

**Palpation of tumors:** Position in abdomen and in relation to other organs; size (in exact figures, or plain comparisons); shape; surface; smooth, uneven, nodular; consistency; hard, soft, fluctuating; mobil-

ity, spontaneous, with respiration, by pressure; resistance when held down in inspiration; pain in tumor.

**Percussion:** (not so valuable as palpation and inspection, but can often add to previous information, as in question of relation to stomach or intestines; percussion of liver important in suspected peritonitis). Percussion on changing position; in knee-hand position. Fluctuation on tapping with fingers.

**Auscultation:** Gurgling; succussion. Friction sound over liver; murmur in abdominal veins.

**Stomach:** Inspection; palpation; percussion and auscultatory percussion; succussion (exact position of); distention by  $\text{CO}_2$  (6 grams tartaric acid, 8 grams sodium bicard.), by air or by other <sup>water</sup> method; note curvatures. Stomach tube. Test meals, ~~shredded wheat biscuit, bread and water, dinner.~~ For scheme see below.

**Intestines:** Distention; peristalsis; distention of colon by rectal tube and bulb. Palpation for tenderness, rigidity, and tumors; note all characteristics.

**Palpation and auscultation of peritoneal friction and gurgling.**

**Examination of anus and rectum:** Ulcers, fissures, hemorrhoids, fistula, stenosis, inflammation, ulcer and new-growth in the rectum.



**Liver:** Inspection, palpation (standing as well as lying); percussion; position and outline of borders; thickness of lower edge; surface smooth or uneven; ~~scars~~; nodules; tumors; depressions; abnormal lobes; friction; tenderness on pressure.

Aspiration of liver and sub-diaphragmatic space.

**Gall-bladder:** Size, shape, position, consistence.

**Spleen:** Position, size, shape, consistence.

**Pancreas:** Size, shape and consistence.

21. **Urine.** Always make complete examination of urine.
22. **Blood.** Always make complete examination of blood.
23. **Stools and defecation:** Frequency; quantity; color; odor; reaction; consistence; if formed, size and shape; presence of foam (in relation to time out of body); mucus; blood; pus; food remains; sloughs; parasites.

**Microscopic examination:** Food remains; leucocytes; red blood corpuscles; epithelial cells; crystals, as bismuth, triple phosphates, Charcot crystals (large numbers in some cases of helminthiasis); fat; soap; bacteria; yeasts; protozoa; eggs. Look for tubercle bacilli in all cases with pus in stools. Bile coloring matter, bichloride test.

25. **Other examinations as indicated**, including palpation in hot bath and under anæsthesia.

**Scheme for Examination of Stomach Contents:** Test-meal, kind; time after eating. Method of removal (expression, aspiration). Quantity: color; odor; food-particles; mucus; blood; bile.

**Lavage** after removal, results of.

**Microscopic examination:** Blood-corpuscles; leucocytes; bacteria (details): sarcines; yeasts; molds; protozoa; epithelial cells; tissue fragments; myelin.

**Filtrate:** Quantity; Sp. G.; reaction to litmus; to Congo; Günzberg's phloroglucin and vanillin; dimethyl-amido-azo-benzole.

Lactic acid tests; Uffelmann; other methods). Acetone (in distillate).

**Quantitative tests:** Free HCl; loosely combined HCl; organic acids and acid salts; total acidity; HCl deficit.

**Digestion tests:** Pepsin; pepsinogen; chymosin; chymosinogen; albumoses; peptones.

**Starch digestion:** Starch; amyloextrin; erythroextrin; maltose; dextrose.

**Absorption tests.**

**Motor power tests.**

**Other observations, including X-rays.**



## V. CHRONIC CONSTITUTIONAL DISEASES AND DISEASES OF METABOLISM.

- 3, 4. **Examine family and personal histories with care.**
5. **Previous conditions.** Investigate histories if possible; stomach diseases; diarrhea; parasites and poisons; rickets.
6. **Note injurious mental habits or emotions, shock, business reverses and strains.**
9. **Onset.** Note especially particulars of weakness; changes of appetite; hunger; thirst; loss of weight; gain in weight; anomalies of sleep; impotence.
10. **Present Symptoms.** In case of headache, note characteristics; vertigo; tinnitus aurium; neuralgias; stomach and intestinal symptoms in detail.
14. **Skin.** Discolorations of skin and mucous membranes; itching; urticaria (hives); sweating; flushing; tremor.

**Head.** Eyes and eyelids; Graefe's, Stellwag's and Moebius's symptoms; pupils, and their reflexes.

**Status praesens in detail,** according to general and special schemes. Complete examination of blood, urine, stools, stomach, eye-grounds.

16. Neck. Auscult thyroid when enlarged.

17. Thorax. Percuss for thymus-dulness.

22. Blood. Fresh drop: flow; color, consistence.

?  
/ { Fresh drop, microscopic appearance: red cells, size, shape, color, relative number, rolls. Leucocytes, relative number, other characteristics. Platelets. Fibrin. Parasites: describe fully.

Number of red cells.

Number of leucocytes.

Hemoglobin (name method used, as Fleischl, Miescher, Tallqvist, etc.) Specific gravity (method).

Differential count. Stain. Number of cells counted; small lymphocytes; large lymphocytes; ~~transitional~~; polynuclear; eosinophile polynuclear; eosinophile mononuclear; myelocytes; mast cells; degenerates.

Red cells; microcytes; macrocytes; poikilocytes; ~~vacuolated~~; normoblasts; megablasts; undetermined; (count nucleated reds with leucocytes).

*polychrome or stippled*



## VI. DISEASES OF THE URINARY AND SEXUAL ORGANS.

3. **Family history.** Details as to diseases of genital and urinary organs in immediate family.
4. **In women.** Complications in vagina, uterus, bladder or kidneys in pregnancy or puerperium.
5. **Previous condition.** Exposure to cold and wet.
7. **Sexual.** In detail, with care in putting questions.
9. **Onset.** Earliest appearance of pallor; dyspnoea; œdema of face, feet, hands, body; weakness; loss of appetite; gastric symptoms in detail; headache; vertigo; eye symptoms; pain in back; alterations of micturition; pain in urinary tract; unusual appearances in urine; discharges from genitals, characters of.
15. **Head.** Arteries, eyegrounds.
17. **Thorax.** Bronchitis; emphysema; hydrothorax.
18. **Heart.** Complete examination; notice second aortic sound; pulse, tension: (Sphygmomanometer.)
19. **Abdomen.** Ascites.

20. Full examination of genito-urinary apparatus. Cystoscope; ureteral catheterization.

*urine*  
21. Full examination. See Scheme.

*blood*  
22. Full examination.

### Scheme for Examination of Urine.

**Quantity:** When passed, as sample, giving time of day; day or night; 24 hours. (If drawn per catheter, note.) *always in women*

**Specific gravity; reaction; color; odor; clear or turbid; floaters** (describe).

**Albumin tests:** Boiling<sup>?</sup> and nitric acid; Heller's; acetic acid and ferrocyanide; other methods. For quantitative, note bulk after boiling and nitric acid, in vulgar fractions, or Esbach, Kjeldahl, or Tsuchiya.

**Albumose:** Cold nitric acid followed by warming; other tests.

**Glucose tests:** a. Fehling's; b. boiling with KOH solution; c. phenylhydracin; d. fermentation; e. polariscope. For quantitative a, *(Benedict's)* d, e.

**Bile coloring-matter:** Foam; Gmelin.

Bile acids: (Method.)

Urobilin. Indican. Hemoglobin. Acetone. Diacetic acid ( ferric chloride reaction). Diazo reaction.



**Sediment:** Amount; color; appearance. Epithelial cells, number and kind; leucocytes, number and kind; red-blood cells, number and condition; crystals; casts, number and kinds; cylindroids; spermatozoa; bacteria, number and kind (tubercle-, smegma-); protozoa.

**Quantitative tests:** Total acidity; chlorides; sulphates; phosphates; ammonia; urea; total N; uric acid; alloxur (purin) bases; oxalic acid.

**Functional test:** Phenol-sulphone-phthalein. lactose, sodium chloride, potassium iodide.

**Sometimes important:** Hematoporphyrin; leucin; tyrosin; oxybutyric acid; alkapton; H<sub>2</sub>S; pentose; creatin; creatinin.

**Animal parasites other than protozoa.**

## VII. DISEASES OF THE NERVOUS SYSTEM.

3. **Family history:** Careful investigation of family history for nervous and mental diseases. Congenital abnormalities. "Nervousness" (peculiarities of); neurasthenia; epilepsy; insanity; drunkenness; syphilis; suicide (assigned cause); deafmutism; brilliancy; precociousness; talents; eccentricities; marriage of blood relations. Health of latter. Effect of narcotics and alcohol. History of rapid success; failures; disappointments.

*feeble minded*

4. **In women:** Full history of menstruation; pregnancy; abortion; confinement; puerperal disease; pelvic disease.
5. **Injury or disease at birth** (birth palsy); convulsions; syphilis; dentition; closure of fontanelles; growth; time of beginning to walk; symptoms at puberty and early adult life; accidents; injuries; senility (symptoms); headache; apoplexy; epilepsy; paralysis.

**Temperament;** disposition; change of disposition (often noticed by others than patient or relatives).

6. **Occupation and Habits:** School history; overwork. Use of poisons and narcotics, especially alcohol, morphine, chloral, cocaine, ether. Business cares; overexertion; fright.
7. **Sexual life:** Often essential to investigate closely. Masturbation; sexual excesses; perversions; failure of sexual power.
10. **Present Symptoms:** Paralysis (details); loss of memory; disturbance of vision; double vision; tinnitus aurium; dysphagia; vomiting; gastric crises; disturbance of speech. Disturbances of sensation; numbness; formication, etc.; sequence of symptoms.

**Subjective Sensations:**

- a. Referable to extremities or face, tingling, etc.



b. Vision (colors, rotation of person or surrounding objects. Side from which appear objects, persons, etc. Dizziness.

c. Hearing.

d. Taste.

e. Smell.

f. Dreamy states.

**Upper Extremities:** Loss of power or partial paralysis.

Changes in sensation.

Tremors; changes in nails; unusual perspiring.

**Abdomen:** Bladder or rectal symptoms.

? Paradoxical incontinence; retention; true incontinence.

**Lower Extremities:** Loss of power, change in sensation.

Tremors, changes as above.

Gait, tendency to fall, and how.

11. **Present condition:** Local alterations of surface temperature; Cheyne-Stokes breathing; Biot's respiration; variability of pulse.

12. **Body in general:** Abnormalities and deformities; stigmata.

13. **Under mental condition** describe fully whether mind is clear or clouded; coma; stupor; delirium; present disposition; attention; memory.

**Speech:** Anarthria; aphasia.

**Writing:** (voluntary, by dictation and copying).

**Gross Localization.**

**Frontal:** Mental condition, abdominal reflexes, tremor of hand.

**Parietal:** Convulsions, paralysis, astereognosis, atopognosis.

**Occipital:** Subjective sensation of vision.

**Temporal, Hippocampal:** Subjective sensations of taste, smell, hearing, dreamy state.

**Cerebellum and Medulla:** Ataxia, adiado-kokinesis, tendency to fall to one side or other, vertigo, sighing, yawning, vomiting, urinary.

**Hypophysis:** Signs of hypo- or hyperpituitarism. Bone changes of hands, feet or face, teeth, palate, bitemporal blindness; skin; genitals; hair on body; adiposity; sugar tolerance.

14. **Skin:** Scars as evidences of syphilis. Skin, color of; visible mucous membranes, color; local cyanosis and congestion; sweating; glossy skin; scaly skin; exanthemata; œdema; hemorrhage; pigmentation; atrophy; ulceration. Nails, surface; thickness; brittleness.

15. **Head:** Shape of head in detail. Pain; pain on pressure or on tapping.

**Face:** Symmetry of halves. Forehead, wrinkles of, symmetry. Twitching.

**Nose:** Nostrils and nares; nasolabial folds.  
I. Smell (both sides).



**Eyes:** Lids, motion of; tension of bulb; motion of eyes, up, down, left, right; convergence; nystagmus. Pupils: diameters; reflexes to light and accommodation. Ophthalmoscope. Color sense. Tears.

II. Vision and color fields, scotoma, hemianopsia.

III, IV, VI, ocular movements, diplopia.

V. Sensory. Sensation of face and cornea.

Motor. Mastication.

VII. Atrophy or paralysis, herpes; sweat, anomalies of; conjunctivitis.

**Ears:** Hearing; aural speculum.

VIII. Cochlear. Bone and air conduction.

Vestibular. Rotation tests. Caloric tests.

**Mouth:** Straight or crooked; movements of lips, as in whistling; laughing; blowing; chewing. Teeth.

IX. Taste.

**Vault of Palate.** Saliva.

X.

**Soft palate:** Velum. Laryngoscope in case of alterations of voice; laryngeal muscles; tumors; ulcers.

**Tongue:** Position, protrusion; atrophy; hypertrophy; tremor; fibrillary tremor.

XI. Sternomastoid; trapezius.

XII. Movement of tongue.

16. **Movements of neck:** to right; left; nodding; turning; resistance of neck; stiff neck. Vertebrae, cervical; tenderness; deformity. Thyroid gland, atrophy; goitre.

17. **Thorax:** Dorsal and lumbar vertebrae; shape; rigidity; pain on pressure.

17 (a). Special examination of muscles and nerves.

**Shoulder:** Nutrition. Scapulae, position. Arms and hands, nutrition; position (drop wrist); thenar and hypothenar eminences; interosseous muscles.

**Motor power of arms:** Raising shoulders.

**Arms:** Rotating arms. Forearm: flex; extend; pronate; supinate.

**Hands and fingers:** Flex and extend; spread fingers. Hypotonus.

**Thumbs:** Movements. Grip: both hands. Ataxia; finger-nose test; finer coördination movements.

**Legs:** Nutrition; position; trochanters.

**Thighs:** Flex, abduct; adduct; rotate. Leg: flex, extend. Power of walking.

**Feet:** Flex, extend. Toes, same.

**Complicated movements:** Ataxia; tremors, kind; equilibrium with eyes closed; walking with eyes open and closed. Motion of legs while lying, with eyes open and closed; crossing legs; walking movements;



heels on opposite knees; describe circles with leg.

**Hands:** Touch nose, chin and forehead. Writing.

**Electric examination** of motor nerves and muscles: see text-books on diagnosis.

**Palpation and percussion** of nerve-trunks.

**Sensation, objective tests:** Gentle touch; moderate touch; pinching; pricking; difference between point and head of pin; electric current. Temperature; deep sensation; point sensation.

**Pressure.** Cold and heat. Localization of sensations. Stereognosis. Muscle sense (weights).

**Passive motion.**

**Reflexes.** Skin and mucous membrane; sole; palm; cremaster; abdomen; eyelid; sclerae; palate; tendon and periosteum; patellar; Achilles; foot-clonus; Babinsky; Oppenheim; adductors; biceps; triceps; jaw.

**Kernig's sign.**

18. **Blood-pressure.**

19. **Abdomen:** Shape (retraction in meningitis). floating Xth rib; reflexes; sensation.

**Rectum:** Paralysis.

20. **Genito-urinary:** Examine bladder; incontinence; retention; frequent micturition.

**Spinal puncture:** microscopic, bacteriologic and chemical tests.

## SCHEME FOR THE EXAMINATION OF SENSIBILITY.

(After Head and Holmes.)

### A. Spontaneous Sensations.

Pain, numbness, tingling.

Position of the limb. Idea of the limb.

### B. Loss of Sensation.

#### 1. Touch.

(a) Light touch.

Cotton-wool on hairless and hair-clad parts.

Threshold with von Frey's hairs.

(b) Pressure-touch.

Threshold with the pressure-aesthesiometer.

#### 2. Localization.

Naming the part touched.

Henri's method, as modified by Head and Holmes.

#### 3. Roughness.

Threshold with Graham-Brown's aesthesiometer; sand-paper tests; discrimination of relative roughness.

#### 4. Tickling and scraping.

Tickling on soles and palms.

Cotton-wool rubbed over hair clad parts

Light scraping with the finger nails.



**5. Vibration.**

Loss or diminution of sensibility.

Alteration in the character of the sensation evoked.

**6. Compasses.**

Points simultaneously applied.

Points successively applied.

**7. Pain.**

(a) Superficial pain.

Pin-prick.

Threshold with the algometer.

Reaction to measured painful stimuli.

(b) Pressure pains.

Threshold with the algometer.

Reaction to painful pressure.

**8. Temperature.**

Threshold for heat and cold.

Effects of adaptation on the threshold.

Discrimination of different degrees of heat and cold.

Affective reactions (a) to extreme degrees;  
(b) to warmth.

**9. Positions.**

By imitating with the sound limb the position of the affected limb.

By pointing with the sound limb.

Measurement of defect by Horsley's method.

**10. Passive Movement.**

Appreciation of movement.

Recognition of direction of movement.

Measurement of the angle of the smallest movement which can be appreciated.

Falling away of the unsupported limb when the eyes are closed.

**11. Active Movement.**

Imitation of movement by sound limb.

Ability to touch known spot.

Measurement of the defect by Horsley's method.

**12. Weight.**

(a) With the hand supported:

Recognition of differences in weight applied successively to one hand.

Appreciation of increase or decrease of weight.

Comparison of two weights placed one in each hand.

(b) With hand unsupported:

Comparison of two weights placed one in each hand.

Recognition of differences in weights applied successively to one hand.

**13. Size.**

Difference-threshold.

Distinction of the head from the point of pin.



14. **Shape.** (Two-dimensional).

15. **Form.** (Three-dimensional).

Recognition of common objects by their  
form.

16. **Texture.**

17. **Dominoes.**

Ability to count points by touch.

18. **Consistence.**

19. **Testicular sensibility.**

Light pressure.

Painful pressure.

20. **Sensibility of the glans penis.**

## ROUTINE WARD AND LABORATORY WORK IN MEDICAL WARDS.

### All Patients—on admission:

1. Complete history as per outline.
2. Physical examination.
3. Red blood count.
4. White blood count.
5. Haemoglobin estimation (Dare, Miescher, Sahli or Tallqvist).
6. Urine analysis.
7. Stool examination.
8. Sputum examination (whenever specimen is sent to clinical laboratory).
9. Blood pressure.

The above must be completed on each case before Medical Rounds at 9 a. m. the morning following admission to the hospital.

### Special Cases.

#### Typhoid Fever:

1. White blood count ~~every other day, or oftener if indicated.~~ *once a week*
2. ~~Red blood count once a week.~~
3. ~~Haemoglobin once a week.~~
4. Urine analysis every ~~day~~ *week* (diazo, acetone bodies).
5. Blood pressure every ~~day.~~ *week*



6. Stools—when sent to clinical laboratory.  
(Infectious—handle with care.)

### Pneumonia.

1. White blood count every ~~day~~ *2-3 d.*
2. ~~Red blood count once a week.~~
3. Haemoglobin once a week.
4. Urine analysis every ~~day~~ *week* (quantitative chloride.)
5. Blood pressure every ~~day~~ *week* (systolic, diastolic) (a. m. and p. m.)

### Malaria:

1. Blood examination every day.  
~~Fresh and stained specimens. All blood smears (stained) must be carefully labelled with patient's name, date, diagnosis and given to Ward Doctor.~~
2. ~~White blood count daily during fever and twice a week.~~
3. ~~Red blood count daily during fever and twice a week.~~
4. ~~Haemoglobin twice a week.~~
5. ~~Blood pressure daily during fever and twice a week.~~
6. ~~Urine analysis, twice a week.~~

### Diabetes:

1. Red blood count once a week.
2. White blood count once a week.
3. Haemoglobin once a week.

4. Urine analysis every day.
  - (a) Keep a chart of quantitative sugar output. Grams per liter. Percent.
  - (b) Total output (grams) per 24 hours.
  - (c) Occurrence of acetone, diacetic acid.
  - (d) Total N determination (D:N ratio).
  - (e) Careful microscopic examination of urinary sediment.
5. Keep chart of special dietary measures.

#### **Pulmonary Cases:**

1. Red blood count once a week.
2. White blood count once a week.
3. Haemoglobin once a week.
4. Urine examination twice a week.
5. Sputum examination every day.  
(Elastic tissue, Tb's, pneumococci, influenza bacilli.)
6. Examination of pleuritic fluid, whenever obtained.
  - (a) Amount, character, specific gravity.  
Albumin (quantitative).
  - (b) Cytological examination.

Preserve slides, carefully labelled, with patient's name and date, and give to Ward Doctor.

Also set aside 50 c.c. of fluid for special examination. Add small amount of toluol for preservation.

#### **Gastro-Intestinal Cases:**

1. Red blood count once a week.
2. White blood count once a week.



3. Haemoglobin once a week.
4. Differential count (500 cells) as requested.
5. Stool—careful examination of each specimen sent to Clinical laboratory.
6. Examination of contents of fasting stomach (1st examination by Ward Doctor).
7. Test meals. Analysis, as requested.

### Cardio-Nephritic Cases:

- ~~1. Red blood count once a week.~~
2. White blood count once a week.
3. Haemoglobin once a week.
4. Blood pressure every <sup>2nd</sup> day. (Heart beat rate.)
5. <sup>3 weeks</sup> Daily urine examination (separate day and night specimens).
  - (a) Careful microscopic examination (cells, casts, crystals.)
  - (b) Quantitative albumin estimation every day (Esbach, Tsuchiya's reagent).
  - (c) Quantitative acidity, and NaCl.
6. Stool examination (whenever specimen is sent to clinical laboratory).
7. Tracings to be taken by Ward Doctor.

### Blood Cases:

#### Anemias.

#### Leukemias.

1. Red blood count.
2. White blood count.

3. Hemoglobin estimation.
4. Color Index.
5. Differential Count (500 cells).
6. Fresh and Stained blood smears, (as ordered by Ward Doctor.)

All blood smears (stained) must be carefully labelled with patient's name, date, diagnosis, and given to Ward Doctor.

7. Urine analysis twice a week. (Occurrence of urobilin or urobilinogen).
8. Stool examination. (parasites, blood.)

All laboratory findings are to be charted on history same day as examination is made. Report all unusual findings to Ward Doctor at once.



## ABBREVIATIONS PERMITTED IN PHYSICAL EXAMINATIONS.

### Head:

m. m. = mucous membranes.

L. and Acc. = Light and accommodation.  
(reference to reaction of pupils.)

### Thorax:

#### LUNGS—

V. F. = vocal fremitus.

B. S. = breath sounds.

P. N. = percussion note.

#### HEART—

P. M. I. = point of maximal impulse.

M. S. L. = mid-sternal line.

I. C. S. = intercostal space.

R. C. D. = relative cardiac dulness.

A. C. D. = absolute cardiac dulness.

A<sub>2</sub> = aortic second sound.

P<sub>2</sub> = pulmonic second sound.

#### PULSE—

f. and r = force and rythm.

V. W. = vessel wall.

B. P. = Blood pressure.

**Abdomen:**

R. M. = respiratory movement.

R. H. D. = relative hepatic dulness.

R. I. F. = right iliac fossa.

L. I. F. = left iliac fossa.

M. L. = mid line.

A. S. S. = anterior superior spine.

**Extremities:**

K. K. = knee kicks. (jerks.)



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