

Clinical class note book : surgery.

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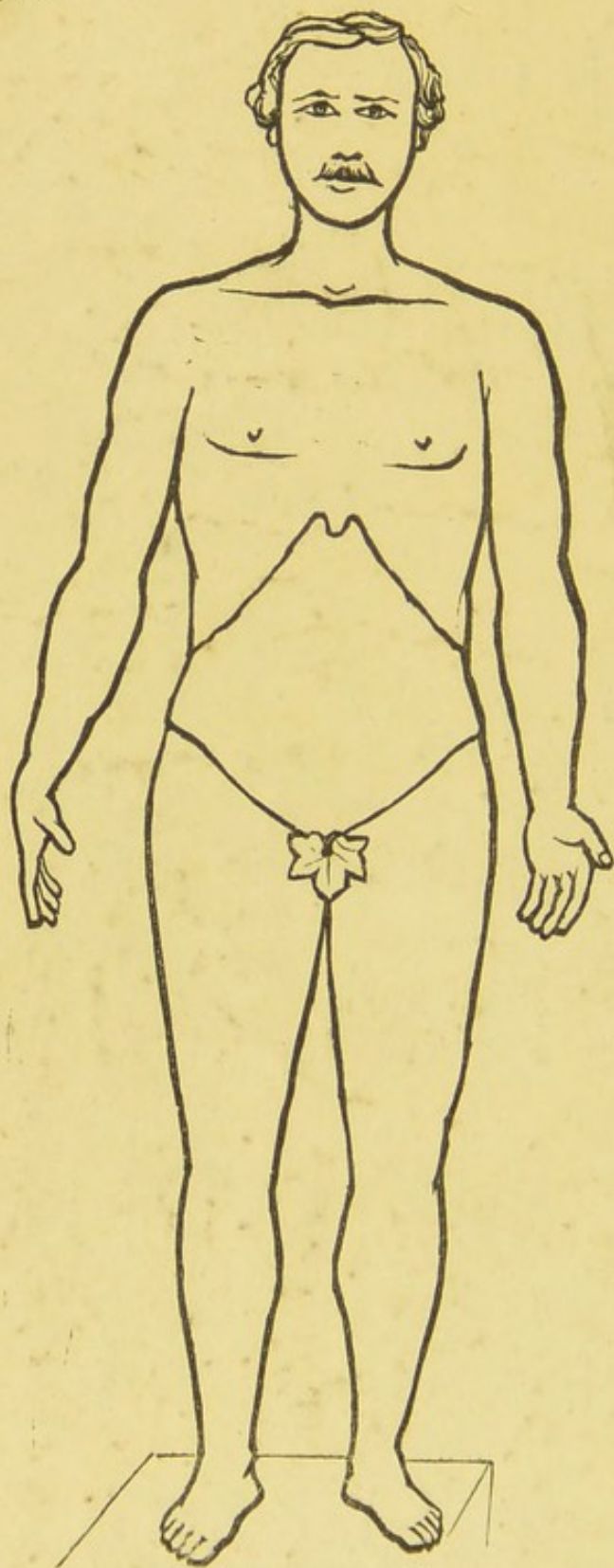
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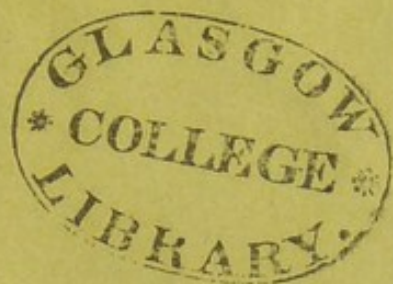


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NOTE-BOOK

FOR

PROFESSOR MACLEOD'S CLINICAL CLASS.

NEW SERIES.

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THE following outline is intended to aid Students in the Ward by suggesting the more important points for observation. The best mode of employing it will be explained at the beginning of the session. In dealing with patients, be kind in manner and gentle in manipulation, so as to secure their confidence; and so frame your questions as to render your object as clear as possible. Let them, when you can, tell their own story, and suggest as little as possible. It is generally necessary to cross-question, in order to obtain accurate data. Be concise, clear, and accurate, and make no record unless there is appreciable change in the symptoms. If the condition is natural, use the word "normal" to signify it. The following scheme is recommended as suggesting the points to be noted or inquired into:—

NATURE OF CASE,

NOTE.—This should be filled up when case is completed.

DATE OF ADMISSION,

DATE OF EXIT,

RESULT,

NOTE.—This must also, of course, be filled up on completion of the record.

I. NAME,

II. AGE,

NOTE.—Various affections tend to occur at special ages, and Age itself predisposes to many ailments and accidents. The apparent age, if evidently different from the real age, should be noted.

III. SEX,..... (Predisposes to certain ailments, especially at particular periods.)

IV. OCCUPATION,.....

NOTE.—Very important. Often explains what otherwise would be obscure. Pressure effects, exposure to extremes of temperature, or to noxious gases or vapours as carbonic acid, sulphuretted hydrogen, lead, copper, phosphorus; or to dust or other emanations; over-exertion, inordinate use of one limb or set of muscles, night work, long hours, loss of occupation, and consequent privation.

V. RESIDENCE,.....

NOTE.—Town or country, low lying and damp, or reverse; malarious.

A.—PAST HISTORY.—(a) FAMILY.

NOTE.—Hereditary predisposition. This is often very difficult to trace, and will require much care. Hereditary disease often denied, or patient ignorant of it.

The leading Diathesis, which may be hereditary or acquired, are—

- (1) Scrofula (fair and dark form), evidenced by expression, complexion, hair, skin, glands, thick upper lip and broad expanded nostril, dilated sluggish pupils, and clubbed fingers and nails.
 - (2) Syphilitic. Eruptions with cicatrices at angle of mouth, alæ of nose, and on prominences of face; pegged teeth, state of glands, sunken nose, loss of hair, thickenings.
 - (3) Gout, any evidence of, in joints, deposits in Tragus, bursae, knuckles, &c., red gravel. Latent shown in attacks of faintness, palpitation, dyspnoea, acid indigestion, irritation of kidneys or bladder, &c.
 - (4) Rheumatism shown by the joints, muscles, &c.
- Insanity, asthma, and cancer should also be inquired after.

(b) PERSONAL HABITS OR IDIOSYNCRASIES.

NOTE.—If intemperate, degree of, and whether occasional or habitual. Form of stimulant employed. Delirium tremens. Use of opium and tobacco, or of chloral hydrate.

(c) PAST AILMENTS OR INJURIES.

NOTE.—Seek back to a time of health, and learn nature and violence of previous ailments, and the treatment used, if any connection with present one.

B.—PRESENT AILMENT, when attacked, and mode of seizure.

NOTE.—Outset by rigor or convulsions—sickness or pain. Head-ache and feverishness—sudden or gradual.

Assigned cause and mode of production (if injury). This point must be very cautiously weighed.

Get these symptoms in the order of their appearance, and any treatment received before admission.

C.—CONDITION ON ADMISSION.

NOTE.—Manner (way hand is given and grasp. Clubbed fingers.)

Gait (unsteady, tremor, paralysis, choreic movements, twitching of special muscles.)

Expression (calm or excited, melancholic, idiotic, pinched, haggard, congested and bloated. Puffy or œdematous or waxy; cachectic; pale or flushed; hectic; forehead corrugated; nostrils dilated; lips retracted; eye sunken or prominent. State of pupils as regards dilatation and activity, arcus.)

State of development (deformity; emaciation as seen in limbs. If present, is it progressive or disappearing).

Temperament (sanguine, nervous, phlegmatic, bilious).

Decubitus (1) of body or (2) of part. (1) On back or side, or in any peculiar attitude, restless, sunk in bed. (2) Position in which part injured or diseased is held.

It may also be necessary to obtain information regarding the food hitherto used, its abundance and variety, and absence of deleterious agencies like ergot.

Next pass in review the various cavities and “systems,” beginning with that in which the present ailment is seated.

(a) SKIN.

NOTE.—Eruptions, if any (nature, seat, extent, colour, shape, itching, and duration).

Temperature (taken in axilla, and on both sides, normal 98.5 Fah.)

Dryness, pungency, harshness, perspiration, &c. Any special odour or colour (continuous or in patches).

Appearance of the nails, hair, &c.

(b) RESPIRATION.

NOTE.—Rapidity of breathing, and relation to pulse. Dyspnoea, pain, voice, speech, cough and sputa.

Aphonia from pressure on recurrent, or from growths in neck, or affections of windpipe or lungs, syphilitic, aneurism, &c.

(c) CIRCULATION.

NOTE.—Pulse (as to frequency, volume, force, rhythm, regularity, compressibility, relationship to breathing). Heart and great vessels.

Special character of pulse in disease of the arteries and of the heart, in peritonitis, fever, weakness, aneurism, &c.

(d) DIGESTION—TONGUE.

NOTE.—Mode of protrusion, colour, mark of teeth, fur, dry or moist, flabby, tremulous, raw, glazed, &c.

Gums (spongy, lead line), teeth (decayed or absent, sordes, pegged, craggy), special fœtor as of mercury.

Appetite and thirst (increased, diminished, absent, peculiar).

Nausea, vomiting (œsophageal regurgitation, vomiting preceded or not by sickness or by headache). Character of vomited matter (food, blood, sarcinæ).

(Vomiting may be due to mere indigestion ; or to stomach, brain, liver, gallstone, lung, uterine, or renal affections.)

Alvine evacuations (regularity, freedom from pain, character as to shape, bulk, colour, and mixture with blood, bile, pus, &c.)

(e) GENITO-URINARY SYSTEM.

Micturition.

NOTE.—Frequency. If accompanied by pain, and, if so, its exact seat. Dribbling from overflow. Retention. Stream, natural or not. Suddenly arrested.

See further under “urine” at end.

Catamenia.

NOTE.—Regularity, amount, colour, accompanied or not by pain. If menstruation has ceased, at what period, and if followed by any abnormality. Leucorrhœa, pregnancy, number of children, with age of last child. Miscarriages, periods of, and at what intervals. Masturbation.

(f) NERVOUS SYSTEM.

NOTE.—Stupidity or coma; delirium (excited or low and muttering; delirium “a potu”). Condition of cerebral and spinal functions; paralysis of motion or sensation (general or local, on one side or both). Wrist-drop, spasm, convulsions, involuntary movements, hysteria, special or peculiar sensations as creeping, chilliness, &c. Condition of the special senses, squinting; ptosis, distortion or tenderness of spine; state as regards sleep, “vigil.”

(g) LOCOMOTIVE SYSTEM—Condition of the Muscles, Bones, and Joints. Power and Steadiness in Progression.

NOTE.—Any contractions of muscles or joints, flaccidity, or rigidity, or atrophy, and, if so, its seat and extent. Due response to galvanic stimulus.

D.—PROGRESS OF THE CASE.

NOTE.—All important changes in the old symptoms, and all new ones which arise, should be noted. Be accurate as to the time when such changes took place. Make no note unless there is a change of some kind.

E.—TREATMENT.

NOTE.—State what internal remedies were used, or what apparatus, position, or external appliance was employed. Diet, stimulants, &c.

F.—IF OPERATION PERFORMED.

NOTE.—Describe it,—its nature, and the object and cause demanding it. Give the mode of operation followed, the number and character of the incisions, and note what bleeding or other complication arose. If an amputation, the kind of flap and its sufficiency, and afterwards observe the appearance of the stump, and how long it took to heal. The dressing used, and any special circumstance arising during the progress of the case.

G.—POST MORTEM.

NOTE.—Describe state of the different cavities and organs in order, the period since death, the rigidity, appearance of body, &c., &c.

The following are the chief points to be noted in reference to the more usual surgical ailments.

ABSCESS.

NOTE.—Position, acute or chronic, cause (injury, dead bone or foreign body, spinal disease), size, duration, state of skin and surrounding parts, fluctuation, pointing, pain.

ANCHYLOSIS.

NOTE.—Articulation affected; cause; duration; position of the bones as regards displacement, contortion, &c. If absolutely fixed by bony union ("True") or by fibrous bands, rigidity of parts or contraction of tendons, cicatrices ("False"), &c. Is the cause of fixture "intra" or "extra" articular. State of the limb as regards development above and below affected joint.

ANEURISM (EXTERNAL ARTERIAL).

NOTE.—Seat; single or multiple; cause, spontaneous or traumatic; early symptoms and progress; circumscribed or diffuse; its shape, size, consistence, and compressibility; the effect of pressure proximal and distal, and on the tumour; auscultatory signs; condition of the heart and great vessels, and especially of the artery corresponding to that affected. State of the circulation distal to the tumour. Nature and degree of pulsation. Any thrill; state of the skin over tumour; pain or other pressure effects on function, temperature and sensibility. Any œdema.

ANTRUM, TUMOURS OF.

NOTE.—(a) Fluid or (b) solid contents, simple or malignant. Any inflammation at outset. Any bulging of the walls of the cavity towards the eye, nose, mouth or cheek, and, if so, the character of such swelling and its consistence. Any “egg shell” crackle, or other peculiar sensation caused when pressure is applied over it. Any “pointing.” Is lachrymal duct free? Any pain, and its seat. State of skin. Any discharge from nostril or tooth socket. Any diseased tooth or any fungus from alveolus. Rapidity of growth, and state of general health. Any gland implication. Information got by exploring needle.

BLADDER, DISEASES OF.

NOTE.—Mode of seizure, and supposed cause. Get particulars as to micturition,—its frequency, difficulty, size of stream, &c. Whether there has been retention or incontinence. What constitutional disturbance. If pain, its exact seat and relation to the act of micturition. Examine the state of urethra, prostate, and kidneys. Analyse the urine (see “Urine”). Enquire as to blood or other deposits, and examine sediments with microscope. Explore bladder with sound or catheter. See “Calculus” and “Irritability” of bladder, and “Hæmaturia.”

BONE, DISEASE OF.

NOTE.—Exact part affected; one bone or more; cause, whether injury or not; duration; early and later symptoms; seat and character of pain; extent, depth, and form. If sequestrum present, is it loose, and what sinuses lead to it. Information got by use of probe. Condition of soft parts. Any syphilitic history, and, if so, was mercury used in its treatment.

BURSÆ, AFFECTIONS OF.

NOTE.—Exact position, size, shape, firmness, painfulness, and if any peculiar sensation communicated to the hand on pressing it. Any implication of the joint or surrounding parts. The cause, duration, and treatment.

CALCULUS IN THE BLADDER.

NOTE.—Early symptoms and time of their appearance. Was any sand passed? Any disturbance in the kidney. Amount and seat of pain, and relationship to micturition. Frequency of micturition, and any arrestment of stream. Any retention or incontinence or straining. Is prepuce normal. Any blood or other deposit in urine. Information procured by sounding as regards condition of urethra, prostate, and bladder. Clearness of note produced by contact of sound with stone; the apparent size, roughness, looseness, &c., of the calculus. Measure stone by lithotrite.

CHANCRE.

NOTE.—Exact seat; number; size and appearance of sore. Duration. Condition of base, surface, and edges. Any phagedæna. State of glands. Any constitutional symptoms on skin, throat, &c. Treatment before and after admission, both locally and constitutionally, and effects of same.

CRANIAL TUMOURS.

NOTE.—Intra or extra cranial. Position. Congenital or not. Pulsation or other movement. Reducibility and effects of pressure. Consistence and the appearance of surface. Condition of underlying bone. Cerebral symptoms, if any. Cachexia. Pain.

DISLOCATION.

NOTE.—Articulation; mechanism by which it was produced. The exact position of the bones, and the completeness of the displacement. The deformity, amount of movement, alteration in length and axis of limb. Loss of relationship between bony processes. Any complication as injury to bloodvessels, nerves, or soft parts. How long present. Any adhesions. Crepitation, pain, swelling, and discoloration. Mode of reduction employed, and the degree to which function is restored afterwards.

DYSPHAGIA.

NOTE.—A symptom only. Age particularly, state of health and mode of invasion, also duration and progress. Is it due to aneurism of great vessels (dyspnœa, cough, pain, state of pupils and pulse, stethoscopic signs, &c.)? Tumours of pharynx or neck. Any history or injury by corrosives or otherwise. Hysteria (observe age, sex, appearance, irritable spine, duration, &c.). Any brain affection or paralysis. Any affection of tongue, pharynx, or œsophagus to be seen or felt by passing a probang. State of glands of neck. Seat of pain. Any foreign body impacted. Syphilis and cancer to be carefully inquired after. Is there most difficulty with solids or fluids? Condition of sputa as regards blood, pus, &c. Any regurgitation of food, and if so, how long after swallowing, and how changed. Where does patient feel morsel stick?

EXTRAVASATION OF URINE.

NOTE.—Duration. Cause. Extent. Local and general condition. Incisions employed or not. Catheter passed or not. Progress and result.

FISTULA IN ANO.

NOTE.—Complete or incomplete. If former, position of external and internal orifices as regards anus. Preceding symptoms. Amount of inflammation, and implication of surrounding parts. Discharge. Information obtained by probe. Any sinuses present. Any disease within the bowels. Treatment. Dressing. Results. Condition of chest.

FRACTURE.

NOTE.—Bone and part implicated. Cause. Kind and direction of violence. Direction and form of displacement, if any. Deformity. Shortening, &c. Simple or compound. Comminuted or not. Crepitation marked or not. Complications as regards bloodvessels, nerves, joints, and soft parts. If compound, size and position and number of wounds. Any swelling or discoloration. Constitutional disturbance. Treatment and result.

GONORRHŒA.

NOTE.—Period since exposure. Profuseness of discharge. Complications in epididymis, testes, groin, &c. Amount of inflammation, swelling, pain, &c. Irritability present. Treatment pursued.

GROIN, TUMOURS OF.

NOTE.—If enlarged glands, find the source of irritation.
Abscess. Fatty, fibrous, cancerous, or cystic growths.
Hernia. Aneurism. Hydrocele or hæmatocele of cord.
Undescended testicle.

HÆMATURIA.

NOTE.—Colour of urine. Examine for albumen, and further by microscope. Is it diffused, or does it occur in minute masses, or as a jelly-like layer in the vessel? Does it precede, accompany, or follow the flow of the urine? Is its escape accompanied or followed by pain, and if so, where? Is it profuse and constant, or in small quantities and at intervals? What other symptoms accompany it? Is it caused by exercise, and if so, is there a stone in the bladder or kidney? Keep in mind inflammation of some part of the urinary passages, foreign bodies, cancer, disease of the bladder or kidney, and the possible effects of irritating diuretics.

HERNIA.

NOTE.—Variety; duration; cause; size; shape; painfulness; reducibility; consistence; percussion note; use of truss before admission. If strangulated, how long it has been so, and by what signs—local and constitutional—it is accompanied. Any vomiting, and if so, its character and duration. The tension of the tumour and condition of skin over it as regards redness and œdema. Constitutional state. Taxis or operation used. Success of measures employed. After-treatment. Result. If operation, observe state of sac and contents (if sac opened).

HIP-JOINT DISEASE.

NOTE.—Duration; early symptoms; position of the limb; seat and degree of pain. Influence of movement and pressure. Crepitation. Change of length and shape of hip. Lameness. Condition of glands and of general health.

HYDROCELE OF THE TUNICA VAGINALIS.

NOTE.—Shape, size, mode of formation, duration, transparency, position of testicle, freedom of cord at external ring, presence of any impulse or coughing, and state of reducibility.

INTESTINAL OBSTRUCTION.

NOTE.—Acuteness or reverse of symptoms. Their duration and exact character. Any indications of a tubercular or hysterical diathesis. Any hernia now or formerly. Any history of abdominal inflammation, dysentery, ulceration, or gallstones. Any tumour felt in groins or elsewhere. Explore the rectum by hand, bougie, or stream of water. In female, see to condition of uterus. State of belly as regards swelling (its exact seat), tension, pain (its nature and seat). If vomiting, its duration and character. State of constipation and its duration, and nature of last motion. Condition of loins as regards fulness and percussion.

NOTE.—Any movements of bowel seen, or borborygmi heard. Any hiccup. Amount of urine secreted. Constitutional disturbance, as evidenced by temperature, pulse, aspect, &c.

IRRITABILITY OF THE BLADDER.

NOTE.—A symptom of many ailments. Any pain, and if so, where. Cause may lie in prepuce, urethra, prostate, bladder, ureter, or kidney. See especially as to stricture of urethra, enlargement of prostate, foreign bodies in bladder, and the condition of the urine. The cause may be in the nerve centres, in the diet or the digestion, or in the drugs employed.

JOINTS, DISEASE OF.

NOTE.—Diathesis. Assigned cause. Duration. Symptoms in the order of their development, and the treatment pursued. Change of shape, size, &c., as compared with corresponding articulation. If any swelling, did it precede or follow the pain, and is it uniform or irregular? Seat and degree of pain, and if it is aroused by special movements, or by pressure on particular spots, or by impinging the articular surfaces. Is it acute, or of a gnawing toothachy character, aggravated at night? Degree of motion present. Any displacement of bones. State of skin, glands, and muscles. Development of limb above and below the joint. Any involuntary starting. Information got by palpation. Any fluctuation, elasticity, or grating. Any sinuses, and, if so, their number, position and depth. Nature of discharge, if any. Constitutional symptoms. Treatment, and its effects.

MAMMA, TUMOURS OF.

NOTE.—The more common are abscess (acute and chronic), cysts, cancer, adenoma, &c. The less usual are hydatids, fibrous, cartilaginous, and osseous growths. Observe age, appearance, and general health. Married or single. Number of children, and age of youngest. Any abortion or miscarriage. Has breast been used in nursing. Catamenia present or ceased, and if ceased, when. First appearance of growth, and assigned cause. Rate of progress. Pain or not. State of skin as regards colour and fixture to surface of growth. Condition of the veins and glands. Mobility or fixture. Shape. Nipple normal or retracted. Effects of traction on the nipple as regards the tumour. Any discharge from nipple. Any ulcer or sinus, and if former, its character. Fluctuation, weight, hardness, or irregularity of the growth. Any œdema. Well or ill defined. Possibly puncture may be employed. Is other breast sound?

NÆVUS.

NOTE.—Arterial, venous, or mixed. Seat, size, and shape. Tissues involved. Effects of compression. Congenital or not. Rate of increase. Is skin involved? Is growth circumscribed, consolidated, or ulcerated? Any pulsation, thrill, or bruit.

OVARIAN TUMOURS.

NOTE.—Pregnancy (age, appearance, catamenia, state of breasts and uterus; foetal movements or sounds; morning sickness; congested condition of mucous membrane of vagina). Age. Expression of face, natural or pinched. Emaciation. Cachexia. Catamenia. Number of family, and age of last born. Point where growth first observed (central or lateral). Pain and urinary disturbance at outset and since. Vomiting or dyspnœa. Temperature of skin and state of pulse.

Inspection. Prominence of growth (central or lateral, and any alteration of position or size or shape in various postures). Smoothness or irregularity of surface. State of veins. Any œdema. Measurement at level of umbilicus (circularly and of each half), at most prominent part of tumour, and from umbilicus to sternum and to symphysis, and to each anterior superior spine.

Percussion along outline and surface of growth, and of the flanks when patient is on her back with shoulders raised, and

when they are depressed and pelvis raised. Superficial and deep. Sense of resistance.

Palpation of tumour. Any sensitiveness or special sensation (as of fremitus). Consistence as regards hardness, elasticity, fluctuation, &c., and the limits of such conditions. Number of tumours (cysts or solid).

Moveability of tumour as regards overlying tissues and deeper parts. Possibility of pushing it from side to side, of raising it up from below, and of separating the abdominal walls from its surface.

Vaginal examination to determine existence of discharges; state of os; position of uterus, whether drawn up, thrust down, or carried laterally, and its relationship to the growth. Uterine sound to discover depth and direction of uterine cavity, and the moveability of the uterus with or independently of the tumour. Any bulging of fluid into Douglas' space.

Tapping if required, and character of fluid as regards appearance, specific gravity, tenacity, albuminous character, and microscopic elements.

It is always to be remembered that pregnancy may co-exist with various tumours.

SCRÓTUM, TUMOURS IN.

NOTE.—Is it œdema, hernia, hydrocele, hæmatocele, varicocele, cancer, elephantiasis, or an affection of the testes we have to do with? (See each of these.)

Observe the state of the external ring, cord, veins, and skin. The condition of the inguinal glands. The history and progress of the affection. The consistence and feeling of tumour when handled. Shape, weight, effects of position and cough. Possibility of reduction. Transparency. Any special pain or pressure. Any ulceration, and if so, the appearance of the exposed surface. Unilateral or bilateral.

SKULL, FRACTURE OF THE.

NOTE.—Seat; cause (kind of violence, its direction and force). Immediate and subsequent symptoms in the order of their evolution. Degree and continuance of unconsciousness. Any wound. Any loss of brain matter. Any injury of bone to be felt. If depression of bone, describe it. Any paralysis, local or general (special senses). Any ecchymosis of eyeball, or bleeding by ear, mouth, nose, or into tissues of neck. If from ear, its amount and continuance, and if followed by serous fluid. Pulse. Temperature. Respiration. Vomiting. Delirium. Treatment. Daily report of progress.

STRICTURE OF URETHRA.

NOTE.—Cause. If gonorrhoea preceded it, how was it treated? Exact position of the stricture; with its tightness and irritability as found on examination with a bougie. Duration. Complications. Treatment.

SYPHILIS.

NOTE.—Date of chancre. Primary, secondary, or tertiary stage. Manifestations in throat, skin, glands, bones, &c. If skin eruptions, their nature, seat, colour, &c. Trace evolution of symptoms. Emaciation. Night pains. Present state of original chancre. Treatment and results.

TESTES, AFFECTIONS OF.

NOTE.—We may have either orchitis, acute or chronic; epididymitis; syphilitic enlargement; cancer; cystic disease; tubercular affection.

Observe clearly that it is connected with the testicle, and has not come down from or is returnable into the abdomen, and further that it is not an affection of the scrotum only. Is the cord clear at the ring, and the tumour quite opaque? Size and shape. Consistence. Evenness or irregularity of surface. Weight. Painfulness on pressure. Mode and rapidity of growth. Part from which it originated. State of skin, veins, and glands. Any concomitant ailment. State of other testicle. Possibly the results of puncture with a grooved needle.

TETANUS.

NOTE.—Cause; acuteness; duration; interval between wound (if any), and outset of disease. Form. Preceded or not by Trismus. State of wound. Treatment. Result.

TONGUE, ULCERS ON.

NOTE.—We may have aphthous, dyspeptic, syphilitic, mercurial, and malignant ulcers, and those due to the irritation of a tooth to deal with. Observe the history carefully as regards origin and progress. Was it preceded by a hard tubercle or not? The seat, number, shape, and appearance of the sores. The state of the base on which it sits, of the teeth near it, and of structures in the floor of the mouth, and of the glands of neck. The scrapings may be examined microscopically. What is the state of the general health? Treatment, local and general, and its effects.

TUMOURS.

NOTE.—Simple or malignant. Cysts or solid growths. Cysts may be either simple or compound.

Of simple cysts the varieties are serous, mucous, sebaceous, synovial, sanguineous, colloid, seminal.

Of simple solid tumours the various species are sarcoma, fibroma, myxoma, lipoma, enchondroma, osteoma, lymphoma, pappilloma, adenoma, myoma, neuroma, and angioma.

Of malignant tumours there are carcinoma in its hard and soft variety; while epithelioma occupies an intermediate position, and several of those placed under the head of "Simple Tumours" may develop malignant characters under certain conditions.

Observe seat as regards structure involved, and part of the body. Superficial or deep position. Origin. Supposed cause and rapidity of progress. Single or multiple. Size; shape; painfulness. Consistence and regularity of surface. Any fluctuation. Lobed or not. Mobility or fixtured. Weight if it can be poised. Any ulceration, and if so, character of ulcer, appearance of exposed surface, and hæmorrhage or other discharge. State of glands, skin, and surrounding parts. General health before and since appearance of growth. Any hereditary taint.

ULCERS.

NOTE.—Seat; cause; shape; depth; edges; surface; granulations; discharge; sensitiveness; condition of surrounding parts; state of glands and veins; action of bowels; any constitutional cause.

URINE.

NOTE.—Quantity in 24 hours; colour; reaction; specific gravity; amount of solids; amount and appearance of deposits to the eye; microscopic examination.

LEADING TESTS.

1. Heat alone, and with nitric acid for phosphates, albumen, pus, and blood.
2. Nitric acid and nitrate of silver for chlorides.
3. Liquor Potassæ for pus.
4. Nitric acid and concentration for urea and bile.
5. Hydrochloric acid, nitric acid, evaporation, cooling and ammonia for urates.
6. Acetic acid and ammonia for earthy phosphates.
7. Hydrochloric acid and ammonia for oxalates.

8. Ammonia and nitric acid for uric acid.
9. Sulphate of copper, potash, and boiling for sugar.

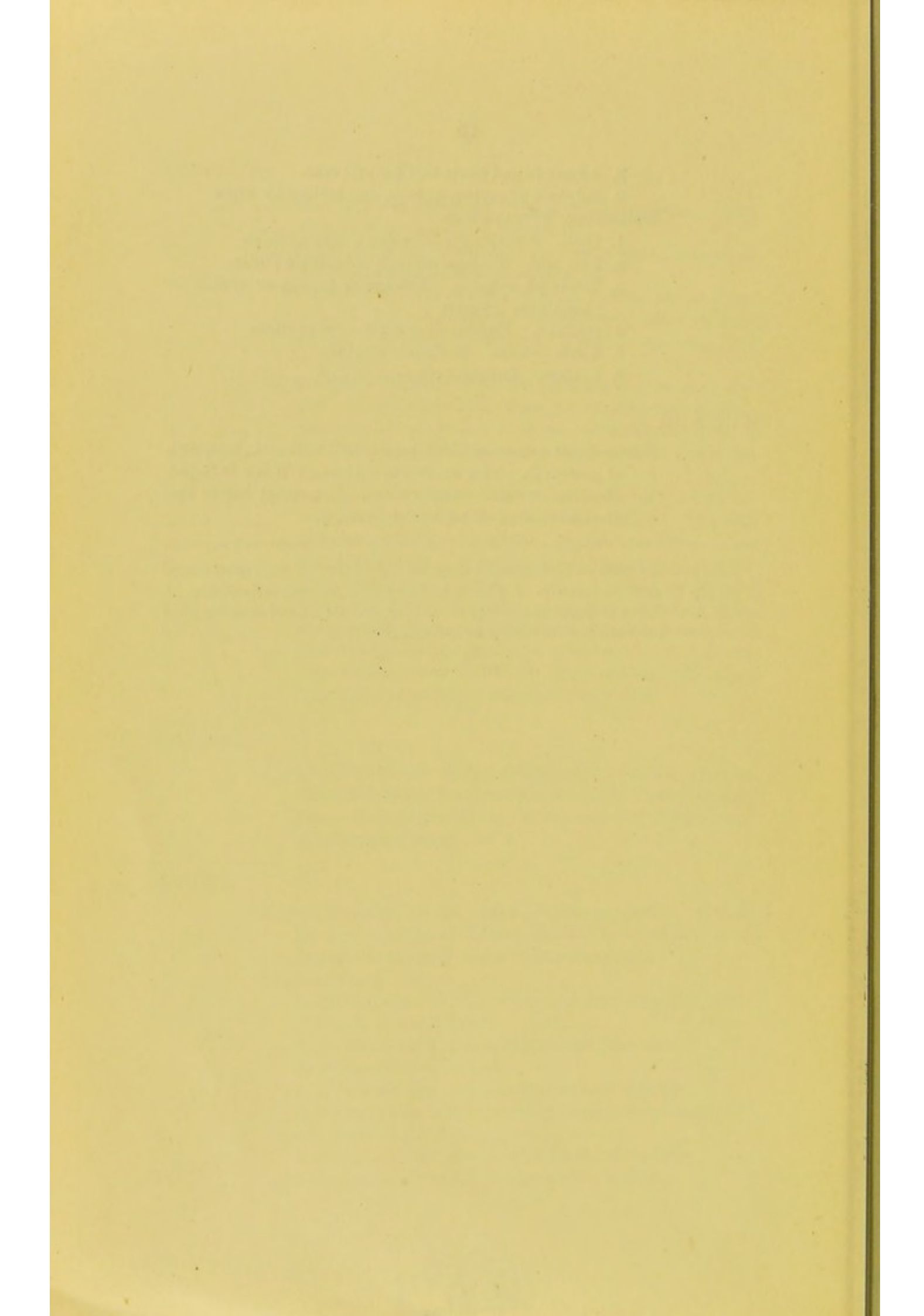
MICROSCOPIC APPEARANCES.

1. Urea. Amorphous, or in fine prisms or balls.
2. Uric acid. Lozenge crystals or rhombic plates.
3. Triple phosphates. Triangular prisms or stellae or penniform crystals.
4. Oxalates. Dumb-bell or octohedral crystals.
5. Urate of soda. Hedgehog crystals.
6. Cystine. Irregular six-sided plates.

WOUNDS.

NOTE.—Seat; nature (incised, punctured, contused, lacerated, or poisoned). Size or depth. Cause. When inflicted. Bleeding or other complications. Treatment before and after admission. Progress and results.

The outline figures on the boards are intended to facilitate the more exact record of the site of external tumours or other affections suited for such delineation. A tracing can be taken on paper placed over the outline, and the desired drawing filled in, when the sketch can be fixed among the notes relating to it.



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