Instructions for case-taking in the medical wards / London Hospital.

INSTRUCTIONS
FOR
CASE-TAKING

LONDON HOSPITAL

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INSTRUCTIONS FOR CASE-TAKING

IN THE

MEDICAL WARDS.

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CONTENTS.

In certain diseases ask for the following special points:—

Acute Rheumatism. Ask for—

Previous Chorea (St. Vitus Dance). Tonsillitis (sore throat).

Lung Disease. Ask for—

Cough. Wasting. Hæmoptysis (spitting of blood). Sweating. Pain.

Cardiac Disease. Ask for—

Cough. Sweating. Wasting. Hæmoptysis. Jaundice. Ascites (dropsy of belly). Swelling of Legs. Pain.

Abdominal Disease. Ask for—

Dyspepsia and its relation to Food. Vomiting. Hæmatemesis (vomiting of blood). Melæna (blood in motions or tarry stools). Jaundice. Ascites. Swelling of Legs. Pain. State of Bowels.

Kidney Disease. Ask for—

Swelling of Face, Genitals, Back, Legs. Diminution in amount of Urine, or alteration in its colour or character. Necessity for passing Urine at night. Pain. Headache. Vomiting.

Nervous Disease. Ask for—

Headache. Vomiting. Alteration of Speech. Fits or Attacks of any kind. Alteration of Vision, *e.g.*, Diplopia (double vision), or Attacks of Loss of Vision. Pain or other Abnormal Sensations. Difficulty in passing or in holding Water.

GENERAL SCHEME.

[Take each case according to this scheme, but if any particular system is affected, amplify the notes according to the special scheme for that system.]

The complaint for which the patient was admitted to the Hospital.

I.—History of Present Illness.

State the date when and how the illness began and the course it followed up to the patient's admission, as much as possible in his own words. [If the patient is a child, or is unable to give a history, state from whom the history was taken.]

Secondly, ask questions to elucidate points that are not clear in the patient's statements.

II.—Previous Health and Habits.

Has he had any previous attack resembling the illness for which he is now admitted? If so, give full details.

Acute Specific Fevers. Scarlet Fever.

Has he suffered from any accident or illness other than those mentioned above?

If the patient is married give the children in order. In case of a man ask if wife has had miscarriages. In case of a woman ask for miscarriages, and place them in order between the full term children.

[If, as is frequently the case, the patient is ignorant of certain of his relatives here mentioned, fill in as follows:—

e.g.—Father died age? [No details.]

If, on the other hand, any disease is said to have existed in any member of his family, give details in brackets.

e.g.—Father died, aged 30. "Consumption." [Cough, Spitting of Blood. Wasting.]

Syphilis.—Give details of (1) Sore or "Running"; (2) Rash, Sore Throats, Fall of Hair.

Gonorrhœa.—In a man, whether followed by stricture or any complications.

Excess of (1) Alcohol. [Give form and rough estimate of quantity.]

(2) Tea.

(3) Tobacco.

[(4) Drug habits if necessary.]

Occupation. [If a noxious trade, give length of time employed and nature of occupation. Any illness of a similar kind amongst the patient's neighbours or fellow workmen?]

III.—Family History.

Father.

Father's Family.

Mother.

Mother's Family.

Brothers and Sisters.

If a marked rash or disease of the skin be present, describe it according to the notes given on *p.* 52.

Present State.

Aspect and Position.

Expression of Face.

Colour of Face.

Conjunctivæ. [Abnormal Colouration or Œdema.]

Pallor.

Jaundice.

Cyanosis (Duskiness).

Condition of Hands and Feet [with especial reference to Pallor, Cyanosis, or Clubbing of Fingers and Toes].

Condition of Skin, including Abnormal Colouration, Rashes and Sweating. Condition of Teeth, Pharynx and Throat.

Wasting. [If possible, give patient's weight at some definite date preceding his illness.]

Condition of Glands.

Temperature on admission.

Physical Examination.

[The condition of the affected system should be taken first.]

Respiratory System.

Respiration. Number and character.

Dyspnœa (difficulty in breathing).

Cough.

Expectoration, profuse or scanty. Character. Hæmoptysis.

Pain.

Shape and Movement of Chest.

Palpation. [Movement and Vocal Fremitus.]

Percussion Note. [Resonance and Resistance.]

Auscultation Signs. [Breath Sounds. Vocal Resonance. Adventitious Signs.]

For Special Scheme *vide* page 21.

CIRCULATORY SYSTEM.

Dyspnœa. [Especially on exertion.]

Fainting.

Palpitation. [Relation to exertion and to meals.]

Pain.

Pulse.—Frequency. Regularity. Stroke (size and equality or inequality of beats). Tension (Blood-Pressure). Condition of Arterial Wall.

Visible Arterial Pulsation and Condition of Arteries elsewhere than at Wrist.

Venous Pulsation, especially in Neck.

Capillary Pulsation.

Apex beat. Position and character of impulse.

Pulsation elsewhere in Chest. Epigastric Pulsation.

Palpation.

Apex beat. Presence of a Thrill. Time of Thrill if present.

Cardiac Dulness.

Auscultation. Condition of Heart Sounds.

Exocardial or Endocardial Murmurs.

DIGESTIVE SYSTEM.

Appetite and Thirst.

Nausea.

Vomiting. [If present, investigate according to Special Scheme for Alimentary System.]

Condition of Bowels and nature of Evacuations.

Pain.

Condition of Tongue and Teeth.

For Special Scheme *vide* page 35.

Appearance of the Abdomen.

Movement of Abdomen.

Can Liver and Spleen be felt?

Can any Lump be felt? [If so, describe according to Special Scheme for Alimentary System.]

Is there any tenderness on Palpation?

Percussion, especially of Liver and Spleen.

NERVOUS SYSTEM.

Speech.

Headache.

Fits or other attacks.

Paralysis or Paresis (Weakness of Muscles).

Wasting of any Group of Muscles.

Pain or Abnormality of Sensation.

Knee Jerk.

Ankle Clonus.

Plantar Reflex. Flexor or Extensor Response.

Ophthalmoscopic Examination of Fundus.

Pupils.—Size, Equality, Reaction to Light and Accommodation.

Ocular Movements.

Movements of Face.

Protrusion of Tongue. Movements of Palate.

Sphincters. [Difficulty in passing or in holding Urine.]

Condition of Spinal Column and Skull.

For Special Scheme *vide* page 55.

For Special Scheme *vide* page 33.

PELVIC VISCERA. [In a Woman.]

Menstruation.

Age at which it began.

Length of time between the Menstrual periods.

Duration of Menstrual Flow.

Quantity.

Pain. [Before the flow—if so, how long? —or only with the flow.]

Vaginal Discharge.

Examination of condition of Pelvic Viscera by the Abdomen.

[Examination per vaginam in presence of House-Physician only.]

URINARY SYSTEM.

Can patient pass Water normally and without pain?

Can he hold his Urine the usual time?

[In all acute diseases, *e.g.*, Typhoid Fever and in Diseases of the Abdomen and Pelvis, percuss out the bladder above the pubes.]

Urine.

Amount in 24 hours.

Colour.

Reaction.

Specific Gravity.

Albumen.

Blood.

Bile. [Pigment and Salts.]

Sugar.

Deposit. [If present, examine microscopically.]

SPECIAL SCHEME

FOR DISEASES OF CHILDREN.

Complaint for which Child was brought to Hospital.

I.—History of Present Illness.

[State from whom this history was obtained.]

Date of commencement, and whether sudden or gradual—Health immediately before—Supposed or possible causes (injury, chill, improper feeding, &c.)—Symptoms noticed in order of appearance, *e.g.*, languor, wasting, irritability, debility, loss of appetite, thirst, vomiting, diarrhœa or constipation, cough (its character and time of occurrence), pain, laryngismus, convulsions (general or local), sweating, fever, breathlessness, sore throat, disturbed sleep, drowsiness.

II.—Previous Health.

Nature of labour—Condition of child at birth—Feeding during infancy (breast or bottle—exact details)—Later feeding—Dates of teething—When did the child begin to walk and to speak?—Usual state of digestion and bowels—Sleep—Fits (number and date of occurrence)—Rickets—Attacks of diarrhœa, vomiting, bronchitis, sore throat, otorrhœa (running from ear), enlarged glands—Infectious diseases and age at which they occurred (measles, whooping-cough, scarlet fever, chicken pox, &c.).

III.—Family History.

Health of parents and near relatives (rheumatism, tuberculosis, nervous and mental disease, &c.)—Mother's health during

Fallopian Tubes.

Current from abd: ostium towards uterus.-
Fertilisation takes place.
4-4½ in long.-

Runs (1) outwards, upwards, backwards.
(2) downwards, eventually inwards

ovary. lies behind tube.-

Parts.- Tube.

Peritoneum. (1) } Muscular. { Int. Circular (2) / Outer. Long. } Mucous (3)

Reasons why Fall tube, very liable to Infection.-
Blood Supply.

Ovary: { Relations of. v. important.
Structure.

Vagina: { Relations:
Structure:
Bacteriology:

Uterus. Blood vessels of Pelvis. — Uterine.

Lymphatics. " " (thoroughly)

Nervous System. (Lumbar Sacral)

Next Time: Pelvis. Walls. pelvic diaphragm.
Ovary menstruation

Blair Bell. - Work on Lime Salts in blood.

Menstruation. - Bio-chemical
(Fatal Serum injections sometimes
given to produce labour)

Chorion - & Decidua.

Measurements of Pelvis:

	Ant. P.	Obl.	Transv.
Brim.	4	4 1/2	5 —
Cavity	4 1/2	4 1/2 +	4 1/2
Outlet.	5 —	4 1/2	4

Same hand.

pregnancy, and facts as to previous pregnancies—Miscarriages—Number of other children alive, their ages and health; number dead, their ages and cause of death.

Present State.

Appearance (if healthy or otherwise)—Nutrition and development—Complexion (pallor, cyanosis, jaundice, &c.)—State of skin (dryness, moisture, eruptions, desquamation, pigmentation, œdema)—Attitude, expression, demeanour, temper.

Shape of head, and state of its ossification (fontanelle, craniotabes)—Hair—Eyes, nose, and ears (formation of, and if any discharge from)—Neck—Shape of thorax, abdomen, back, and limbs (especially the hands)—Enlarged glands—Evidence of rickets, syphilis, and tuberculosis.

Character of voice, cry, and cough—Rate and character of respiration (if noisy, dyspnœic, or painful—Movements of alæ nasi—Rate and character of pulse—Temperature.

The various systems should then be examined in detail as in an adult, the system most affected being described first.

SPECIAL SCHEME.

ALIMENTARY SYSTEM.

INTERROGATION OF PATIENT.

Is the appetite excessive, diminished or capricious? Is there thirst? Arrangement of meals; does patient hurry over them? Nature of the food; does he eat between meals?

Sensations referred to Stomach. Their nature, and where exactly they are felt. Produced or relieved by the taking of food? How long after food do they come on? Their relation to special kinds of food.

Vomiting. Frequency and time of day at which it occurs. Its relation to food. Does it occur apart from meals? Does it relieve pain or not? Is there much retching? General characters of vomited matter. Has it ever contained blood? Inquire regarding "coffee grounds" vomiting.

Eructations. Flatulence. After food or between meals? Relation to particular articles of food. Does it escape downwards or upwards?

Bowels. How often are they opened?

Diarrhœa. Frequency and relation to meals, or special articles of food. Character of stools. Have they ever contained blood or slime? Is there any straining?

Constipation. What is patient's usual habit? When was last motion? Has there been any change in the form of the motions? Is there any griping pain or vomiting? Does he habitually take purgatives?

Pain. Situation. Is it constant or paroxysmal? Has an attack of pain ever been followed by jaundice?

Inquire regarding piles.

Physical Examination.

I.—Mouth.

Teeth. Is there any irregularity, defect or caries?

Gums. Colour. Swelling, sponginess or retraction. Pigmentation, ulceration or hæmorrhage. Any pus between teeth and gums.

Tongue. Size and shape. Tremulousness or twitching. Colour. Dry or moist. Presence or absence of fur, and its distribution if present. Character of papillæ and of margins.

Palate, Fauces and Pharynx. Note colour of mucous membrane. Presence or absence of pigmentation, ulceration, thrush, etc. State of the Tonsils.

Breath. Presence or absence of fœtor.

II.—Œsophagus.

Note any difficulty or pain in swallowing. Is this most marked in the case of fluids or solids? Is there any regurgitation of food? Auscultation over Œsophagus during swallowing. Exploration of Œsophagus with stomach tube (under direction of House-Physician).

III.—General Examination of Abdomen.

1. *Inspection.*

Contour. General or local fulness or retraction. If general fulness, is it mainly lateral or antero-posterior?

Movements of walls during respiration. Presence or absence of *distended veins*. If these are observed, try to determine direction of blood-flow in them. Presence or absence of visible *peristalsis*, and its direction if present.*

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* Peristalsis may frequently be elicited by flicking the surface of the abdomen, or by rubbing it with a piece of ice, or by pouring a few drops of ether upon the surface.

Epigastric region. Presence or absence of pulsation.

Umbilicus. Note protrusion, retraction, excoriation or displacement.

Look for hernia.

2. **Palpation.**

Resistance. General or local alterations of it.

Tenderness. Its situation.

Tumour. (1) Is it in the abdominal wall or the abdomen proper?

(2) Is it pelvic or abdominal?

(3) Its size, shape, consistence and character of its surface.

(4) Mobility. In what directions can it be moved? Does it move spontaneously with respiration?

Splashing and gurgling. Their presence or absence, and situation if present. If present, note length of time since last meal.

Fluid Thrill.

Palpation in knee-elbow position, if necessary.

3. **Percussion.**

General degree of resonance and presence or absence of any local abnormality of note. If dulness is discovered, observe whether its situation alters with change of patient's position. In cases of general abdominal swelling, note girth of abdomen at level of umbilicus.

IV.—Stomach.

Inspection. Note any visible abnormality in the stomach region.

Palpation. Examine for tenderness, tumour and splashing.

Percussion. Define the position of the stomach-colon and stomach-liver boundaries.

Naked eye and microscopic characters of vomit, if any.

V.—Liver.

Palpation. Feel for lower edge of liver. If edge is felt, note whether it is hard or soft, smooth or rough, and extent of mobility with respiration.

Examine deep surface of liver in epigastric region, noting tenderness and character of surface, and ask whether the examination causes nausea.

Special palpation in region of gall-bladder (if felt, describe as for tumour).

Percussion. Define upper limit of deep dulness and superficial dulness in mammary, axillary and scapular lines, and lower limit of dulness in the mid, mammary and axillary lines.

Special percussion over region of gall-bladder, vertically and transversely.

VI.—Spleen.

Palpation. Feel for spleen in left hypochondrium. If felt, note consistency, character of edge, &c.

Percussion. Define position of anterior and lower borders by light, and of upper and posterior borders by heavy percussion.

(If the spleen is enlarged, special attention should be paid to the examination of the blood).

VII.—Kidneys.

Bimanual palpation of kidney region on each side. If kidney felt, proceed to further examination as for tumour.

VIII.—Intestines.

Inspection, palpation and percussion as in general examination of abdomen.

Rectal examination, and naked eye and microscopic inspection of the fæces where indicated

SPECIAL SCHEME.

FOR EXAMINATION IN CASES OF DISEASES OF THE KIDNEY.

Heart. Note size: position of apex beat.
Character of first sound.
Loudness of aortic second sound.

Circulatory system. Measure blood pressure.
Note whether artery wall is thickened.
Any œdema of legs or back.

Respiratory system. Any evidence of bronchitis or œdema of lungs.

Fundi. Examine retinæ for:—

1. Optic neuritis.
2. Retinal hæmorrhages.
3. Partial occlusion of veins due to thickened arteries pressing upon them.

Urine. Volume in 24 hours, specific gravity.
Percentage of Urea.
Percentage of albumen.
Microscopic examination for casts, blood, bacilli.

In Aphasia and other Central Defects of Speech note—

1. Voluntary Speech.
   What can patient say?
   Can he count?
   Can he say the alphabet?
   Can he sing words that he cannot say?
2. Does he understand what is said to him? Can he carry out verbal orders?
3. Can he repeat what is said to him?
4. Can he name objects at sight?
5. Can he carry out written commands without reading them aloud?
6. Can he read aloud? Does he understand what he reads aloud?
7. Can he write spontaneously?
8. Can he write to dictation?
9. Can he copy? [Choose first simple figures and their words.]
10. Does he appreciate the significance of things by sight? Can he tell the time? Can he tell the relative value of coins by sight? Does he know the use of various objects about the ward?
11. Does he understand the significance of sounds? [*e.g.*, the dinner bell, striking clock, &c.] If possible, test understanding of music.
12. Can he appreciate the use of things by touch only? Can he tell the relative value of coins by touch?

SPECIAL SCHEME.

NERVOUS SYSTEM.

SPEECH.

[A.] Is there any alteration in—

(1) Articulation.

(2) Resonance or quality of voice [*e.g.*, the nasal speech of Diphtheritic Paralysis].

(3) Phonation?

[B.] Is there Aphasia, Word Blindness, Word Deafness or any other disturbance in the Central mechanism of Speech production? If so, examine and report according to the Scheme on the opposite page.

FITS or OTHER ATTACKS.

Date of first attack. Had the first attack the same characters as the present ones? Frequency of attacks. Date of last attack.

[A.] *Warning.*

(1) Does the patient know some hours or days before that he is about to have an attack?

(2) Aura. How long before the loss of consciousness does it occur? What is its character?

[B.] *Convulsion.*

Duration of Fit.

Character and distribution. What part is first and what last convulsed? Is the convulsion local or general?

Loss of Consciousness.—Does patient fall? Has he ever hurt himself? [If so, give details.]

Is the Tongue bitten in the fit?

Is the Urine voided in the fit?

[C.] *Post-epileptic* state.

(1) Immediate.

Does he sleep? Does he perform automatic acts? Is there any weakness or paralysis of any part of the body?

(2) Remote.

Is there any subsequent mental disturbance?

HEADACHE.

Constant or paroxysmal. If the latter, how often, and at what time of day does it occur?

Situation of headache. Does it extend down to the cervical region?

Is it accompanied by scalp tenderness, or by local and deep tenderness?

VOMITING.

Frequency and time of occurrence.

Is it preceded by nausea?

Effect of vomiting on the headache.

Relation of vomiting to the ingestion of food.

MOTION.

Attitude adopted in standing. Gait. Power of walking in a straight line. Co-ordination [shown by power of touching a particular spot with the feet and toes]. Balance with eyes open and with eyes closed.

Grasp of each hand. Co-ordination [tested by making him touch his nose with each hand or touch an object held in different positions in front of him]. Test him with eyes open and also with eyes closed.

Tremor—General and Local.

Paralysis or Loss of Power in any Limb—Weakness of Muscles of Back and of Diaphragm.

Tonicity—Are the paralysed parts flaccid or rigid?

Spasticity.

Atrophy of any Limb or Group of Muscles—Give measurements, mentioning the distance at which the measurement is taken from some fixed bony point.

Fibrillary Twitching of any Muscles or Group of Muscles.

Electrical Reactions.

SENSATION.

Spontaneous Sensations (*e.g.*, numbness, tingling, &c.)

Pain.

Anæsthesia or Diminution of Sensation—

(1) To Touch (*a*) Cotton Wool; (*b*) Pressure.

(2) To Pain (*a*) Cutaneous; (*b*) Produced by Deep Pressure.

(3) To Heat and Cold (*a*) Warmth and Coolness, 20°C.–45°C.; (*b*) Heat 55°C. Cold, ice water.

(4) To tactile discrimination, test with compasses for appreciation of two points.

(5) Localization of spot on skin stimulation (*a*) by naming (*b*) by touching.

(6) Vibration sense.

(7) Recognition of (*a*) posture (*b*) passive movements.

(8) Appreciation of weight (*a*) with hand supported (*b*) with hands unsupported.

(9) Appreciation of size, shape and consistence.

VASOMOTOR AND TROPHIC CHANGES.

Tache or Abnormal Flushings.

Joint Changes Secondary to the Disease of the Nervous System.

Changes in the Skin and Nails.

REFLEXES.

[A.] Deep.

Knee jerk—Ankle Clonus—Wrist jerk—Elbow jerk.

[B.] Superficial.

Plantar [Flexor or Extensor Response]—Cremasteric—Abdominal—Pharyngeal—Conjunctival and Corneal.

SPECIAL SENSES.

Vision.

Test with types at 6 metres (20 ft.)

Diplopia.

Perimeter (if necessary.)

Ophthalmoscopic Examination.

Hearing.

With each ear separately.

Bone conduction.

Examination of Ears.

SMELL.

Test with Peppermint, or some similar substance.

Test 5th Reflex with Ammonia.

TASTE.

Test with Quinine, Saccharine (or sugar), Acid, Salt.

[Test first on protruded Tongue, and afterwards by allowing the Tongue to be retracted into Mouth.]

CRANIAL NERVES.

Ptosis (drooping of eyelids).

Ocular Paralysis.

Nystagmus (oscillatory movement of eyes).

Pupils.—Size, Equality, Reaction to Light and Accommodation.

Any deficiency in Sensation or Motion of the face not mentioned under the previous headings "Motion," "Sensation."

Tongue.—Method of Protrusion, Tremor, Fibrillary Twitchings.

Palate.—Any Paralysis or Paresis.

Larynx.—Condition of Voice.
Condition of Vocal Cords, &c.

SPHINCTERS.

BLADDER.

(1) Difficulty in holding Urine. Does patient

require to empty bladder immediately on desire to do so? Does bladder occasionally empty apart from his will?

(2) Difficulty in passing water. Is there delay in passing water after patient attempts to do so? Is there ever complete retention?

(3) Does bladder empty not only involuntarily but apart from consciousness?

RECTUM.

Difficulty in passing motions (apart from constipation).

Difficulty in holding motions, especially when soft.

SPINE.

Any visible deformity.

Pain on movement.

Pain on manipulation [make him jump off a low stool—Jar the soles of his feet with his legs extended—Jar the head and neck when the body and head are in the erect position].

CEREBRO-SPINAL FLUID.

Naked eye characters. Cytological examination. Bacteriological examination. Chemical examination.

SYMPATHETIC NERVOUS SYSTEM.

(*a*) Cervical sympathetic. Retraction of upper lid. Dilated pupil. Cilio-spinal reflex. Proptosis. Exophthalmus. Flushing and sweating of face.

(*b*) Abdominal sympathetic. Attacks of paroxysmal diarrhœa. Pigmentation of skin.

SPECIAL SCHEME.

MENTAL STATE.

(1) General.

The aspect of the patient as modified by the mental disturbance. General attitude and behaviour.

Any peculiarity in clothing. Does patient tend to strip himself or behave indecently? Can he dress himself? How does he take his food?

General standard of intelligence. Can he read? Can he write? Can he amuse himself with pictures?

Speech as modified by the mental state.

Is he destructive?

Is he dirty in his habits? If so, is it from inattention, or is he actively dirty?

Masturbation, &c.

Is he cataleptic or rigid? Does he make any rhythmical movements or sounds? Steadiness of the hands. Overaction of muscles of face, &c.

Does he sleep?

Does he tend to wander about the room or house at night?

(2) Sensory Phenomena.

Illusions of Sight, Hearing, Smell, Taste. Subjective sensations of touch based upon wrong interpretation of some actual sensation.

Hallucinations.

(3) Emotional State.

Exaltation.—Chattering, Shouting, Singing. Excessive sense of well-being. Restlessness or Violence.

Depression.—Crying, Sighing, Moaning. Miserable feeling, either in attacks or continuous. Fear. Is the patient suicidal?

Eroticism.—Are the patient's statements coloured by an erotic tone? Give examples.

Religion.—Is the patient's mental state coloured by an extravagantly religious tone?

(4) Memory.

Memory of intention, *i.e.*, does the patient wish to say or do something and immediately forget the intention? Does patient misplace things?

Memory of recent events.

Memory of remote events [*e.g.*, Events of childhood].

[If recent memory only is lost, try and find out when the break in memory occurs.]

(5) Ideation.

Orientation.—Sense of Time and Space. Delusions of identity [*i.e.*, does patient mistake those around him for his friends and associates before he entered hospital, or does he imagine they are famous or legendary persons?]. Does he appreciate his surroundings, or does he imagine himself elsewhere than he actually is? Does he invest the acts of those around him with a secondary or symbolic meaning? Does

he describe actions he has performed, in themselves not impossible or improbable, which, however, did not actually occur? [*e.g.*, when in bed with alcoholic paralysis, does he describe the walk he took in the morning, the people he met, &c.?]

Coherence or Incoherence of Ideas.

Delusions of Suspicion.—Continuous or only in attacks.

Delusions of Persecution.—Action of unseen agencies, &c. (especially at night.)

Delusions of Grandeur.—Riches, Power, Bodily Strength.

Delusions concerning his *health* or bodily state.

Fears [such as those of a closed space, of crowded places and the like.]

Macule. A discolouration level with the skin. Note its colour, and the influence of pressure upon it.

Papule. An elevation of the skin, not visibly containing fluid, and not larger than a split pea (4 mm.). Note whether it is flat, rounded or pointed.

Nodule. Swellings or elevations of larger size than a papule. Note whether sessile or pedunculated.

Vesicle. An elevation containing free fluid, in size less than that of a pea. Note whether it is tense, rounded, flattened, umbilicated, and the nature of the surrounding skin.

Bulla or Bleb. A vesicle larger than a pea (4 mm.). Note whether it is tense, flattened, rounded, umbilicated. Describe the condition of the surrounding skin.

Pustule. A vesicle containing pus. Note the same points as in a vesicle or bulla.

Wheal. A flat elevation of the skin, usually pale at the centre and red at the margins. Note whether fresh wheals can be produced by drawing the finger-nail across the skin.

Scales. Note their colour, thickness, and the condition of the skin when they are removed. If on the trunk, and very fine, examine for fungus.

Crusts. Note the condition of the skin when they are removed.

Excoriations. Denudations of the surface of the skin, commonly due to scratching.

Fissures. Linear cracks usually along the natural creases of mobile parts of the skin. Note their depth, and ask if they are painful.

Ulcers. Note their size, shape, depth, base, edge (shelving, everted, undermined, rolled), discharge, infiltration and induration of the tissues round.

Scars. Note depth and pigmentation.

Stains. Note colour.

SPECIAL SCHEME.

CUTANEOUS SYSTEM.

Inquire carefully into the patient's habits as regards food, clothing, washing and occupation. Find out if he has recently been taking any drugs, and give special attention to the possibility of syphilis.

As regards an eruption.—When and where did it first appear? How did it spread? Did it come out all at once or in successive crops? Does it itch or produce other abnormal sensations? If so, when is the itching worst?

EXAMINATION OF SKIN.

1. *Inspection.*

(The patient should be stripped as far as is practicable, and placed in a good light).

Note general colour, presence or absence of pigmentation, &c.

If an eruption is present.—Is it symmetrical? What is its exact situation? Nature of primary lesion? (macular, papular, vesicular, pustular or wheals). Are the lesions discrete or confluent? Trace as far as possible their mode of evolution. Describe their colour, and presence or absence of oozing or scales: does the colour fade on pressure?

Are there any secondary lesions? (Excoriations, fissures, desquamation, infiltration, pigmentation, ulceration, cicatrisation, &c.)

2. *Palpation.*

Note thickness, texture, elasticity, and moisture of the skin, and the character of the subcutaneous tissue.

3. Examine condition of mucous membranes, particularly of the tongue and buccal cavity.

4. Note the condition of the lymphatic glands.

5. (Microscopic examination of a scraping from the skin, and of hairs, &c., when indicated).

SPECIAL SCHEME.

OBSTETRIC AND GYNÆCOLOGICAL CASES.

PRELIMINARY STATEMENTS. Age of patient. Married or single. If married, how long? Number of children and miscarriages, with date of last. Character of puerperium and length of time in bed.

PRESENT COMPLAINT. Of what does the patient complain?

PRESENT ILLNESS. When was patient last quite well? How did the illness begin? Onset, gradual or sudden? Trace illness step by step from onset to present time, paying special attention to such points as the following:—alteration in menstruation—quantity, regularity, pain. Intermenstrual discharges.

Pain—seat, severity, characters, duration, conditions affecting it.

Micturition—frequency, difficulty, pain, dribbling, etc.

Defæcation—constipation, diarrhœa, pain, bleeding, incontinence of fæces, etc.

Wasting.

SPECIAL HISTORY.

(*a*) *Gynæcological.*

Menstruation—age at which it began, frequency, regularity, quantity and duration of flow, passage of clots, shreds or membranes. Date of last period.

Pain—onset sudden or gradual. Position of pain—back, abdomen, thighs, breasts, etc. Time of commencement and cessation with regard to menstrual flow. Severity, enough to lay patient up or not, causing vomiting, sweating, etc. Whether affected by rest, lying down, exertion or medical treatment. Paroxysmal or constant.

Tenderness—Does the patient complain of soreness when lightly touched, as by clothes, etc.?

If menopause has occurred, how long ago?

If any discharge other than menstrual, state duration, characters and apparent cause.

Dyspareunia.

Pruritus.

(*b*) *Obstetric.*

Number of children and miscarriages in order, with dates. Period of pregnancy at which miscarriage occurred, with cause if possible.

Brief history of children.

Characters of labours, duration, instrumental or not, hæmorrhage, length of time in bed. Lactation.

State of health during pregnancy, especially with regard to vomiting, œdema of legs, headache, giddiness, dyspnœa, etc.

PRESENT STATE. *Abdominal Examination.* Inspection, size, symmetry, condition of skin. Palpation, resistance, presence or absence of tumours, ascites, tenderness.

Tenderness—superficial or deep.

Percussion—resonance or dulness, whether altered by change of position.

Thrill. Size of liver and spleen.

Measurements—level of greatest circumference, circumference at level of umbilicus.

Examination of an Abdominal Tumour. (N.B.—Speak of a "swelling" before the patient, not of a "tumour"). Inspection and palpation, size, shape, position. Movement on respiration, consistence, fluctuating or not, smooth or nodular, hard or soft, etc.

Apparent origin, *e.g.*, from pelvis or loin, fixity or mobility, range of movement. Tenderness, seat and degree. Alternate contraction and relaxation. Fœtal parts or movements.

Percussion.

Auscultation—is anything to be heard over tumour, souffle or fœtal heart, fœtal movements?

With abdominal examination, examine breasts for evidence of activity, fluid, etc.

Inspection of external genitals (if considered necessary).

Discharge, whether coming from vagina or not.

Condition and colour of vulval skin and mucous membrane, hymen, orifice of urethra, perinæum, anus.

Prolapse, with or without straining.

Vaginal and Bimanual Examination. Condition of vaginal walls.

Uterus—position, size, shape, mobility, consistence and sensitiveness of uterine body. Consistence, size and shape of vaginal portion of cervix and external os, direction in which external os points.

Condition of fornices, lax, tense, bulging, thickening of utero-sacral and broad ligaments. Presence or absence of any other swelling in pelvis besides uterus.

Bimanual examination of tumours, whether moving as one with uterus, or apparently not intimately connected with uterus; their size, shape, position, mobility, tenderness, etc.

Examination with Speculum. Presence of discharge. Appearance and colour of mucous membrane of cervix and vagina. Laceration of cervix, eversion, "erosion," blood or other discharge coming from external os, bleeding on examination, etc.

Examination with Sound (if considered necessary). Length of uterine cavity, direction of curve, with concavity forwards or backwards. Bleeding after passage of sound, pain on passing sound.

Rectal Examination—Digital and bimanual.

The further examination to be continued according to the General Scheme, page 9.

Definitions of Gynæcological Terms.

Menorrhagia.—Excessive menstrual hæmorrhage.

Metrorrhagia.—Hæmorrhage not limited to the time of menstruation.

Dyspareunia.—Difficulty or pain in coitu.

Perimetritis.—Pelvic peritonitis.

Parametritis.—Inflammation of the cellular tissue of the pelvis.

Mole.—An ovum destroyed during the early months of gestation.

Supra-vaginal or sub-total hysterectomy.—Removal of the uterus by amputation at the level of the internal os, the cervix being left.

Pan-hysterectomy.—Removal of the uterus and cervix entire.

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