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Contributors

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WESTMINSTER HOSPITAL.

HINTS FOR CLINICAL CLERKS
IN MEDICAL CASES.

“The patient being placed before me, I ask him no question until I have learnt everything worthy of remark which my own eyes can inform me of.”—DR. LATHAM.



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OUTLINE OF PLAN.

PRELIMINARY DESCRIPTION.

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A.—*PRELIMINARY POINTS.*

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PREVIOUS HISTORY OF ILLNESS.

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HINTS FOR CLINICAL CLERKS

IN MEDICAL CASES.

1. **Preliminary Description:** — Name; nation; age; residence; occupation; whether married or single; when admitted.

I.—PRESENT STATE.

A. — POINTS TO BE NOTICED **BEFORE** PROCEEDING TO PUT ANY SPECIAL QUESTIONS TO THE PATIENT OR OTHERS.

2. **Conformation**, as to size, state of nutrition, figure, apparent vigour, temperament,* and so on.

For example: Tall, emaciated, narrow-chested, delicate, with wasted arms, clubbed fingers, adunque nails, thin hair, as in *many cases of phthisis*:—Short, stout and squat, head large, face red, neck short and thick, as in cases where there is a special *tendency to apoplexy*:—Red or light brown hair, blue

* The fluid parts of the body, according to Hippocrates, consist of four secondary elements—blood, phlegm or pituita, and two kinds of bile, namely, yellow bile and black bile or atrabilis—and the celebrated fourfold division of constitutions or temperaments is based upon the supposed preponderance in different persons of one or other of these so-called elements. If blood be in excess, the temperament is the *sanguine*; if phlegm, the *phlegmatic*; if bile, the *choleric*; if black bile, the *melancholic*. This ancient theory has exploded long ago, but the ancient divisions of constitutions or temperaments remain, and so do the ancient names, for these names have been too long in use to make it possible to abandon them for others. The *nervous temperament*, which is a creation of modern times, has no certain and definite characteristics.

eyes, a fair and florid complexion, large and superficial bloodvessels, a full and frequent pulse, a soft thin and delicate skin, a body often large and tall, and inclining to obesity in the middle period of life, as in the *sanguine temperament*:—Light and sandy or whitish hair, light grey eyes, whitish and comparatively hairless skin, small bloodvessels, a weak slow pulse, a cold surface, flabby muscles, and general want of vital energy, as in the *phlegmatic (or lymphatic) temperament*:—Black curling hair, dark eyes, a complexion at once ruddy and swarthy, a thick rough and hairy skin, and a strong full pulse, as in the *choleric temperament*:—Black lank straight hair, dark eyes, a dark leaden unhealthy complexion, large and prominent bloodvessels, a slow pulse, and often a well-proportioned countenance, with slow and sedate manners and habits, as in the *melancholic temperament*.

3. **Countenance**, as to expression, colour, warmth, perspiration, state of nutrition (particularly with reference to emaciation), vascular fulness or shrinking, œdema, eruptions,* sores, &c.

For example:—The expression indicating languor, feebleness, indisposition, anxiety, with eyes more or less dull and suffused, lips more or less tremulous, nostrils more or less hurried in their movements, and features flushed, turgid and somewhat hot, as in *mild continued fever*:—The features tumid, bloated, expressionless, suffused, perhaps livid, possibly unsymmetrical on the two sides—on one side acute and contracted, on the other relaxed—the eyes dull, the pupils probably unequal, the cheeks puffing out at each expiration like a loose bag, as in the height of the fit of *ordinary apoplexy*:—The face alive and more or less contracted on one side, and dead to all expression and relaxed on the other—on this latter side the forehead being without wrinkles, the eyebrow fallen, the eyelids apart and motionless, the nostril falling in at each inspiration, the angle of the mouth only half-closed, the mouth itself more or less moved towards the opposite side, and moving still more in this direction when the

* Eruptions may be in *rashes* (which disappear on pressure), as scarlatina, rubeola, roseola, the rose-spots of typhoid fever, the "mulberry" spots of typhus fever, erythema, urticaria; in *stains* (which do not disappear on pressure), as purpura, petechiæ, vibices, lentigo, ephelis, bronzed-skin, certain kinds of moles, nitrate of silver stains, &c.; in *pimples*, as lichen, prurigo; in *vesicles*, as in varicella, sudamina, eczema, herpes, scabies; in *bullæ*, as in pemphigus, rupia; in *pustules*, as in variola, vaccinia, impetigo, ecthyma; in *squamæ*, as in psoriasis, lepra, pityriasis, pellagra, ichthyosis, elephantiasis arabum; in *tuberculæ*, as in acne, lupus, cheloidea, lepra tuberculosa, glanders; in *dermatophytic affections*, as porrigo; or all specific characters of the eruption may be lost in ulceration, or hid under an encrusting scab. The symmetrical distribution, the suspicious coppery discoloration of syphilis, the dangerous venous colour in the exanthemata, are among the points to be looked for in the case of any eruption.

features of the living half of the face come into play, as in *facial palsy*:—The features pinched and contracted, as during *severe pain*—the forehead being especially wrinkled and the brow knit, when the *pain is in the head*, the nostrils being drawn acutely upwards, when the *pain is in the chest*, the upper lip being raised and tightened, so as to expose the teeth, when the *pain is in the abdomen*:—The countenance pale, pasty, dry, and unperspiring, with puffiness about the eyelids, or more confirmed œdema or anasarca, as in *albuminuria*:—The complexion pale and waxy, with the slight tinge of green indicated by the name, as in *chlorosis*:—The features wan, wasted, sallow and yellowish, with the whites of the eyes of a pearly lustre, and the eyes sunk and surrounded by a dark circle, as in advanced cases of *cancer*:—The complexion varying from yellow to greenish-yellow, with the whites of the eyes no less discoloured than the rest of the surface, as in *jaundice*:—and so on.

4. **Posture**, whether that of standing, sitting or lying, whether more or less fixed in a particular position, and so on.

For example:—Supine, unshifting, with arms and legs extended, and with a tendency to slip or sink down in bed, as in *a state of great prostration*:—With the thorax and the thighs in a state of gentle flexion upon the abdomen, the abdominal walls being relaxed and motionless, and all the muscles kept in a state of most cautious stillness, as in *inflammation of the abdomen with acute pain*:—Lying or falling more or less upon the paralyzed side, and especially upon the paralyzed arm, as in *hemiplegia*:—and so on.

5. **Breathing**, as to arterial or venous colour of lips and complexion, working of nostrils, number of respirations in the minute, temperature and odour of breath, dyspnœa, orthopnœa, thoracic breathing, abdominal breathing, crowing, stertorous, and other kinds of noisy breathing, &c.

For example:—The sides of the chest more or less motionless, the breathing being carried on by the action of the diaphragm (abdominal breathing), as in *certain cases of acute pleurisy*:—The walls of the abdomen motionless, the breathing being carried on by the movement of the lateral walls of the chest (thoracic breathing), as in *inflammation of the abdomen with acute pain*:—The patient sitting up, with the nostrils working, the complexion livid or violet, especially the lips, nose, and ears, the expression anxious, the cheeks and temples cool and perhaps damp, the legs hanging down, the lips apart, and the pomum Adami and even the chin drawn downwards at every inspiration, the auxiliary muscles of respiration (the sterno-cleidoids, cucullares, pectorals, &c.) in full action, and to allow this action, the shoulders fixed by resting firmly upon the hands, or upon the

elbows with the head grasped in the hands, as in certain cases of *cardiac insufficiency*:—The patient often erect, the breathing gasping, the inspiration quick, the expiration prolonged, labouring, and wheezing, the countenance anxious, and in all probability pale and perspiring, as in the *paroxysm of asthma*:—Irregular, slow, deep, frequently suspended and sighing, with rattling or stertor, or blowing of the cheeks and lips, or with catching of the larynx, as in *apoplexy*:—The three symptoms upon which Marshall Hall insists, (1) “Audible, hurried breathing; (2) Gasping, however slight, with descent of the pomum Adami; and (3) A slight crepitus heard in the breathing, with or even without the stethoscope,” as in an incipient *state of sinking*:—and so on.

6. **Pulse**, as to number in the minute, volume, force, resistance, rhythm, special character, effect of posture, equality or inequality in corresponding arteries, agreement or disagreement with the beat of the heart, and so on.

For example:—Rapid and weak, as in *fever*:—Frequent, full, firm, hard, wiry, incompressible, as in *acute inflammation*:—Rapid and jerking, as in *hæmorrhage*:—Rapid and sharp in the stroke, as in simple *nervous excitement*:—Hammering, as in *aortic regurgitation*:—Remarkably faint and feeble, and generally irregular, as in *mitral regurgitation*:—Rapid, full, and firm, with blueness of the complexion (the asphyxial pulse), as in the ordinary *epileptic paroxysm*:—and so on.

7. **Movement or Absence of Movement**, as to peculiarity of gait, restlessness, jactitation, cautious stillness of posture and manner, convulsive or analogous movements (rigor, tremor, subsultus tendinum, floccitatio, choreic twitchings and startings, rhythmical automatic movements, convulsion and spasm in their various forms, and so on), inability to preserve the erect posture without actual paralysis, paralysis in its various forms (hemiplegia, paraplegia, &c.), and so on.

For example:—Convulsive movements, more tonic than clonic, fixing the limbs rather than dashing them about, and generally more marked on one side of the body than the other; the breathing almost or altogether suspended; the colour of the countenance livid, leaden, or black, the eyelids half-open, the eyes dull, distorted, projected, the pupils dilated and absolutely disobedient to light, the mouth dragged forcibly on one side, the teeth clenched, the lips apart, and covered with froth, often with bloody froth, the whole face twisted round, so that the chin

may almost rest upon one of the shoulders ; the consciousness absolutely extinct ; the paroxysm ending in deep coma, or rather the deep coma of the paroxysm continuing for some time after the convulsion is at an end, and after this for some time a stunned and stupid state of mind, with a marked disposition to sleep,—as in the typical *epileptic paroxysm*:—Muscular disturbance affecting both sides of the body equally, and more of the nature of struggling than true epileptic convulsion ; the breathing slow and embarrassed, frequently considerably so, but not more than this ; the colour of the face natural or only a little heightened, the features not distorted, the eyelids closed, the eyes bright and twinkling, the pupils fairly sensitive to light, the mouth only a little set, the lips not covered with saliva, the neck not twisted : the consciousness only partly suspended ; the paroxysm ending in a burst of laughing or sobbing, and succeeded by an excitable languid state, which is the very opposite of the epileptic stupor, as in the typical *hysterical convulsive paroxysm*: and so on.

8. **The Extremities (especially the Hands) and the General Surface**, as to colour, warmth, perspiration, state of nutrition (particularly with respect to emaciation), vascular fulness or shrinking, œdema, anasarca, eruptions, state of tips of fingers and nails, special muscular action or inaction, articular and other swellings, abscesses, sores, scars, and so on.

B.—POINTS TO BE NOTICED **AFTER** BEGINNING TO PUT SPECIAL QUESTIONS TO THE PATIENT AND OTHERS.

I. PRELIMINARY POINTS.

9. **Tongue**, as to colour, coating, moisture, the state of the papillæ, the mode and direction of protrusion, and so on.

For example :—Clammy and coated with a white or yellowish fur, as in *common feverishness*:—Patchy, as in many forms of *gastric irritation*:—Red, glazed, chapped, and dotted with aphthous and ulcerative patches, as in *colliquative diarrhœa*: Moist, flabby, and indented with the teeth, as in certain *non-febrile states of debility*:—With red enlarged papillæ, protruding through a thick white cream-like fur, or protruding from a clean raw-looking surface (the strawberry tongue), as in *scarlet fever*:—Parched, brown in the centre, with red edges and tip, slowly protruded and tremulous, as in *confirmed typhus*:—Quickly

protruded and tremulous, as in *delirium tremens*:—Rapidly protruded and retracted, as in *chorea*:—Bitten, as often happens in *epilepsy*:—Deflected to one side, as is usually the case in *hemiplegia*, and so on.

10. **The symptom chiefly complained of—pain, uneasiness, or other:**—If pain or uneasiness, what is its character and seat? If not pain or uneasiness, what is it?—Wakefulness, disturbed sleep, delusion, raving, vertigo, intolerance of light or sound, tinnitus aurium, aura, numbness, blindness, deafness, paralysis, exhaustion; cough; palpitation, night-sweats; wanting appetite for food, thirst, hunger, nausea, vomiting, diarrhœa, constipation, obstruction of the bowels, tenesmus; excessive secretion of urine, frequent micturition, ardor urinæ, retention, strangury, overflow, suppression; amenorrhœa, dysmenorrhœa, uterine hæmorrhage, vaginal and urethral discharges, sores, tumours; or what?

12. In taking a bird's-eye view, the first thing to be done is to ascertain whether or not there is a state of *fever*—a state, that is, in which the pulse is feeble and frequent, the skin hot and dry, the tongue furred, with thirst, want of appetite for food, lassitude, headache, general pains, and so on. In the next place, the state of the different functions of the body must be particularly inquired into, beginning with that function in which, from the information already obtained, there seems to be most disorder. Thus, for example, if the aspect be delicate, with wasting, night-sweats, and cough, the more special examination will begin at the lungs; or if the complexion be dusky and violet, with palpitation, the heart will first claim attention; or if the complexion be pale and pasty, with puffiness about the

eyelids, or if there be emaciation, with abundant flow of urine, large appetite for food, constant thirst and constipation, before proceeding further, the urine may be tested for albumen in the one case, and for sugar in the other; or if the power of locomotion be hindered, the state of the brain and spinal cord must be first looked to. In every case, the state of *all* the principal functions of the body ought to be inquired into, preserving, as much as possible, the same order of succession in each case.

II. SPECIAL POINTS.

1. Concerning the nervous and muscular systems.

13. *Certain Preliminary Points*:—Whether there be signs of determination of blood to the head, as hot scalp, throbbing temporals and carotids, ferrety eyes (eyes having a singular expression of watchfulness, with great redness of the conjunctiva), and so on; whether the eyes are restless and wandering; whether the pupils are dilated, contracted, unequal, immovable, disposed to oscillate, and so on; whether there be squinting or discharge from the ear; whether, in the case of a young infant, the fontanelles are prominent, depressed, tense, fluctuating, pulsating; whether there be anything peculiar in the shape of the head or spine, any evidence of local injury, and so on; whether there be tenderness on pressure or pain produced on the application of a sponge soaked in hot water, in the course of the spine or of one of the principal nerves; and so on.

14. *Intelligence and the cognate faculties*:—**Quickness of manner and irritability**:—**Wakefulness**:—**Unsound and unrefreshing sleep**:—**Disturbing dreams**:—**Alarm and hurry on awaking**:—**Som-**

niloquism:—Somnambulism:—Inability to control the thoughts and actions:—Alteration in the moral feelings or affections:—Unmeaning laughter:—Proneness to tears:—Incoherent Speech:—Talkativeness:—Muttering:—Raving:—Delusions:—Dependancy:—Despair:—Drowsiness:—Stupor:—Coma:—Apathy:—Dulness:—Forgetfulness:—Imbecility:—Idiotcy:—and so on.

15. *Common Sensibility*:—Pain—in the head, spine, organs of sense, nerves, muscles, or elsewhere:—Vertigo:—Numbness:—Formication:—Tingling:—Itching:—Aura:—Hyperæsthesia:—Anæsthesia:—and so on.

16. *Special sensibility*:—Intolerance of light:—Dimness of vision:—Blindness:—Double vision:—Partial vision:—Muscæ volitantes:—Showers of sparks in the eye:—Tinnitus aurium:—Intolerance of noise:—Deafness:—Disordered taste:—Disordered smell:—and so on.

17. *Motility*:—Peculiarity of gait:—Restlessness:—Jactitation:—Cautious stillness of posture and manner:—Rigor:—Tremor:—Subsultus tendinum:—Floccitatio:—Choreic twitchings and startings:—Rhythmical automatic movements:—Convulsion, its form and variety:—Spasm, its form and variety:—Prostration:—Hemiplegia:—Paraplegia:—Other forms of paralysis:—State of muscular nutrition:—State of muscular irritability, as tested by percussion and electricity:—Proneness to reflex movements:—“Early rigidity”:—“Late Rigidity”:—and so on.

* * * In cases where the motility and sensibility of one side are damaged, notice particularly the motility and sensibility of the opposite side, and compare the temperature on the two sides. (See Appendix A.)

2. Concerning the respiratory system.

18. Discharges from the nostrils:—Sneezing:—Voice, whether hoarse, rough, cracked, wheezing, lost, extinct, and so on (if the voice be affected, examine outside of neck for glandular and other enlargements, pain, tenderness, swelling, and so forth, and back of mouth with spatula and laryngoscope):—Breathing (*v.* 5):—Sighing:—Yawning:—Pain in the side:—Particular posture (*v.* 4):—Cough, whether short, hacking, severe, noisy, wheezing, hoarse, barking, hooping, crowing, ringing, dry or the contrary, and so on:—Expectoration, whether easy or difficult, and so on:—Sputa, as to quantity, form, size, transparency or opacity, colour, viscosity and adhesiveness, odour, frothiness, presence of blood, and so on.

For example:—White phlegm, more or less adhesive and frothy, as in *simple catarrh*, *pleurisy*, *incipient phthisis*:—Globular, grey, flocculent, woolly-like masses, heavier than water if unmixed with mucus and air-bubbles, and assuming and preserving the flat, circular, detached, coin-like form, whence its name of *nummular* is derived, as in *confirmed phthisis*:—Frothy phlegm, white or yellow in colour, as mucus or pus predominates, as in *chronic bronchitis*:—Transparent, nearly colourless, finely frothy phlegm, viscid, the viscosity being in proportion to the severity of the inflammation, and causing it to assume the form of viscid strings when poured from one vessel to another, as in the height of *acute bronchitis*:—Glutinous and viscid rust or apricot-coloured phlegm, adhering so closely to the spittoon as to keep its place after the vessel is inverted, as in *pneumonia*:—Phlegm of various sorts, presenting under the microscope portions of the elastic trabeculae of the air-passages, as in *confirmed phthisis*:—and so on.

19. Examination by palpation and inspection:—Size of chest:—Form of chest, whether symmetrical, flat or bulging in certain parts:—Movements of chest, whether free or hampered or absent:—Vocal thrill, whether increased or diminished:—Fluctuation:—and so on.

20. Examination by percussion:—Dulness, common dulness, “cracked-pot-sound,” and so on:—

Undue resonance, whether amphoric, tympanitic, and so on.

21. *Examination by Auscultation*:—Vesicular murmur, whether feeble, puerile, harsh, wavy, jerking, different on its two sides, prolonged in its expiratory part, and so on:—Bronchial or tubular breathing, in connexion with bronchial voice or bronchophony:—Cavernous or amphoric breathing, in connexion with pectoriloquy:—Rhonchus and sibilus (*dry* sounds produced in breathing, and not in coughing or talking, rhonchus being the larger and hoarser, and sibilus the smaller and shriller sound):—Large crepitation and small crepitation (*moist* sounds produced in breathing, and not in talking or coughing):—Gurgling breathing (or large crepitation exaggerated):—Ægophony:—Metallic tinkling:—Succussion sound, or “plashing”:—Friction sound, whether rubbing, grazing, creaking, and so forth.

*** The effect of coughing and expectoration upon rhonchal, sibilant, crepitant and gurgling sounds is to be noticed.

3. Concerning the circulatory system.

22. Radial pulse (*v. 6*):—Arterial or venous colour of the complexion:—Warmth or coldness of the extremities:—Chills and flushes:—Night-sweats:—Œdema and anasarca:—Palpitation:—Pain or uneasiness in cardiac region:—Dilated Veins:—Pulsation in the jugulars:—Unequal course and distribution of blood:—Hæmorrhagic tendency:—Pulsatile tumours:—Microscopic state of blood:—&c.

23. *Examination by palpation and inspection*:—Position of apex-beat:—Rhythm, whether regular or irregular, whether corresponding or not with that of radial pulse, and so on;—Impulse, whether heaving and powerful, or indistinct and feeble, or giving a short, sharp stroke, and so on:—Thrill:—Bulging of cardiac region:—and so on.

24. *Examination by percussion*: — **Dulness**, whether increased or diminished in extent, or altered in form and position.

25. *Examination by auscultation*: — **Natural sounds**, whether clear or dull, near or distant, limited or diffused: — **Abnormal sounds** (**Bruits** or **murmurs**), whether blowing, rough, rasping, humming, and so on; whether coinciding with or replacing first or second sound, one or both; where heard loudest and whither propagated. (See Appendix B.)

4. Concerning the digestive system.

26. **Tongue** (*v. 9*): — **Appetite**, whether deficient, lost, excessive, perverted, fanciful, and so on: — **Thirst**, whether absent, present, urgent, and so on: — **Teeth**: — **Gums**, whether spongy, marked with a blue or red line, and so on: — **Salivary apparatus** (in a case of mumps, remember the possibility of metastasis to the testicle and mamma): — **Deglutition** (if impeded, examine the fauces, tonsils, pharynx, and œsophagus, using spatula, probang, or laryngoscope, as may be necessary, and not forgetting to examine the outside of the throat with the fingers): — **Epigastric pain or uneasiness**, whether dull, heavy, a sensation of distension and weight, or burning, lancinating, and so on; whether constant, occasional, or periodical; whether brought on or relieved by eating or drinking, and, if so, by what meals or articles — solid, fluid, hot, cold, stimulant, and so on: — **Loathing of food**: — **Nausea**: — **Eructation** and **regurgitation**: — **Vomiting**: — **Matters vomited**: — **Hiccup**: — **Tormina**: — **Constipation**: — **Diarrhœa**: — **Obstruction**: — **Involuntary stools**: — **Painful defæcation**: — **Stools**, as to quantity, colour, odour, consistence, presence of undigested food, worms, blood, pus, and so on.

For example: — Like rice-water, and almost inodorous, as in *cholera*: — Thin, watery, curdy, ochrey in colour, or dark and pitchy, always highly offensive, as in *fever*: — In scybalous

lumps, mixed with mucus, pus, or blood, as in *dysentery*:—Clay-coloured and very offensive, as in *jaundice*:—Like tar or black paint, as in *melæna*:—Containing fluid fat, which solidifies on cooling, as in *certain affections of the pancreas*:—Small and riband-like masses, as in *stricture of the rectum, enlarged prostate, retroverted uterus, &c*:—Green and like boiled spinach, as in *mercurial purging of children*:—and so on.

27. **State of abdominal walls**, as to the amount of fatty tissue, the presence of hernial and other tumours, enlarged veins, lineæ albicantes and other marks, the participation in respiratory movements, and so on:—**Abdomen generally**, as to distension, flatness, retraction, fluctuation on percussion, tympanitic sound, and so on:—**Region of liver**, as to bulging, extent of dulness on percussion, smoothness or irregularity of the edge and surface of the liver under the fingers, fluctuation, pain, tenderness, and so on:—**Region of stomach**, as to increased heat, tenderness, pulsation, resonance or dulness on percussion, palpable tumour, and so on:—**Region of spleen**, as to the extent of dulness on percussion and to the changes in the position of this dulness, splenic murmur, leucocythæmic condition of the blood:—**Region of large intestine**, as to prominence, tenderness and gurgling in the cæcal region and elsewhere, local resonance or dulness on percussion, palpable tumour, and so on:—**Anus**, as to prolapsus of the rectum, fissure, piles, ulcers, excoriations, condylomata, and so on:—**Other tumours**, pulsatile or not:—**Movements**, as those of a fœtus in utero, and others.

5. Concerning the urinary system.

28. **Micturition**, as to frequency, urgency, painfulness, and so on:—**Retention of urine**:*—**Distension of the Bladder**:—**Overflow**:—**Suppression of urine**:—**Pain**, in the loins, glans penis, testicle, and elsewhere:—**Ardor urinæ**:—**Strangury**:—**Region of the kidney**,

* In acute diseases, if attended with insensibility, retention of urine is often attended by a state of *constant* elevation of the knees. — M. Hall.

as to the size, position, tenderness, and other conditions of the kidney as ascertained by percussion and palpation, and so on:—**Urine**, as to quantity, colour, transparency, odour, S. G., acidity or alkalinity, reaction with the tests for albumen, sugar, urea, bile, and so on (see Appendix C), presence of cell-structures and tube-casts: and so on.

For example:—Pale, limpid, and abundant, as during *hysterical excitement*; or like brown sherry, acid, and depositing on cooling a pinkish or brickdust-like sediment, as in the *lithic acid diathesis*; or either pale or coppery-coloured, alkaline, precipitating when cool a whitish gravel, speedily presenting an iridescent film on its surface, and soon becoming offensive and ammoniacal, as in the *phosphatic acid diathesis*; or considerably increased in quantity, pale straw or greenish in colour, smelling like an apple-chamber, sweet enough perhaps to attract flies and wasps, S. G. 1030—1060, and containing sugar, as in *diabetes*; or scanty, smoke-coloured, of S. G. 1004—1013, and containing albumen, as in the *early stage of Bright's disease*, or natural in quantity, with a S. G. equally low, with little urea, and with little or no albumen, as in the *last stage of Bright's disease*; or like porter in colour, as in *jaundice*; or scanty, high-coloured, and generally offensive, as in *fever*; or white, milky, and stiffening on cooling into a jelly like blanc-manger, as in *chylous urine*; and so on.

6. Concerning the generative system.

29. *In the Female*:—**Menstruation**, whether natural, scanty, excessive, difficult, suspended, not yet established, and so on:—**Leucorrhœa** and analogous discharges:—**Uterine hæmorrhage**:—**Sores**, venereal and other:—**Pain**, in the sacrum, loins, and elsewhere:—**Bearing-down sensations**, and so forth:—**Prolapsus uteri**:—**Polypus** and other uterine tumours:—**Ovarian disease**:—**Masturbation**:—and so on:—

30. **Pregnancy**:—**Presence of the lochia**:—**Nursing**:—**State of the mammæ**;—and so on:—

31. *In the Male*:—**Urethral Discharges**, whether gonorrhœal, spermatorrhœal, and so forth:—**Sores**, venereal and other:—**Buboes**:—**Stricture**:—**Priapism**:—**Masturbation**:—and so on.

II.—PREVIOUS HISTORY.

32. **Previous history of illness:**—Duration:—Previous Symptoms:—Probable exciting cause, as cold, heat, damp, contagion, infection, marsh-miasm, excesses of any kind, want of proper nourishment, want of sufficient sleep, over-work, anxiety, over-nursing, over-breeding, and so forth:—Previous treatment, if any:—

33. **Previous state of health,** whether robust or delicate:—in the case of a woman, what is the history of the catamenia, pregnancies, confinements, miscarriages, number of children, living and dead, and so on:—Previous illnesses, if any, and particularly whether any bearing upon the present illness, as rheumatic fever in the case of heart-disease, infantile convulsions in the case of epilepsy, and so on:—Previous manner of life, with respect to trade or occupation, diet, temperance, residence, cleanliness, dress, protection from cold or heat, exercise, the use of tobacco or other narcotics, venereal indulgences, sleep, and so forth.

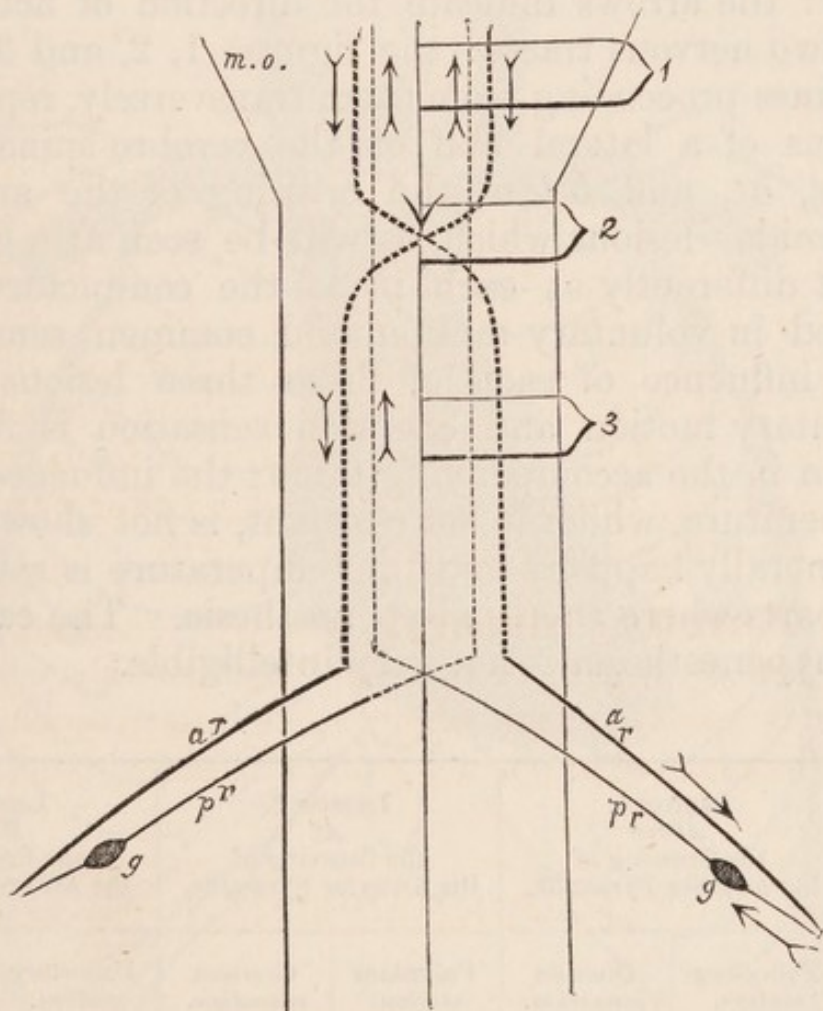
34. **Family history,** whether entitled to a clean bill of health or not, and particularly whether any near relative, and which near relative, has suffered from the same or a kindred disease.

III.—TREATMENT.

APPENDIX A.

DIAGRAM SHOWING THE DECUSSATION OF THE CONDUCTORS CONCERNED IN VOLUNTARY MOVEMENT AND COMMON SENSATION. (After Dr. Brown-Séquard, *Lancet*, Sept. 18th, 1858.)

FIG. 1.



The investigations of Dr. Brown-Séquard contradict the notion that the conductors concerned in voluntary motion and common sensation decussate along the median line of the base of the encephalon, and show, first, that the conductors concerned in voluntary mo-

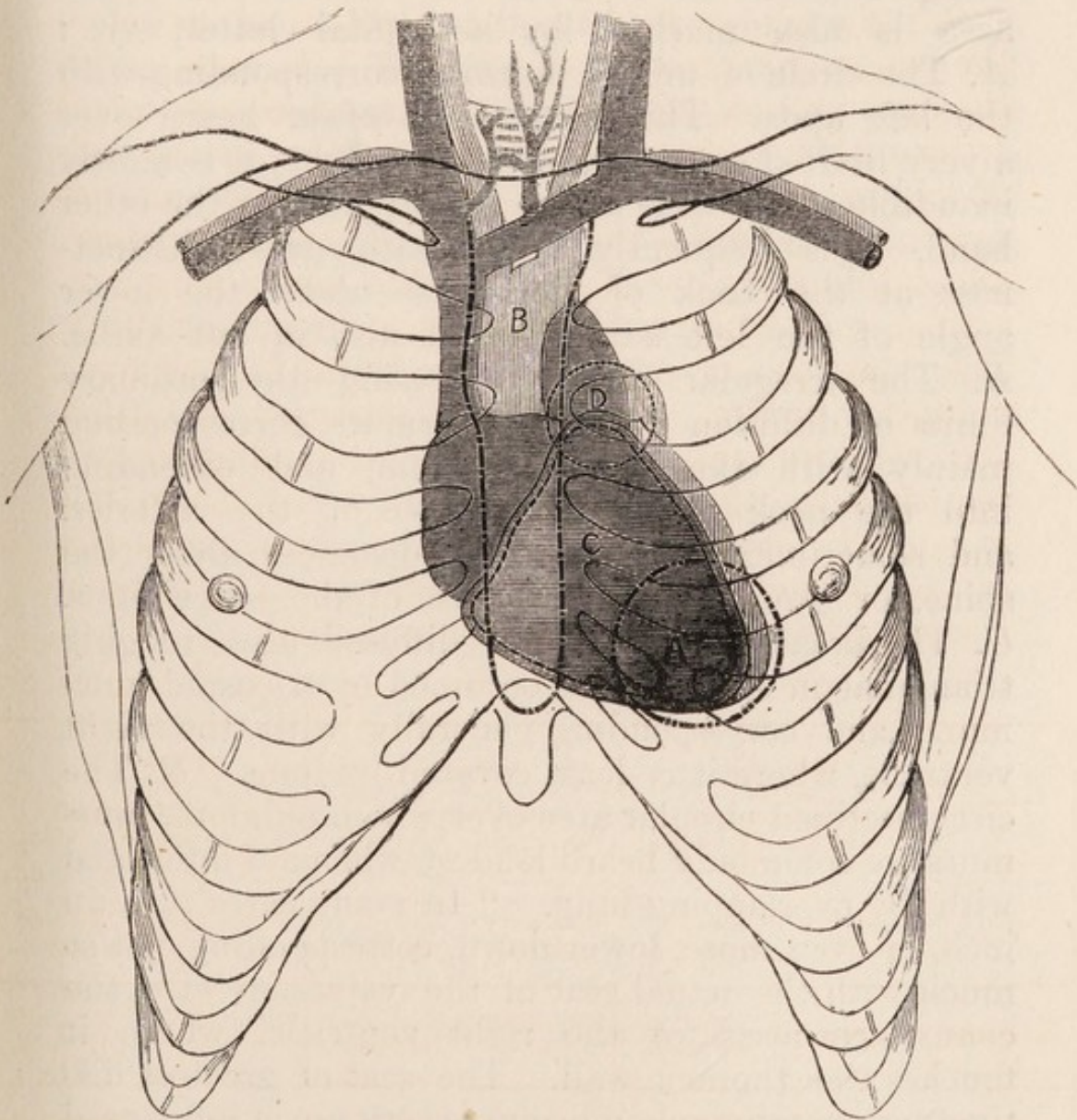
tion decussate at the lower part of the medulla oblongata, and chiefly at the anterior pyramids, and, secondly, that the conductors concerned in common sensation decussate in the spinal cord itself at or near the level at which they enter the cord. In the diagram, the lines *a r* and *p r* represent the anterior and posterior roots of a pair of spinal nerves, and the differently dotted continuations of these lines the course of these roots after entering the spinal cord and medulla oblongata, *m o*. The black spots *g g*, are intended for the ganglia on the posterior roots: the arrows indicate the direction of action in the two nervous tracts: the figures 1, 2, and 3, with the lines proceeding from them transversely, represent lesions of a lateral half of the cerebro-spinal axis *above*, *at*, and *below* the crossing of the anterior pyramids—lesions which, as will be seen at a glance, affect differently at each place the conductors concerned in voluntary motion and common sensation. The influence of each of these three lesions upon voluntary motion and common sensation is further shown in the accompanying table: the influence upon temperature, which is not constant, is not shown, but it generally happens that the temperature is raised in the parts where there is hyperæsthesia. The cause of the hyperæsthesia is not very intelligible.

—	LESION 1. <i>Above</i> the Crossing of the Anterior Pyramids.		LESION 2. <i>At</i> the Crossing of the Anterior Pyramids.		LESION 3. <i>Below</i> the Crossing of the Anterior Pyramids.	
	<i>Voluntary motion.</i>	<i>Common sensation.</i>	<i>Voluntary motion.</i>	<i>Common sensation.</i>	<i>Voluntary motion.</i>	<i>Common sensation.</i>
Same side	Normal	Normal or Increased.	Diminished or Lost.	Normal or Increased.	Diminished or Lost.	Notably Increased.
Opposite side . .	Diminished or Lost.	Diminished or Lost.	Diminished or Lost.	Diminished or Lost.	Nearly Normal.	Diminished or Lost.

APPENDIX B.

FIGURE SHOWING THE POSITION OF THE HEART AND GREAT VESSELS IN RELATION TO THE FRONT OF THE THORAX, AND THE FOUR DISTINCTIVE AREAS OVER WHICH MURMURS ARISING AT THE FOUR VALVULAR ORIFICES OF THE HEART MAY BE HEARD. (After Dr. Gairdner, Edin. Med. Journal, Nov., 1861.)

FIG. 2.



In this figure the position of the heart and great vessels in relation to the front of the thorax is copied

on a reduced scale from the folio work of Professor Luschka, of Tübingen, on "Die Brust-organe des Menschen in ihrer Lage (Tübingen, 1857). The right side of the heart and the great vessels containing black blood are of a darker shade than the edge of the left side of the heart (which edge is alone visible in a front view like this) and the large vessels containing red blood. The areas over which valvular bruits are propagated, are marked out by Dr. Gairdner by means of dotted lines, the character of the dots being different in each of the four areas. Each area is also marked by a capital letter, viz.:

A. The circle of mitral murmur, corresponding with the left apex. This murmur is often heard over a very limited space in front of the chest; it is mostly inaudible at the base of the heart; but, on the other hand, it is frequently heard with great distinctness at the back of the chest about the lower angle of the left scapula, and also in left axilla.

B. The irregular space indicating the ordinary limits of diffusion of aortic murmurs, corresponding mainly with the whole sternum, and extending into the neck along the course of the arteries, and sometimes even to great distances along the spine, or even along the bones of the extremities.

C. The broad and somewhat diffused area (roughly triangular in most cases) occupied by tricuspid murmurs, and corresponding generally with the right ventricle, where it is least covered by lung.

D. The circumscribed circular area over which pulmonic murmurs are commonly heard loudest, when not interfered with by overlapping lung. "In many cases it is an inch, or even more, lower down, corresponding not so much with the actual seat of the valves, as with the conus arteriosus of the right ventricle, where it touches the thoracic wall. The seat of greatest distinctness of pulmonic murmur is very much influenced by inspiration and expiration, and should be examined chiefly in the latter state."

APPENDIX C.

RELATING TO THE CLINICAL EXAMINATION OF THE URINE.

For the detection of albumen in the urine.—“An ordinary test-tube is about half filled with the urine and is to be held by the lower part. Heat is applied to a point near the *surface* of the fluid; the tube being shaken a little at the time, to prevent the glass being cracked. The slightest precipitate cannot fail to be observed, as the fluid below remains perfectly unchanged. When urates are present, this plan is very useful, as we get three distinct strata; the upper one formed of coagulated albumen; the next clear, in consequence of the solution of the urates at a temperature somewhat below that necessary for the coagulation of the albumen; and lastly, the unchanged urates.” (Beale.) After boiling, if the urine have become cloudy, a few drops of nitric acid are to be added, for if the cloudiness arise from the precipitation of phosphates the urine will immediately become clear under the action of the acid. But if the cloudiness arise from albumen, the acid will have a contrary effect, increasing and not diminishing the cloudiness.

For the detection of sugar in the urine (Trommer's test).—To about fʒj of urine, add the same quantity of liquor potassæ, and a few drops of a solution of sulphate of copper. If sugar be present in any quantity, the precipitate of hydrated oxide of copper which is thrown down in the first instance, is speedily dissolved, and a *transparent dark blue solution* is the result. Heat is then applied, and as this solution reaches the boiling point it becomes opaque and brownish red from the formation and precipitation of the reddish-brown suboxide of copper.

The ebullition must not be continued longer than a minute, for if it be prolonged there are other substances present besides the sugar which will throw down the suboxide. Moreover, it is not enough that the solution change colour in boiling ; there must be a precipitate as well.

For determining the quantity of sugar (The fermentation test).—A given quantity of urine, to which a few drops of yeast have been added, is to be placed in a properly graduated tube, and the tube inverted over mercury. At a temperature of 100° Fahr. the fermentation will be complete in from six to twelve hours, and each cubic inch of the carbonic acid then collected in the top of the tube will represent as nearly as may be one grain of sugar.

For the determination of urea (Liebig's test).—Add 20 cubic centimetres of *baryta solution* to 40 cc. of urine, and separate by filtration the precipitate of phosphates and sulphates which is thrown down. Then put 10 cc. of the filtered solution into a burette, and add as much *pernitrate of mercury solution* as is just a little more than enough to combine with all the urea present. In order to know when this point is reached, a few drops of *carbonate of soda solution* are to be placed upon the back of a white plate, and a rod dipped in the prepared urine is to be made to touch a point of the surface thus moistened with the soda solution. If enough pernitrate of mercury solution have *not* been added, a *white precipitate* is produced where the rod touches : if just a little more than enough have been added, the precipitate thrown down is of a *faint yellow colour*. The action of free pernitrate of mercury solution upon the carbonate of soda solution results in a *yellow precipitate*, and therefore a *faint yellow precipitate*, under the circumstances supposed, shows that a *little* of the pernitrate is left free to act upon the alkaline solution. The strength of the pernitrate of mercury used is such that 1 cc. is sufficient to



combine with 1 grain of urea ; and therefore it is not difficult to calculate the amount of urea present from the quantity of the pernitrate of mercury used before reaching the faint yellow precipitate. This test is of course one which can only be used in good daylight.

For the detection of bile in the urine.—Pour a few drops of urine upon the back of a clean white plate, and add one or two drops of nitric acid to them. If bile be present in small quantity a greenish discoloration is the result ; if bile be present in large quantity, the acid produces a curious rapid play of changing colours—pale green, violet, pink, and yellow. These phenomena are more conspicuous still when the urine is evaporated considerably.

For the detection of chlorides in the urine.—To a small quantity of urine, add first about a sixth part of its bulk of nitric acid, and then drop in a few minims of a solution of nitrate of silver. If chlorides are present, the urine becomes more or less hazy or turbid, according to the quantity of white precipitate of chloride of silver which is thrown down ; if chlorides are absent, no such haziness or turbidity is produced.

On the diagnostic significance of casts, &c.—“Attention to the microscopic character of these casts will at any time enable the practitioner to estimate the nature and intensity of the disease [Bright’s disease], its advance or decline, its form and its probable termination. The blood-casts represent the period of active hyperæmia and hæmorrhage, the coarsely granular epithelial cast, with its compound exudation corpuscles, accompanied by amorphous granular flakes stained with hæmatin, the period of inflammatory exudation ; the finely granular, semi-transparent casts, with scattered epithelial and granule cells, the subsidence of that stage. Transparent casts, with compound cells, with isolated resplendent molecules, and grape-like clusters of

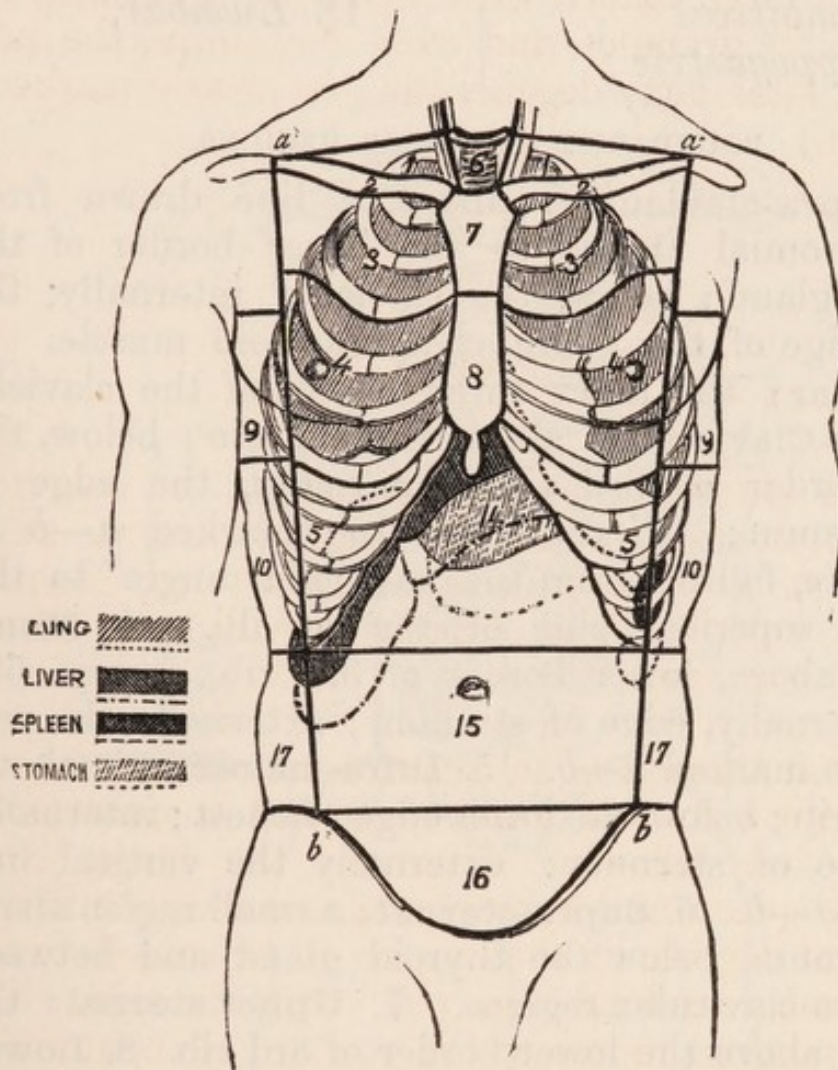
granules, represent a stage of chronic, sub-acute disease of grave import; and if these casts become more and more loaded with large and gradually increasing fat granules, and even oily drops, the progress of fatal fatty degeneration is clearly marked." (Basham.)

APPENDIX D.

FIGURES SHOWING THE ALTERATIONS IN POSITION OF CERTAIN IMPORTANT VISCERA DURING EXPIRATION AND INSPIRATION, AND GIVING, IN ADDITION, THE CLINICAL TOPOGRAPHY OF THE CHEST AND ABDOMEN.

(1) **The Alteration in position of certain important viscera during expiration and inspiration.**—In the two following diagrams, the lungs, liver, stomach, spleen, and kidneys are indicated by different kinds and degrees of shading, as is explained in the small shaded and labelled patches at the side. The shaded portions represent the position of these different organs in forced *expiration*: the different dotted lines show the position to which these organs descend in forced *inspiration*. The dotted lines belonging to each organ are dotted in a different way, as is shown in the lines beneath each of the shaded key-patches at the sides of the diagram. The left kidney is lower than the right, and it does not descend during inspiration in the same manner as the right. The outline of the figure and skeleton is reduced from the plates of Dr. J. Fau (Anatomie des Formes Extérieures du Corps Humain, Paris, 1845): the different position of the viscera in expiration and inspiration is that which is determined by Dr. Sibson (Medical Anatomy, 1861).

FIG. 3.



(2) **Clinical Topography of the Chest and Abdomen.**—The several regions are defined on the two following diagrams by dark lines, and by figures ranging from 1 to 18. The regions of the chest are after Dr. Walshe.

(a) OF THE CHEST.

- | | |
|---------------------------|---------------------------|
| 1 <i>Supra-clavicular</i> | 8 <i>Lower sternal</i> |
| 2 <i>Clavicular</i> | 9 <i>Axillary</i> |
| 3 <i>Infra-clavicular</i> | 10 <i>Infra-axillary</i> |
| 4 <i>Mammary</i> | 11 <i>Scapular</i> |
| 5 <i>Infra-mammary</i> | 12 <i>Inter-scapular</i> |
| 6 <i>Supra-sternal</i> | 13 <i>Infra-scapular.</i> |
| 7 <i>Upper sternal</i> | |

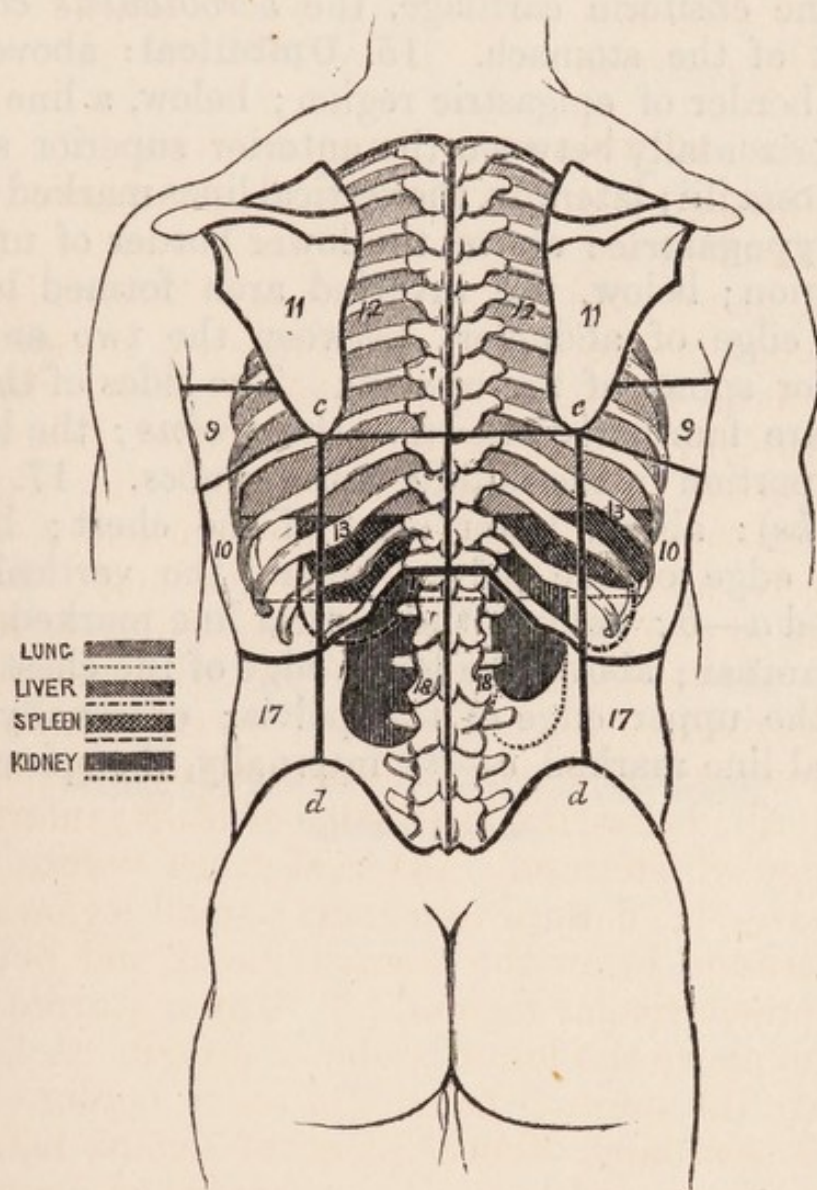
(b) OF THE ABDOMEN.

14 <i>Epigastric</i>	17 <i>Iliac</i>
15 <i>Umbilical</i>	18 <i>Lumbar.</i>
16 <i>Hypogastric</i>	

BOUNDARIES OF THESE REGIONS.

1. **Supra-clavicular**: above, a line drawn from the "acromial angle" to the lower border of the thyroid gland; below, the clavicle; internally, the inner edge of the sterno-cleido-mastoid muscle. 2. **Clavicular**: the inner three-fourths of the clavicle. 3. **Infra-Clavicular**: above, the clavicle; below, the lower border of 3rd rib; internally, the edge of the sternum; externally, a line marked *a—b* in the figure, falling from the "acromial angle" to the anterior superior spine of the os ilii. 4. **Mammary**: above, lower border of 3rd rib; below, 6th rib; internally, edge of sternum; externally, the vertical line marked *a—b*. 5. **Infra-mammary**: above, the 6th rib; below, the lower edge of chest; internally, the edge of sternum; externally the vertical line marked *a—b*. 6. **Supra-sternal**: a small region above the sternum, below the thyroid gland, and between the supra-clavicular regions. 7. **Upper sternal**: the sternum above the lower border of 3rd rib. 8. **Lower sternal**: the sternum below the lower border of 3rd rib. 9. **Axillary**: above, point of axilla; below, a line continuous with the lower border of mammary region; behind, the external edge of scapula; before, the vertical line marked *a—b*. 10. **Infra-axillary**: above, axillary region; below, lower edge of chest; before, the vertical line marked *a—b*; behind, another vertical line marked *c—d* in figure 4; and falling from the inferior angle of the scapula. 11. **Scapular**: corresponding to the scapula—upper and lower scapular being sub-regions corresponding to the two fossæ of the scapula. 12. **Inter-scapular**: above, the first rib; below, the half of the horizontal line *c—c*, connecting the inferior angles of the

FIG. 4.



two scapulæ; externally, the inner edge of the scapula; internally, the spine. **Infra-scapular**: above, the horizontal line *c—c*; below, the lower edge of the chest; internally, the spine; externally, the vertical line marked *c—d* in fig. 4.

14. **Epigastric**: above, the arch formed by the free edge of the costal and xiphoid cartilages; below, a line drawn across between the projecting angles formed by the cartilages of the 9th and 10th ribs. The edges of this region, beneath the costal carti-

lages, are termed respectively the right and left *hypochondria*, and the depression in front, just below the ensiform cartilage, the *scrobiculus cordis*, or pit of the stomach. 15. **Umbilical**: above, the lower border of epigastric region; below, a line passing horizontally between the anterior superior spines of the ossa ilii; laterally, the vertical lines marked *a—b*. 16. **Hypogastric**: above, the lower border of umbilical region; below, the inverted arch formed by the lower edge of abdomen, between the two anterior superior spines of the ossa ilii. The sides of this region are familiarly known as the *groins*; the lowermost portion in the middle is the *pubes*. 17. **Iliac** (*Flanks*): above, lower edge of the chest; below, upper edge of the pelvis; before, the vertical line marked *a—b*; behind, the vertical line marked *c—d*. 18. **Lumbar**: above, the lower edge of the chest; below, the upper edge of the pelvis; externally, the vertical line marked *c—d*; internally, the spine.

THE END.

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