

Plan of examining and reporting medical cases, to be followed in Dr. Wood Smith's wards of the Glasgow Royal Infirmary.

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P L A N

OF

EXAMINING AND REPORTING

MEDICAL CASES,

TO BE FOLLOWED IN

DR. WOOD SMITH'S WARDS

OF THE

GLASGOW ROYAL INFIRMARY.

THE following arrangement, to insure uniformity in drawing up medical reports, embodies a "Method of Case-Taking," which has been recommended by Clinical Teachers of long experience, and of late ably advocated by Professor Sanders, of Edinburgh.

Patients should always have been in bed at least an hour before being examined ; and if they are exhausted, in pain, or delirious, &c., they must be spared any unnecessary inquiries.

A. WOOD SMITH.

GLASGOW, *November*, 1876.

PLAN OF CASE-TAKING.

To place patients at their ease, note Number of Ward and Bed, and ask quietly their Name, Age, Occupation, Address in full, Married or Single, Dates of Admission, and Report. Introduce a thermometer into the axilla, and inquire about

- (a) Their usual state of health.
- (b) Previous illness or accident, and, if any, their nature, dates, duration, and results.
- (c) Habits and position in life, as regards sobriety, occurrence of syphilis, sufficiency of food and clothing.
- (d) Family history, with reference to the health of both parents and their other children ; if any are dead, ascertain the causes thereof, and elucidate any hereditary diseases, even affecting aunts and uncles.

General
Information.

Then ask the patient of what he or she chiefly complains, how the disease originated, its duration, if they have been confined to bed or unable to work ; and, if necessary, inquire of their friends if a trustworthy account cannot be obtained.

Present
Complaint.

I.—EXTERNAL EXAMINATION.

General
Appearance.

Expression of face, complexion (pale, sallow, cyanotic, jaundiced, ruddy, flushed), colour of hair, and features, with reference to strumous or syphilitic indications.

Note any twisting of face or want of expression, drooping of eyelid, colour of conjunctivae, or change or inequality in size and form of irides.

Position in bed—lying on back, sides, sitting up, &c.

Condition of skin and subcutaneous texture, as to temperature, perspiration, eruptions, growths, enlargement of veins and glands, presence of dropsy and where, atrophy of the body generally or locally, &c.

II.—INTERNAL EXAMINATION.

First describe the condition of the organs which are most affected.

Nervous System.

Brain and spinal cord.

Pain, position (superficial or deep), constancy? Headache, if increased on stooping, coughing, after food, or felt on awakening? Giddiness? Noises in the ears? Sleep, refreshing, disturbed (accompanied with perspiration), or delirious?

Note intelligence of patient, manner of speech, and inquire if any change in special senses—vision, hearing, taste, smell, and touch.

Use ophthalmoscope if necessary.

Try if there is pain on pressure over any of the vertebrae, or on application of a sponge wrung out of hot water. If curvature is present, notice its character and position.

If convulsions (fits) have occurred, inquire minutely how the patient was affected, before and after the seizure.

Peripheral Nerves—As to

Motion and sensation, reflex action, and muscular contractility, as tested by galvanism.

Existence of paralysis, local or general, rigidity of limbs, spasms, &c.

Respiratory System.

Pain? Breathlessness? Cough? Expectoration (character and amount)? Spitting of blood? SUBJECTIVE SYMPTOMS.

Number of respirations per minute, and how per- OBJECTIVE SIGNS.
formed.

Action of alae nasi, larynx, and chest walls (equal expansion and elevation). Inspection.

Measure sides of chest during a forced inspiration and expiration, and apply a hand alternately when the patient is speaking. Mensuration.
Palpation.

Strike gently, as a rule, with the patient's mouth open. Percussion.

Listen directly or with the stethoscope over all the chest, to the respiratory and voice sounds, character of cough, and râles, if such exist. Auscultation.

Succussion may be used in cases of "hydro-pneumothorax."

Circulatory System.

SUBJECTIVE SYMPTOMS.	Pain, constant or paroxysmal, localised or spreading over chest and abdomen, or down either arm, and if aggravated by food or exertion? Palpitation, on exertion, or when at rest? Fainting?
OBJECTIVE SIGNS.	Notice tortuosity of temporal, brachial, or radial arteries.
Inspection.	Pulsation of carotids, and in supraclavicular space ; fulness and pulsation of veins in neck, chest, &c.
Palpation.	Position of apex-beat—its definiteness and extent, if accompanied by a “thrill,” and notice any bulging or retraction of cardiac region. Pulse at wrists—frequency, regularity, fulness, strength, compressibility, and equality on both sides.
Percussion.	Delimit area of cardiac dulness, and record if there is any alteration in size, whether it is to the right or left, or upwards. <i>or downwards.</i>
Auscultation.	Quality of 1st and 2nd sounds, as to distinctness and length of “pause.” If murmurs exist, mention their general characters (soft, blowing, harsh, rubbing, musical), their rhythm, seats of intensity, and if continued into the vessels of the neck.

Digestive System.

SUBJECTIVE SYMPTOMS.	Pain on eating, or pressure over stomach, and extending to the spine? Hunger? Thirst? Swallowing (difficulty)? Vomiting? Digestion? Flatulence? Defæcation?
OBJECTIVE SIGNS.	Condition of teeth, gums ; breath, tongue ; throat ; œsophagus, abdominal walls (enlarged or retracted). Use inspection, palpation, measurement, percussion, auscultation, deep inspiration and expiration, to

examine the state of the peritoneum, liver, spleen, pancreas, different portions of the intestines, glands, and tumours (if any).

Inspect vomited matter and motions, as to colour, consistency, reaction, and presence of blood (digested or fresh).

Genito-Urinary System.

Pain over lumbar region; bladder, &c., and if ^{SUBJECTIVE} independently of micturition? Micturition, as to ^{SYMPTOMS.} frequency; difficulty; pain; want of retention, &c.?

Menstruation, as to regularity; duration; pain; period of cessation, &c.?

Pregnancy; how often and date of last birth?

Examine lumbar and hypogastric regions; and if ^{OBJECTIVE} necessary the urethra, bladder, vagina, and uterus ^{SYMPTOMS.} (only in married women).

Urine, ascertain amount in twenty-four hours, (mention if diarrhoea or vomiting exists); colour and clearness; odour; reaction; specific gravity; nature of deposits by the eye and microscope; presence of albumen and sugar.

DIAGNOSIS.

State reasons for arriving at any conclusion, and enumerate primary and secondary lesions.

PROGNOSIS.

Present and ultimate effects.

TREATMENT.

General principles, as to diet, regimen, confinement to bed, &c.

Special details, giving prescriptions.

PROGRESS OF CASE.

Continue report as to changes in symptoms or treatment.

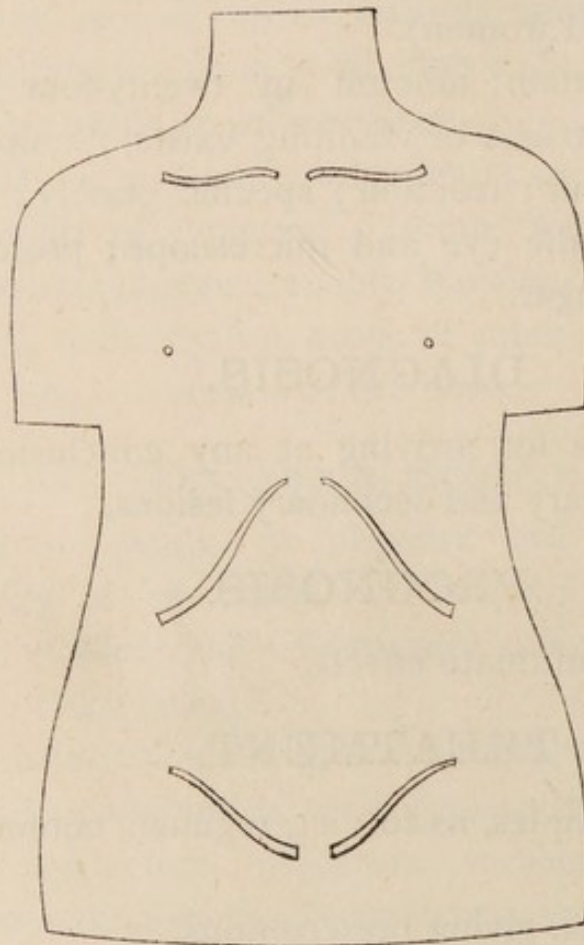
TERMINATION OF CASE.

If fatal, and a post-mortem examination is made, note what is revealed ; or when the patients leave the hospital, record their future addresses in full and state of health.

AN OUTLINE OF THE BODY,

Sketched from a Brass Stencil Plate (suggested by Dr. Fairbank).

Will be found useful for marking briefly the seats of organic changes, or the displacement of organs, position of tumours, &c.



*These STENCIL PLATES of a larger size can be had at
Mr. TENNENT'S, 363 Argyle Street, Glasgow.*