

**A MANUAL OF  
PHYSICAL  
DIAGNOSIS**

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A Manual of physical diagnosis by Francis Delafield & Charles F. Stillman

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BY  
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AND  
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## P R E F A C E.

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**T**HIS Manual is intended for the use of those who have to teach and to learn the art of physical diagnosis. It is made as concise as possible, and bound interleaved that it may be taken into the wards, and used as a note-book as well as a guide.

It is impossible to prepare such a Manual without making use of the works of Walshe, Flint, and Sibson, and I have done so freely.

The drawings have been prepared by Dr. Stillman, and are original. The idea of superimposed plates is, of course, an old one, but is of much practical value.

The object of the entire work is to furnish a sort of skeleton, to which each one may add the facts furnished by his own observation.

FRANCIS DELAFIELD,  
12 WEST THIRTY-SECOND STREET.

# PHYSICAL DIAGNOSIS.

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## METHODS OF EXAMINATION.

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In the examination of the thorax and abdomen we make use of Inspection, Palpation, Mensuration, Succussion, Percussion, and Auscultation.

### PERCUSSION.

In practising percussion we may simply use the fingers, or we may employ any of the different varieties of hammers and pleximeters.

If you use your fingers, you apply the palmar surface of the left index or middle finger to the patient's body, and you strike this with the tips of the fingers of the other hand. If possible, the finger used as a pleximeter should be applied directly to the skin. It is important that this finger should be pressed closely to the patient's body, so as to form, as nearly as possible, a continuous substance with it. In striking this finger you should make a blow, not a push. Imitate the hammers of a piano-forte. It is more important to elicit a correct sound than a loud one. The sounds are made more distinct by placing the patient with his back against a door, which acts as a sounding-board.

### THE SOUNDS PRODUCED BY PERCUSSION.

There are four characteristics to be noticed in every sound which we elicit by percussion. These are: Quality, Pitch, Intensity, Duration. The Quality of a sound is the individual peculiarity which distinguishes it



from other sounds, apart from its pitch, duration, and intensity. Thus every musical instrument produces sounds of a quality peculiar to that special instrument. The Pitch of a sound means the same as the term does in music. We obtain percussion sounds of many grades of high and low pitch.

The Intensity is simply the loudness of the sound.

The Duration is the length of the sound.

#### PERCUSSION OF THE NORMAL THORAX AND ABDOMEN.

Over the normal chest and abdomen we obtain by percussion four different kinds of resonance: Pulmonary Resonance, Dulness, Flatness, and Tympanitic Resonance.

1. Pulmonary Resonance is the resonance obtained over healthy lungs. Its quality is pulmonary, its pitch is low, its duration is considerable, its intensity varies in different chests.

2. Dulness is an altered pulmonary resonance. It is heard where the chest-wall is thickened by bone and muscle, or where the liver and heart are in contact with the lung. Its quality is imperfectly pulmonary, its pitch is high, its duration is short, its intensity is not great. There are many degrees of dulness.

3. Flatness is not an absence of sound, but a sound produced by percussion of certain parts of the body. It is heard over the solid viscera, the liver, spleen, and kidneys, and over the thick muscles of the back. Its quality is flat, its pitch is high, its duration is short, its intensity is not great. Flatness differs from dulness chiefly in its quality. It is not a mere degree of dulness, but a sound of different quality.

4. Tympanitic Resonance is a sound of a peculiar quality, called tympanitic. It is heard over the stomach and intestines. Its quality is tympanitic, its pitch is high or low, its duration is considerable, its intensity is marked. The characteristic feature of tympanitic resonance is its quality. This quality is something positive. A sound may have any kind of pitch

or quality; but if it does not have this one peculiar quality, it is not tympanic.

#### REGIONS OF THE CHEST AND ABDOMEN.

As a matter of convenience, the surface of the chest and abdomen is divided into a number of regions, which are designated by arbitrary names. Over the thorax there are so many natural bony landmarks that these regions are not of so much importance; over the abdomen they are very useful.

It is absolutely necessary to know the positions of the thoracic and abdominal viscera. They may be seen in the plates.

The following enumeration of the viscera situated in the different regions of the abdomen is copied from Quain's "Anatomy":

Epigastric Region.	The right part of the stomach, the pancreas, part of the liver, and the aorta.
Hypochondriac, right	Right lobe of the liver, the gall-bladder, part of the duodenum, the hepatic flexure of the colon, part of the right kidney, with its supra-renal capsule.
Hypochondriac, left.	The large end of the stomach, the spleen, the narrow extremity of the pancreas, the splenic flexure of the colon, the upper part of the left kidney, with its supra-renal capsule, and sometimes part of the left lobe of the liver.
Umbilical.	Part of the omentum and mesentery, the transverse colon, the lower part of the duodenum, some parts of the jejunum and ileum, the abdominal aorta.
Lumbar, right.	The ascending colon, lower half of the kidney, and part of the duodenum and jejunum.
Lumbar, left.	The descending colon and lower part of the left kidney, with part of the jejunum.
Hypogastric.	The ileum, the bladder, if distended, the gravid uterus.
Iliac, right.	The cæcum, the appendix vermiformis, the lower end of the ileum.
Iliac, left.	The sigmoid flexure of the colon.

## THE EXAMINATION OF THE NORMAL CHEST AND ABDOMEN BY PERCUSSION.

- Supra-clavicular Regions.** On both sides of the body the small regions just above the clavicles, into which project the apices of the lungs, give dulness on percussion. The sound becomes more pulmonary if the lungs are fully inflated. In percussing these regions hold the fingers so as not to get the resonance from the clavicles or sternum.
- Infra-clavicular Regions.** On the left side, in front, from the lower edge of the clavicle to the upper edge of the third rib, there is pulmonary resonance. On the right side, in front, from the lower edge of the clavicle to the top of the fourth or fifth rib, there is pulmonary resonance, usually of higher pitch than that on the left.
- Precordial Region.** Over an area corresponding to the size of the heart, as seen in the plate, there is dulness on percussion; where the heart is uncovered by lung this dulness is more marked, or there may be flatness. Where the sternum covers the heart, the tone changes the quality of the percussion note.
- Hepatic Region.** On the right side, in front, there is dulness on percussion, from the upper edge of the fourth or fifth rib to the free border of the ribs. Over the sixth and seventh ribs, in the same region, there is usually flatness.
- Sternum.** Over the entire length of the sternum the resonance is pulmonary in character, but of increased intensity and of altered quality. The pulmonary quality is more apparent if gentle percussion is used. From the level of the third rib to that of the eighth cartilage the resonance over the sternum is rendered dull by the heart.
- Left Hypogastric Region.** Over this region there is often tympanitic resonance, especially if the stomach is dilated.