# A POCKET MANUAL OF PERCUSSION AND AUSCULTATION FOR PHYSICIANS AND STUDENTS

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A Pocket Manual of Percussion and Auscultation for Physicians and Students by J. O. Hirschfelder

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## J. O. HIRSCHFELDER

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## A

## POCKET MANUAL

OF

# PERCUSSION & AUSCULTATION

FOR

## PHYSICIANS AND STUDENTS.

TRANSLATED FROM THE SECOND GERMAN EDITION

By J. O. HIRSCHFELDER.



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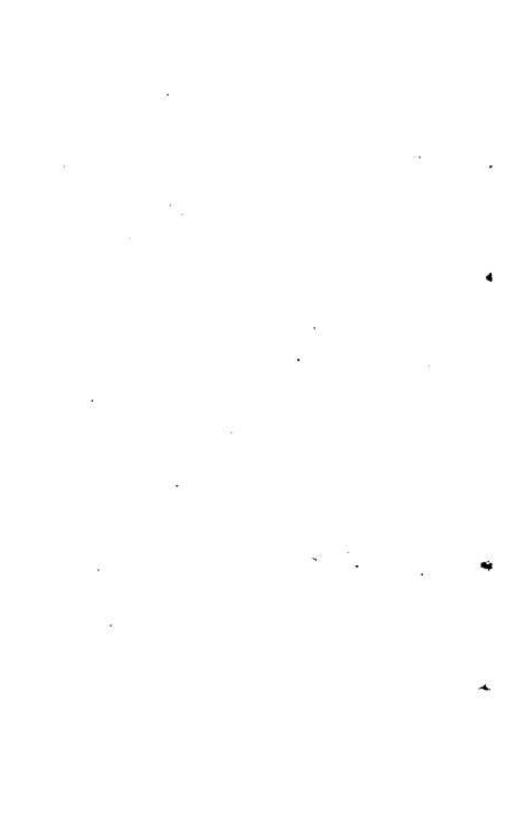
## TRANSLATOR'S PREFACE.

However numerous the works that have been previously published in the English language on the subject of Percussion and Auscultation, there has ever existed a lack of a complete yet concise manual, suitable for the pocket.

The translation of this work, which is extensively used in the Universities of Germany, is intended to supply this want, and it is hoped will prove a valuable companion to the careful student and practitioner.

J. O. H.

San Francisco, November, 1872.



## PERCUSSION.



For the practice of percussion we employ a pleximeter, or a finger, upon which we strike with a hammer, or a finger, producing a sound, the character of which varies according to the condition of the organs lying underneath the spot percussed.

In order to determine the extent of the sound produced, we may imagine the following lines to be drawn upon the chest: (1) the mammary line, which begins at the union of the inner and middle third of the clavicle, and extends downwards through the nipple; (2) the parasternal line, which extends midway between the sternum and nipple; (3) the axillary line, which extends from the centre of the axilla to the end of the 11th rib. Upon the back we percuss in a line running parallel with the spinal column, and according to the various regions, regio supra spinata, scapularis and infra scapularis. For the percussion of the abdomen, the linea alba and the known anatomical regions, are taken into consideration.

### Percussion Sounds-

[By the percussion of a portion of the surface of the body, we obtain either a dull sound, or one varying in its intensity, pitch, duration and timbre.]

### DULL SOUND.

This always arises from the blow alone, whenever the subjacent organ does not possess sufficient elasticity to produce audible vibrations, and the percussion impulse is not transmitted through it to more elastic parts. The necessary vibratory power is lacking in all parts not containing air, and in all fluids. The dull sound therefore shows that there is underneath the percussed spot, liver, heart, spleen, new formation not containing air, uterus, distended bladder, stomach filled with fluid, hepatized lung, (or one emptied of its air by compression,) or bloody, purulent, or serous fluid. The nature of these parts cannot be distinguished through percussion, be they constituted in any way whatever, hard or soft, free or enclosed. But where, on the other hand, the above parts border upon organs containing air, which give no dull sound, we can specify their extent with great accuracy.

#### SONOROUS SOUND.

The sonorous sound is produced whenever

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sufficiently elastic parts receive the percussion impulse. Such elastic parts are tensemembranes, and air or gas, the latter when in enclosed cavities so that permanent waves are formed.

The sonorous sound shows, since the membrane can be made tense only through air or gas, that one of these exists under the percussed spot.

The sonorous sound is either tympanitic or non-tympanitic. We call a sound tympanitic when it approaches a musical note and shows a musically determinable pitch; when in other words it is not a mere noise but a real tone.

### TYMPANITIC SOUND.

This always occurs whenever the formation of uniform and regular permanent sound waves is possible.

All the sonorous cavities in the thorax and abdomen are limited, and consequently allow

the formation of permanent waves.

Regular wave systems are possible in the thorax and abdomen, however, under the given conditions only, when the sound is produced by the air alone. This takes place when the air is enclosed by walls which are not sufficiently tense to be capable of audible vibrations, but which