

AUSCULTATION AND PERCUSSION

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Auscultation and Percussion by Frederick C. Shattuck

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FREDERICK C. SHATTUCK

**AUSCULTATION
AND PERCUSSION**

1880

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— AND —

PERCUSSION.

— BY —

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1880.
GEORGE S. DAVIS,
DETROIT, MICH.

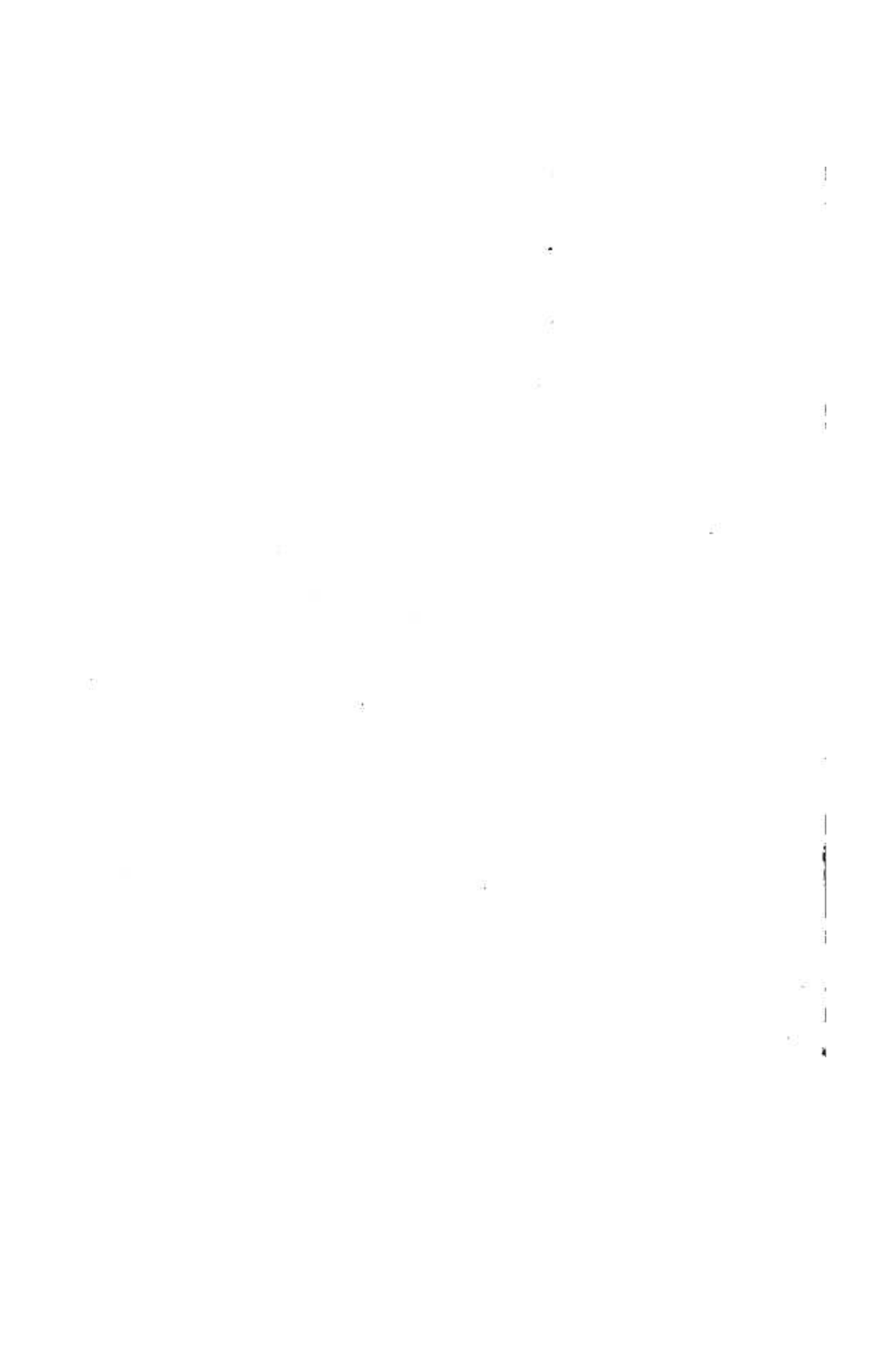
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INTRODUCTION.

The primary object of the physical examination of the chest is the attainment of a knowledge of the physical condition of the important organs contained within it. Not until this knowledge has been obtained are we in a position to determine with all possible accuracy the cause or causes which have led to, or which underlie, those deviations from the normal physical condition revealed to us by the methods about to be described. Essentially the same physical condition may be encountered in widely different diseases—*i. e.*, as the result of quite different causes—to discriminate between which the family and previous history of the patient; the influences to which he has been exposed; the symptoms which he presents, with their mode of onset, progress, and sequence; a careful examination of the patient as a whole, of his other organs or systems of organs, and, finally, a thorough knowledge of the natural history of general and local morbid processes; must all likewise be duly noted and weighed. In a word, percussion and auscultation—the two chief modes of thoracic physical exploration—lead directly to the detection of diseased conditions, only indirectly to that of diseases.

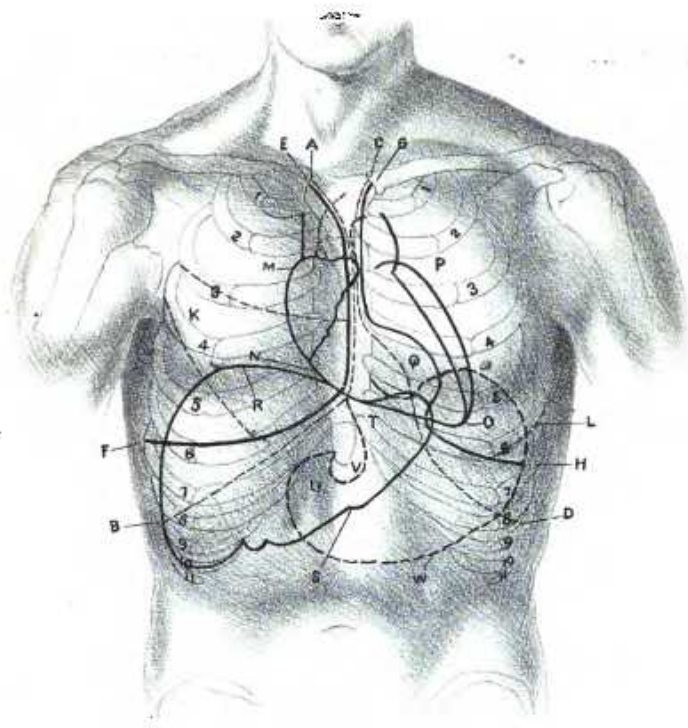
Health precedes disease; it is, therefore, incumbent on us to master healthy conditions first. Perfect familiarity with the anatomy of the healthy chest and its contents, with the structure of each separately and the mutual relations of all is of vital importance. Furthermore, the variations of size and relation within the limits of health which may occur in the same person at different periods of life or under different conditions—as in activity and repose—as well as the limits of normal variation in different persons, must be

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known. Finally, the physiology of respiration and circulation must be thoroughly understood. The possession of most of this knowledge is here presupposed, inasmuch as this series of Manuals is intended rather for physicians than for younger students. We may, consequently, now go on to consider the special methods of physical exploration and the results which they may be made to yield in health and disease. At the same time the accompanying plates, after Weil, may serve to refresh the memory as to the space occupied by the thoracic viscera and their mutual relations.

These methods in the order in which they should be practiced are: Inspection, Palpation, Mensuration, Percussion, Auscultation, Succussion.

PLATE I.



ANATOMICAL BORDERS—ANTERIOR VIEW. (WELL).

- | | | | |
|-----|--|---|---|
| A B | Border of the right pleural sac. | Q | Sinus mediastinoocostalis, situated between the edge of the pleura and incisura cardiaca of the anterior border of the left lung. |
| C D | Border of the left pleural sac. | R | Highest point of the portion of liver covered by lung. |
| E F | Edge of the right lung. | S | Lower edge of the liver. |
| G H | Edge of the left lung. | T | Cardiac portion of the stomach. |
| I | Upper incisura interlobularis of the right lung. | U | Pyloric portion of the stomach. |
| K | Lower incisura interlobularis of the right lung. | V | Small curvature of the stomach. |
| L | Left incisura interlobularis. | W | Greater curvature of the stomach. |
| M N | Right border of the heart. | | |
| O | Lower border of the heart. | | |
| P | Left border of the heart. | | |

