

41 Keen (W.W.) 3

# DIRECTIONS

CLINICAL CHARTS

TO ACCOMPANY THE—

# Clinical Charts,

BY

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PHILADELPHIA :

TURNER HAMILTON,

1875.



## CLINICAL CHARTS.

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ONE design of these charts or diagrams is to aid the surgeon, by furnishing means for the graphical delineation of surgical diseases and injuries. They will be found useful, it is believed, in the army, especially in shortening the work of those busily engaged in practical duties. By means of them, the various physical signs in thoracic and abdominal diseases and injuries, relative measurements, deformities, fractures, tumors, cutaneous diseases, and many surgical affections can be delineated in a moment. Long verbal descriptions may thus be avoided; the eye be used instead of the ear; and different cases, or the same case at different times, can be accurately compared.

The following suggestions as to their use may be of service\* :—

*Wounds, Tumors and Deformities*, with any ulcerated points, etc., can be indicated in outline both surfacewise and sidewise by using two or more of the diagrams.

*Fractures*, both in direction and extent, by marking the bones involved.

*Measurements*, from point to point, thus,  $\begin{array}{c} \text{X} \\ | \\ 22'' \\ \text{X} \end{array}$

*i. e.*, twenty-two inches—or comparatively thus,  $12'' \text{X} \text{-----} \text{X} \text{-----} \text{X} 14''$ . The

\* These methods will, of course, be varied to suit the purposes of different medical men, and I would invite suggestions from such as a basis for future improvement.

circumference of a limb at any point by a circle drawn on its outline, and the inches marked.

*Cutaneous diseases* can be indicated in outline as to extent, and their severity and character be indicated.

*Dulness* on percussion—by shading, which can express the intensity by depth of shading.

*Râles*—by large circles  $\bigcirc$  or small ones  $\circ$ , according to their character, their extent being shown by lines.

The position of the *apex beat* of the heart, by a **V**.

Any *valvular murmur*, by a **X** at its point of greatest intensity, and a side-note "**X** syst. bl." etc., *i. e.*, systolic blowing sound, etc.

*Bronchial breathing, tenderness* to the touch, etc., by outlining the limits and a side-note.

For the sake of comparison, the following table of the usual position of the viscera, etc., is introduced:—

*Lungs*—*apex*, in front, behind the inner third of the clavicle; behind, at the level of the lower border of the 7th cervical spine; *base*, in line with the nipple, the 6th rib; in the axillary line, the 8th rib; in the back, the 11th rib. It varies 1-1½ inches in respiration.

*Nipple*—usually in the 4th intercostal space.

*Heart*—area of *dulness*, from 4th to 6th left cartilages, and from mid-sternum to within an inch of the line of the nipple.

*Aortic valve*—left of mid-sternum at level

of 3d cartilage; auscult it at right 2d intercostal space.

*Pulmonary valve*—left border of sternum at level of 3d cartilage; auscult it at left 2d intercostal space.

*Mitral valve*—left border of sternum at 3d intercostal space; auscult it at apex.

*Tricuspid valve*—left of mid sternum at level of 4th cartilage; auscult it above the ensiform cartilage.

*Umbilicus*—opposite the body of the 3d lumbar vertebra.

*Liver*—upper border in front at 5th rib, lower border about at the lower border of the ribs; varies with posture, respiration, etc.

*Stomach*—cardia to left of median line at the level of the 7th rib; pylorus to right of median line at the level of the 9th rib; varies considerably in position.

*Spleen*—in axillary line from 9th to 11th ribs, about  $2\frac{1}{2}$ –3 inches broad.

*Pancreas*—level of about 11th dorsal to 2d lumbar spines.

*Kidney*—level of 11th dorsal to 3d lumbar spines, the right a little lower than the left.

*Bladder and Uterus*—should not rise above the level of the pubes unless distended.

*Aorta*—bifurcates to the left of the body of the 4th lumbar vertebra, *i. e.*, below and to the left of the umbilicus.

*Cæliac axis, solar plexus, and superior mesenteric artery*—correspond to the 12th dorsal spine.

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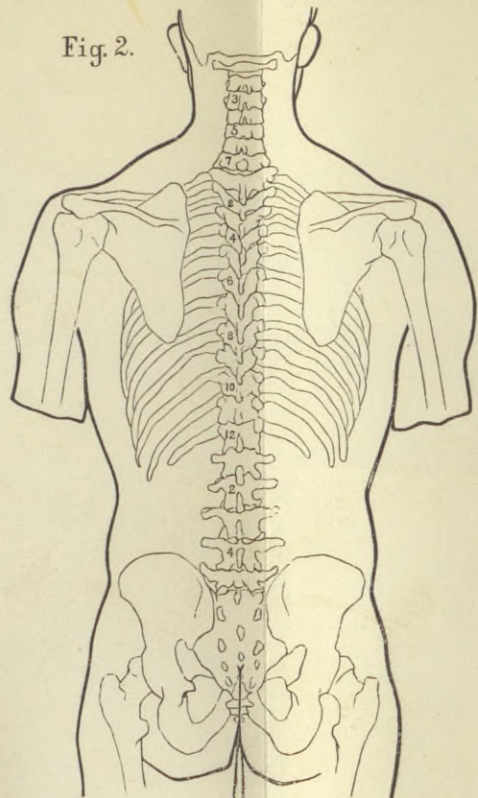
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1875.

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No. .... Report. .... Date. ....

Injury .....

Fig. 2.



Name .....

Co. ....

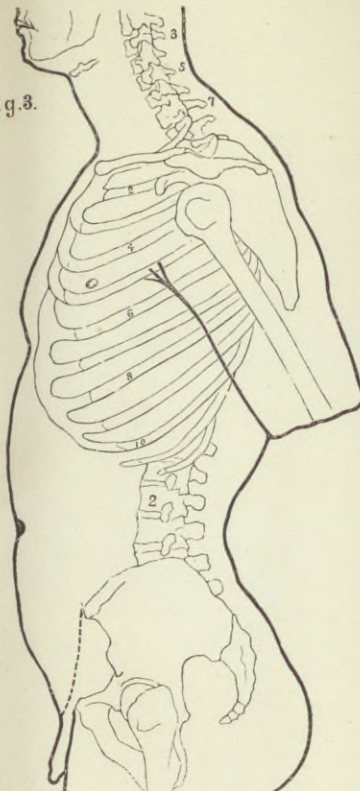
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Fig. 3.



Name .....

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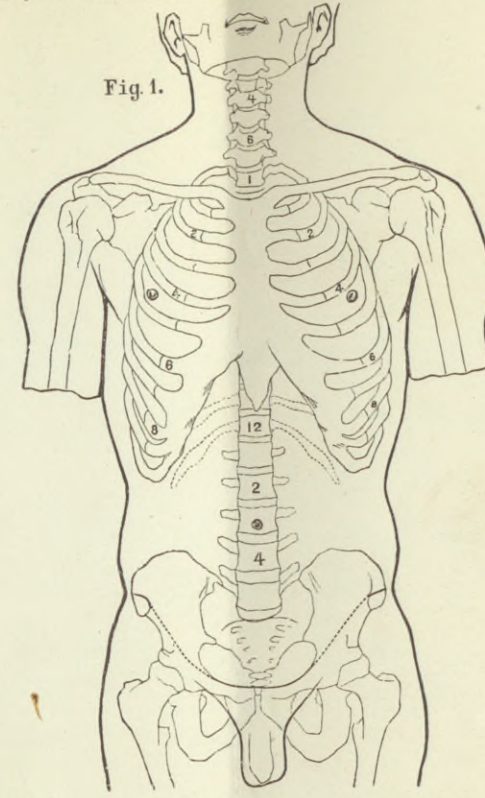
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Injury .....

Fig. 1.



Name .....

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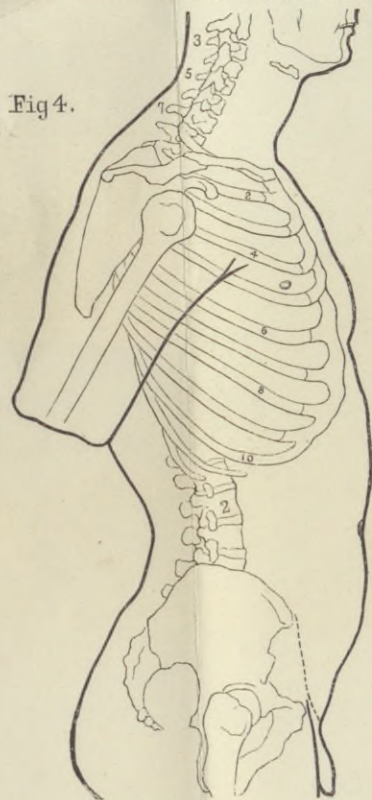
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Fig. 4.



Name .....

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Injury .....

Fig. 5.

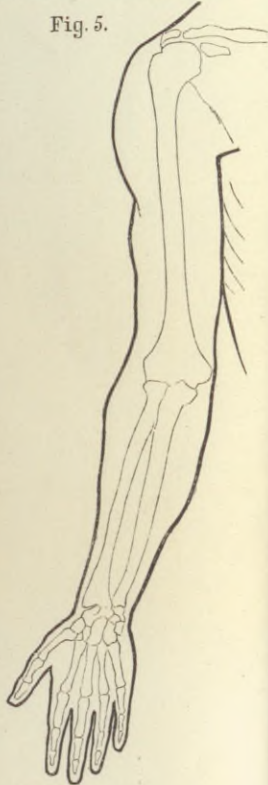
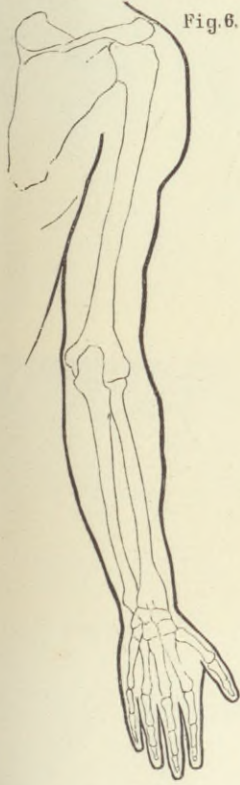


Fig. 6.



Name .....

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Injury .....

Fig. 7.

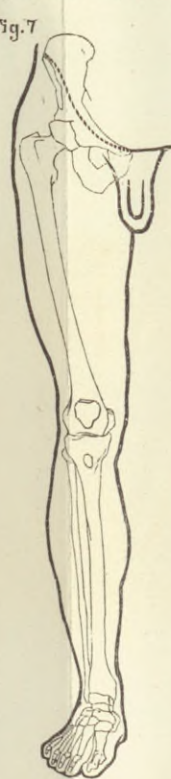
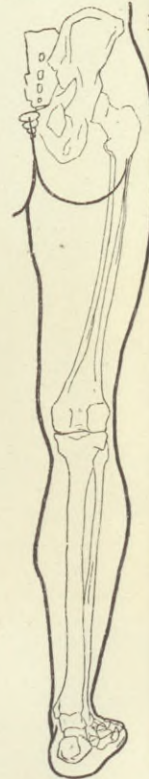


Fig. 8.



Name .....

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No. .... Report. .... Date. ....

Injury .....

Fig. 9.

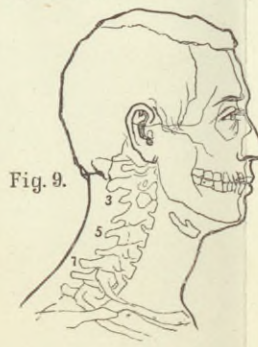


Fig. 10.

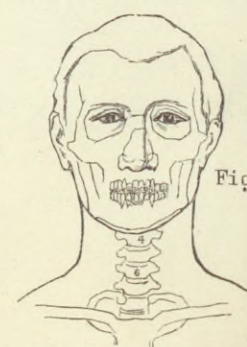


Fig. 12.



Fig. 11.

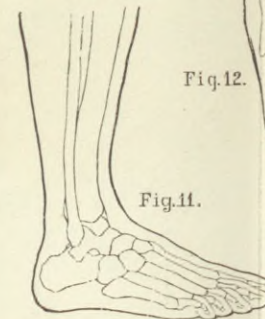
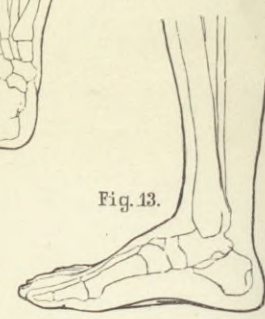


Fig. 13.



Name .....

Co. ....

Regiment .....

Post .....