

MANUAL

FOR THE

MEDICAL SERVICES

MANUAL
FOR THE
MEDICAL SERVICES
OF THE
PEIPING UNION MEDICAL COLLEGE
HOSPITAL

FIFTH EDITION

REVISED BY THE STAFF
OF THE
DEPARTMENT OF MEDICINE

EDITED BY
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HEAD OF THE DEPARTMENT

PREFACE

This Manual, as its title indicates, is intended primarily for the use of the staff of the Medical Services of the Peiping Union Medical College Hospital, especially for the resident staff, and for students. It embodies the practice of this institution in the examination and treatment of patients on the services administered by the Department of Medicine. The material has been gathered from many sources and no claim to originality is made. Effort has been made to give in convenient form instructions for the diagnostic procedures which are essential to the proper study of all patients and for the more usual therapeutic measures.

The first edition was compiled by Professor O. H. Robertson and issued in 1922. The second edition was much enlarged by Dr. S. N. Cheer with the aid of certain members of the staff and issued in 1926; Dr. J. F. Kessel supplied the plates illustrating protozoa, which are reproduced in this issue. The third edition was issued in 1930, and the fourth in 1933. The present edition has been revised by various members of the staff interested in the special fields dealt with, including Dr. C. N. Frazier (Dermatology and Syphilis), Dr. A. P. Black (Pediatrics), Dr. R. S. Lyman (Neurology and Psychiatry), Dr. R. H. P. Sia (Infectious Diseases), Dr. C. E. Forkner (Hematology), Dr. C. U. Lee (Parasitology), Dr. G. A. M. Hall (Tuberculosis), Drs. H. C. Chang and S. H. Liu (Metabolism), and Dr. C. L. Tung (Cardiac Disease). New plates illustrating ova of intestinal helminths have been supplied by the Division of Parasitology. The Head of the Department has supplied the general material and undertaken the editorial work.

F. R. Dieuaide

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SECTION A

STAFF ORGANIZATION AND HOSPITAL ROUTINE

I. Services

There are four medical services, General Medicine, Pediatrics, Dermatology and Syphilis, and Neurology and Psychiatry. Except the first which is directly under the Head of the Department of Medicine, each service is under the immediate supervision of a chief. The chiefs of service are responsible to the Head of the Department for the conduct of their services. The general regulations set forth in this book governing the admission, study, treatment, and discharge of patients, the keeping of records, the duties and responsibilities of visiting physicians and the house staff, and inter-departmental relations, are the same for all services and for all patients. Members of the staff above the rank of interne must secure licences to practise medicine in China and in Peiping.

II. Visiting Physicians

1. Visiting physicians are responsible to their chiefs of service for the whole professional care of their patients.

2. They make regular morning rounds daily except Sunday. In the case of very ill patients and in emergencies they make additional visits whenever necessary. They accompany their chief of service when he makes rounds.

3. They write or dictate a note for the history of each new patient recording their impression of the case, and outline the treatment to be followed.

4. They approve discharge and transfer orders, except in emergencies.

5. They write and sign promptly after the discharge of patients the final diagnosis, or instruct the assistant resident to do so, making sure that he is acquainted with their opinions.

III. The Resident Physician

1. The resident physician is responsible to the Head of the Department and the visiting physicians in all professional matters; and to the Superintendent of the Hospital in administrative affairs.

2. He is responsible for the maintenance of discipline upon the wards.

3. In the absence of the visiting physician he shall render prompt assistance to the assistant residents as requested by them. He shall be familiar with all critically ill patients. In any unusual circumstances he will at any time seek the advice of the visiting physician.

4. He shall accompany the Head of the Department upon his rounds.

5. He shall be responsible for the maintenance of the transfusion service.

6. He shall respond promptly to requests for consultations from other services. See "Consultations."

7. He shall accept transfers to the general medical service from other services; and, in emergencies, in the

absence of the visiting physician, make requests for transfers to other services. See "Discharges and Transfers".

8. He shall, in consultation with the visiting physicians, arrange the program for staff rounds and weekly clinics.

9. He shall prepare assignments of the junior resident staff to the various wards and clinics. He shall recommend vacations for the junior resident staff at times compatible with the welfare of the service.

10. He is responsible in consultation with the office of the Superintendent of the Hospital for securing permission for autopsy.

IV. Assistant Resident Physicians

1. Assistant resident physicians are responsible to the visiting physicians and to the resident physician. They shall immediately inform the resident physician and also the visiting physician, if possible, of any unusual emergency or of an alarming change in the condition of a patient, or of the unexpected death of a patient.

2. The assistant resident is responsible for the maintenance on his ward of harmonious relations among house officers, nursing staff, and patients. He shall refer all questions of ward discipline and all questions involving the hospital administration to the resident physician.

3. He is responsible for the work of the internes and clinical clerks assigned to his ward. He should instruct new internes in the performance of diagnostic and therapeutic procedures and assure himself that they are

capable of carrying out such measures before being entrusted with them alone. He should examine the orders left by internes and check their work as seems necessary. He should be called on freely by internes for advice and help. He shall see that all patients critically ill are placed upon the list of those in that condition.

4. He shall see new patients as soon as possible after their admission and outline their treatment. He shall see all his patients with the internes at the daily evening rounds.

5. He shall attend morning rounds, having previously acquainted himself with the condition of his patients.

6. He shall, at the request of the visiting physician or the resident physician, sign transfer, consultation, X-ray, and other laboratory requests, and discharge orders.

7. He shall interview patients who demand to leave the hospital against advice, and in case they persist, leave the order that they sign the "Release Book".

8. He shall see that the ward laboratory is properly maintained.

9. He shall assist the teaching staff in selecting patients for teaching, and shall act as preceptor to the clinical clerks. He shall order patients to teaching clinics.

10. He shall assist in obtaining autopsies in collaboration with the resident physician.

11. He shall fill out the front history sheet as soon as the patient leaves the ward. He is responsible for the presentation at the following history meeting of

the complete histories of all patients discharged up to three days before. He shall make sure that a letter is sent to the personal physician of any of his patients upon discharge, giving information of the findings, course, treatment, and advice in the case (with the exception of private patients).

12. The first assistant resident acts for the resident physician in his absence.

V. Internes

1. Internes are directly responsible to the assistant resident on the ward to which they are assigned. They shall see that he or the resident is immediately informed of any significant change in the condition of a patient. All questions of ward discipline and of difficulties with the nursing staff, and all matters involving other services and the hospital administration, are to be referred through the assistant resident to the resident.

2. The interne bears the closest relation to the patient. New patients must be seen with the least possible delay. It is the interne's duty to be constantly informed of his patients' condition and progress. It is essential that he should gain for himself his patients' confidence. He should keep a close watch over his patients' therapy and their reaction to it. He should particularly see to it that the patients' diets are satisfactory; that there are regular bowel movements; that the indications for the patients' comfort are met as fully as possible. These matters are best taken care of through brief evening rounds with the assistant resident.

3. The interne should work in close cooperation with the nursing staff. He should see that orders are properly carried out. He should endeavor to perform

examinations and therapeutic measures necessitating the presence of a nurse in a way and at a time as far as possible convenient to the nursing staff as well as to himself.

4. The interne should be on the ward before the morning visit to acquaint himself with the state of his patients. This can be done rapidly by consulting the night report, and seeing the more seriously ill patients. Essential laboratory examinations should be made and entered in the history before rounds.

5. He shall attend morning rounds with the visiting physician. On these occasions he should be prepared to present new cases and inform the visiting physician of changes in old cases. He should be ready to receive notes from the visiting physician.

6. Each interne is required to possess for his own use a satisfactory stethoscope, hemoglobinometer, hemocytometer, and a copy of this Manual.

7. Internes are responsible for the histories of patients; for their physical examination; for the laboratory examinations as indicated in Sections B, C, and D; for the securing of specimens for special laboratories; for progress notes and for discharge notes. The assignment of clinical clerks does not change this responsibility.

8. Internes will perform all but the most difficult diagnostic and therapeutic measures, but the aid of the assistant resident must be sought when performing these procedures for the first few times and thereafter whenever this seems desirable. Internes shall not perform alone longitudinal sinus puncture, cisterna puncture, pericardial paracentesis, transfusion, sigmoidoscopy, spleen or liver puncture.

th9. Systematic evening rounds with the assistant resident should be made soon after 7 p.m., when internes could confer with patients especially with reference to providing for their comfort for the night. After making rounds, the orders for the night should be left. Night calls are sent to the house officers by the night supervisor of nurses. The message should be answered in writing. As a rule, it is best to go to the ward at once.

VI. Clinical Clerks (Wards)

1. Students who have adequate preliminary training in the methods of studying patients are accepted in limited numbers as clinical clerks in the wards for a continuous whole-time period of eleven weeks. During this time they are subject to the rules of the hospital.

2. There are no scheduled hours for this work. The clerk should consider himself the patient's physician. He must visit the patient as soon as possible after admission and each day thereafter at his convenience. This may require late afternoon, evening, early morning, or day visits. Between 8 and 9 a.m. is the best time to do urinalyses and blood counts. The afternoon is the best time to do physical examinations and to take histories.

3. Clerks' rooms are provided on the wards for clerical work. Laboratory work is done in the ward laboratory. The staff of the clinical chemical laboratory and of the bacteriological and parasitological laboratories will give their aid in unusual cases.

4. Each clerk must possess a copy of the "Manual for the Medical Services" and use it as a guide in all his work. Each clerk must furnish his own stethoscope,

hemocytometer and hemometer. Microscopes and mechanical stages may be rented from the Registrar's office. The hospital does not supply note paper to students.

5. Patients are assigned from the General Medical, Dermatology and Syphilis, and Neurology Services in rotation. Assignments are posted in the clerks' room, which must be watched closely for new cases. When assignments are made after 6 p.m., (1 p.m. on Saturdays), and on Sundays and holidays, clerks are notified by telephone.

6. Clerks write the final copy of the patient's history on the hospital forms and after approval, this forms part of the permanent record. A rough draft of the history and a complete physical examination should be written on large-sized plain white paper, supplied by the student. These should be kept by the clerk for future reference. At the end of the clerkship each clerk sends to the Head of the Department a list of all cases studied by him, giving hospital numbers and diagnoses.

7. The history, physical examination, complete blood study (hemoglobin estimation, red and white blood cell counts and differential count), stool examination, and urinalysis, must be completed and entered in the record within 24 hours after the patient is assigned. As soon as these are completed the clerk reports his studies to one of the staff according to the announced list. The instructor goes over the case and suggests further studies and readings at his earliest convenience. At the end of the clerkship the instructors report the clerk's standing to the Head of the Department.

8. When urine or stool specimens are desired, a signed slip of paper requesting them should be left on the head-nurse's desk, giving the patient's name, hospital

number, bed number, and specimen desired. Clerks may not leave any other orders.

9. Clerks should keep in close touch with the internes in order to see each diagnostic and therapeutic procedure which is carried out. The clerk may not perform independently any other procedure than physical examination and skin puncture for blood, but he may assist at other procedures and should examine independently any pathological specimens, such as pleural fluid, and spinal fluid.

10. When blood cultures, stool cultures, and other bacteriological and chemical tests are done he should go to the laboratory concerned and see the results of these tests. Each clerk should if possible carry out once during his clerkship each important laboratory test, e.g., Wassermann test, Kahn test, Widal and Weil-Felix reactions, blood culture, stool culture, blood grouping, red cell fragility test, etc. Chemical tests are performed as suggested by the instructor.

11. Clerks should see as many as possible of the nursing procedures which are carried out on their patients, including the giving of enemas, colon irrigations, sponge baths, etc.

12. Clerks should carry on their work with the least possible interference with the work of the nurses. The presence of a nurse is necessary in examining a female patient. A convenient time for this should be arranged by consulting the nurse in charge. As far as possible examinations should be done in the morning or afternoon. In general, clerks are not allowed in the wards after 9 p.m.

13. All fluoroscopic examinations and X-ray films should be seen in the Department of Radiology. The weekly X-ray conference scheduled for clinical clerks must be attended.

14. All autopsies should be attended (flash number 444). The weekly clinical pathological conference scheduled for clinical clerks must be attended.

15. Clerks must follow in detail the progress and treatment of their patients throughout their stay in the wards. This includes patients transferred to other services.

16. The clerks attend and present their cases at ward rounds according to the monthly Teaching Rounds Schedule. They also present their cases as assigned at the weekly teaching clinics.

VII. Clinical Clerks (O. P. D.)

1. Students who have served a medical ward clerkship are accepted in limited numbers as clinical clerks in the outpatient clinics according to a pre-arranged schedule, for a continuous whole-time period of eleven weeks. During this period they are subject to the hospital rules.

2. Clerks are expected to attend morning ward rounds, but must report in the morning clinics promptly at 10 a.m. and in the afternoon clinics at 2 p.m.

3. Cases are assigned by the Chief of the Clinic.

4. Clerks are required to take a careful history, do a thorough physical examination, and carry out indicated simple laboratory studies. The results are entered in the official record. Special instructions are given for the work in psychiatry.

5. On completion of the work the clerk must report promptly to the assigned instructor who will go over the case with the clerk.

6. The instructor is responsible for the proper treatment and disposition of the patient. Clerks may not sign prescriptions.

7. Clerks should not leave the clinics until their cases have been completed. They are at the same time expected to attend promptly the noon teaching exercises.

8. Clerks should follow carefully the treatment and disposition of patients assigned to them, whether on later visits to the O. P. D. or in the wards.

VIII. Assignments to Duty

All assignments to clinical duty are shown on the monthly departmental schedules. It is the duty of members of the Department to inform themselves of their assignments as shown therein. Changes in these schedules are only made after reference to the office of the Department. No person not holding a clinical appointment may have responsible care of patients.

IX. Absence from Duty and Vacations

1. Members of the staff with clinical assignments should bear in mind that it is desirable to have their whereabouts constantly known. Members of the house staff must respond promptly to the flash system and when they are out of its reach must always notify the telephone operator.

2. Before leaving the hospital for any reason, all members of the house staff are required to notify the telephone operator, giving the name of the substitute and the time of expected return. Arrangement must be

previously made with another member of the house staff to cover all of the absentee's duties. Immediately upon return the telephone operator must be notified of the fact.

3. No house officer may cover the absence of more than two persons. Except when otherwise permitted by the visiting physician, absence of an assistant resident must be covered by a house officer of the same rank.

4. The resident and assistant resident physicians are permitted to be absent from the hospital one night a week. With this exception, for absence of twenty-four hours or more (including all other absence overnight) leave must be secured by members of the house staff through the resident from the Superintendent of the Hospital.

5. Illness of any member of the house staff must be immediately reported to the resident. In the case of visiting physicians the chief of service should be immediately informed. In all instances the College Physician must be promptly notified, from whom leave of absence for illness must be secured.

6. Vacations are governed by the hospital rules and are arranged for the house staff through the resident. Once arranged, they cannot be changed except in emergency. Vacations for visiting physicians are arranged by the chiefs of service.

X. Relations to Other Services

1. The Superintendent of the Hospital has supervision of all non-professional matters. Members of the house staff should refer all questions involving the non-professional staff and other services to the resident who will report them to the Head of the Department and to