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CORRESPONDENCE

To the Editor:

I welcome the new series "Chest physical examination" [1]. Careful inspection of the patient is a very valuable and often neglected tool. I wish to add some practical methods to those presented by MAITRE *et al*. [2].

Breathing frequency: remember that the patient can, and often does, alter his/her breathing frequency when becoming aware that it is being recorded. One way to circumvent this is to breathe synchronously with the patient: after only three breaths, you can feel whether your own breathing frequency has increased. With this method, a quick estimate of the patient's approximate frequency is made. For a more exact recording, one wishes to count the frequency for at least 30 s: In order to keep the patient from talking, I then use the stethoscope and pretend that I am counting the heart rate.

Pattern of breathing: imitate the patient's breathing pattern. Within a few breaths you will notice such things as rapid inspiration and prolonged expiration; and you will realize why patients with airways obstruction experience inspiratory dyspnoea.

Movements of the lower ribs: normally the lower ribs move outward during inspiration, due to the action of the diaphragm. When the diaphragm is flattened, its contraction instead pulls the lower ribs inwards during inspiration. This is more easily recognized by palpation than by inspection. The palpation should be performed with very "light hands" in order to maintain maximal sensitivity and not to distort the rib movements.

References

1. Yernault JC. Chest physical examination: a new series of review papers. *Eur Respir J* 1995; 8: 1443.
2. Maitre B, Similowski T, Derenne JP. Physical examination of the adult patient with respiratory diseases: inspection and palpation. *Eur Respir J* 1995; 8: 1572–1583.

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