

which is wanting, and moisten the mouth and lips with some refreshing liquid, or a little lemon-juice, before urging food on the invalid. On looking into the back of the mouth, the first thing which attracts your attention is a pointed projection hanging down from the centre. This is called the Uvula, and the sort of curtain from which it hangs is called the soft palate. On either side are situated muscles which draw up the soft palate, and so prevent the food from returning into the mouth or up the nostrils. Here the mass has to pass over the opening to the air-passage, or larynx, which lies in front of the food-passage or pharynx. This former entrance is extremely sensitive, and if, by accident, a small particle does escape into it, a most disagreeable sensation is caused, generally designated by the term of a "crumb getting the wrong way;" and not until the intruder is ejected is peace restored. However, safety is generally secured, not only by the closing of the opening itself by muscles, but by a trap-door called the epiglottis, which is attached at the back of the tongue, and fitting over the entrance to the larynx, closes over it at the same moment that the tongue pushes the mass of food backwards.

You should observe the curious manner in which, when once the food is placed thoroughly at the back of the mouth, it is impossible to avoid swallowing it. This is what is called *involuntary muscular action*—i.e., the muscles acting entirely independent of the will.

The food now passes into the stomach through the lower end of the food-tube, which is called the *œsophagus*.

The end of the stomach into which it has passed is called *the cardiac end*, and the opening the *cardiac orifice*—both of these names being derived from the vicinity of the heart.

The stomach is a bag stretching across the upper part of the cavity of the abdomen, and lying chiefly under the lower part of the left ribs; the left end of it opening into the *œsophagus*, or gullet, is much larger than the other.

You must not forget that, when referring to diagrams, you are looking, as it were, into a looking-glass; and that, for example, the left or cardiac end of the stomach seems in the picture to be on your right hand side. The other end of the stomach, which is called the pyloric, is much the smaller of the two, and is guarded by a strong ring of muscle, which prevents the food from proceeding too soon on its onward journey.

The food, we now find, is again acted upon in two ways, chemically and mechanically. The muscles of the stomach cause a constant movement to take place, which much resembles the action of a churn, whilst the interior of the stomach is studded with glands, the mouths of which pour

out into it the gastric juice, or dissolving fluid of the stomach. The gastric juice is acid, and, like the saliva, consists in a great measure of water, but the active principle in it is called *pepsin*. It is this ingredient with the acid which really dissolves the food, and the churning movement I have mentioned brings each particle under its action. As you may imagine, the stomach is a part of the human machinery very likely to be disordered. So many, in fact, are the maladies to which it is subject that I can only here mention a few of the more common, which you will be likely to meet with. *Gastritis*, or inflammation of the stomach, is characterised by an acute fixed pain, and a burning sensation in the region of the stomach, which becomes worse on taking food, or on pressure. There is violent vomiting, frequently hiccup, and great thirst, sometimes accompanied by sore throat; and it is astonishing in how short a time the patient becomes alarmingly weak. If you feel the pulse you will find it small, hard, and very quick. There may be many causes for gastritis, but the most common are poisons taken in the stomach, or the excessive use of alcoholic stimulants. It may also be occasioned by the sudden application of cold, either outwardly or inwardly, by drinking cold liquids when the body is warm.

The usual way of treating gastritis is by hot fomentations, the flannels used being generally plentifully sprinkled with opium. The bowels are more often kept open by means of enemata than by other medicines. Opium also is very constantly administered, and sometimes hot bottles are used in such a case.

You will observe that neither in this or in any other of what must be called medical, in distinction to surgical, cases, do I try to lay down absolute rules for you as Nurses. All that I have said to you previously as to the necessity of tenderness and watchfulness applies here, and the power of strict observation of symptoms is more valuable here than in a surgical case. There a medical attendant is able to use his own eyesight as a means of information: here he is in a great measure dependent on your statements and those of the patient, which latter are very often far from accurate. The reason that I am trying to give you some general idea of the diseases which you are likely to meet with is, that you may know what symptoms to watch for. I must give you one caution, however—Don't let the power of anticipating the probable symptoms make you *imagine them*. I think, on the whole, that this and the habit of exaggerating symptoms are worse faults than the "eyes and no eyes" stupidity, with which the Nurses of the old school used to be charged. *Absolute* accuracy is a habit which some people

[previous page](#)

[next page](#)