

Some Facts about Vomiting.

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"Sickness holds the sick man in a chain."

THE DISCIPLES.

Vomiting, to begin with, is not, as one probationer wrote in her lecture notes, "an important disease of the stomach"! It is a symptom only, not a disease—troublesome indeed, and often most intractable; also a symptom that, apart from certain definite complaints with which it is always associated, is likely to occur during the course of almost any of the acute specific or malignant diseases.

If we exclude the vomiting of the early months of pregnancy, sea-sickness, and that curious personal idiosyncrasy which makes one man's meat another man's poison, we shall find that its most usual causes are briefly these:—

1. Stomach trouble, whether arising from indigestion in any of its many forms, gastric ulcer, or cancer.
2. Liver disease, as in cirrhosis.
3. Other abdominal trouble, as in peritonitis, or obstruction of the bowels.
4. Cerebral disease.
5. Whooping cough (in children).
6. The inhalation of anæsthetics.

The mere physical act of vomiting is simply the natural result of violent muscular contraction of the abdominal muscles, diaphragm, and stomach, caused by a sudden downward pressure of the diaphragm upon the stomach. This is accompanied by dilatation of the cardiac orifice, and makes it regurgitate its contents by its larger opening through the mouth, while the pylorus, or narrower entrance remains closed, as a rule.

A nurse cannot too soon in her training begin to cultivate the habit of careful observation in this respect. Upon her accurate report of what has really taken place in his absence, a doctor will often depend largely for help in arriving at a correct diagnosis of the patient's complaint. The points of which she should take special notice are the *time* the vomiting occurs, its *relation to the ingestion of food*, its *colour*, *consistency*, *quantity*, and *frequency*, whether ejected without effort, or preceded by nausea and retching.

Vomit should never be thrown away without leave, but be measured and saved for the doctor's inspection. Thoughtless nurses will sometimes, in doing this, remove the porringer without first leaving the patient with a clean empty one, so that if sickness should occur again before she can reach the bedside in time, some of the

vomit will be lost on the bedclothes, and the patient must be much disturbed in being made clean and dry, just when he is longing for nothing so much as to be left in peace after the exhaustion of the attack.

Slovenly nurses too, will leave the vomit standing perhaps for hours in an open porringer or receiver by the patient's bedside on the locker to nauseate all who behold it, instead of at once removing and placing it covered and properly labelled in the lavatory or ~~test~~ room. Laziness such as this is inexcusable.

With regard to time in relation to vomiting, alcoholism is to be suspected when it occurs in the early morning and at no other time in the day. If associated with the taking of food, the time that sickness comes on after a meal should be accurately noted and reported. Sometimes it is scarcely swallowed before it returns practically unchanged, not having reached the stomach at all. This points to some growth of the œsophagus, or just below it, the latter being a less common situation for cancer to be found than the pyloric end of the stomach. Such patients will relate how they first experienced difficulty in swallowing solid food, and then how this condition continued to get gradually worse, probably for some months, until at last they could scarcely manage even liquids. In these cases all attempts at feeding by mouth have to be given up, and they are kept alive by the administration of nutrient enemata and the operation of gastrostomy, by means of which an opening is made into the stomach, and fluid food poured in through a tube. In this manner life may be prolonged and made more or less endurable for a period seldom exceeding two years at most.

In cases of gastric ulcer, vomiting will occur almost as soon after the taking of food as in cancer of the œsophagus.

It is barely swallowed before there is pain felt, which, in perhaps half an hour is followed by nausea and the complete rejection of all the stomach contents. Even if the physician has not yet seen and diagnosed the complaint, there need not be much doubt in the nurse's mind as to its nature in spite of the similarity of the symptom of vomiting occurring so soon after a meal in both gastric ulcer and cancer. In the first instance, her patient will be a young, anæmic woman, between the ages of fifteen and thirty, well-nourished looking, although subject to this constant vomiting; in the second, a man will usually be the sufferer, well on into middle life, emaciated in appearance and with a distinct look of illness.

The explanation of the vomiting in gastric ulcer is that the raw surface of the ulcer is

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