

## Medical Matters.

### THE ASPECTS OF DISEASE.

In the *Lancet* of July 16th, 1910, appears a paper by Mr. Warrington Haward, F.R.C.S. Eng., Consulting Surgeon to St. George's Hospital, which was read by him before the St. George's Hospital Hunterian Society on March 10th—a paper so full of clinical teaching of the most practical description for nurses as well as for the doctors to whom it was addressed, that for the many who are not privileged to see the *Lancet* week by week a short digest of its most salient nursing points may prove helpful.

It is Florence Nightingale who says, "the most important practical lesson that can be given to nurses is to teach them what to observe. The necessity for the constant exercise of the faculty of observation is equally as important for the nurse as the doctor, while her opportunities of doing this are far more numerous than his. True, he has many instruments to help him in his observations, of which nurses only know the names, but we all possess in common that most beautiful and delicate of all instruments, the human eye—an instrument which we always carry with us—the use and accuracy of which can be greatly improved by care and practice."

Take first the face. How many nurses could describe with correctness the expression of a person in severe pain? Here we get the "lips retracted, the teeth clenched, the brow contracted, the nostrils dilated and quivering, the whole body restless except perhaps one limb or one set of muscles." And what is the expression of the same patient when the pain is relieved? Now, the "lengthened face expands, the head is held erect, the frontal muscle contracts, smoothing out the wrinkles of the brow and arching the eyebrows, the eyelids are raised and the nostrils and angles of the mouth relaxed. In children prolonged pain often gives rise to a pathetic expression of appeal (as though asking for help or relief), and when relief comes the expression of joy is more marked than in adults; the eyes brighten, the colour rises, and the corners of the mouth are retracted to the extent of a smile."

Observe the face of the infant with congenital syphilis: the "shrivelled appearance of old age, the dull brown complexion, the snuffling and discharging nose, the sore lips, and later on the sunken nose, the hazy corneæ, and the small grey and notched teeth. How unmistakable, too, is the facies of rickets: the projecting forehead and small face, the flat and perspiring head, the open fontanelles, the languid expression, and the manifest objection

to being handled." . . . In rickets, too, "the child lies on its back with the legs crossed and the thighs flexed upon the abdomen. . . . Such children kick off the bedclothes at night, and one sees, on looking a little closer, the "beaded ribs, the pigeon breast, the prominent abdomen, the enlarged wrists, and the bowed legs. Contrast this with the child with tubercular meningitis, lying curled up in bed, the head buried in the pillow, the face flushed, the skin hot and dry, the knit eyebrows, the intolerance of light, the squint, the pulsating carotids, the irregular breathing, and the retracted abdomen. . . .

"The child who has been suffering with continued diarrhoea, and from whom you may detect probably the smell of a foul motion, lies in a dozing condition, alternating with occasional restlessness, the face pale, the eyes sunken, the fontanelles depressed, the lips dry and parched, the breathing shallow and hurried. Here the expression is one of vacant indifference, whereas that of the child with meningitis, except in the very late stage, is that of irritability and hypersensitiveness to light, frowning, shutting the eyes, with the lips retracted and the teeth clenched.

"Then, again, the aspect of the child with large tonsils and post-nasal adenoid growth, with its pinched nostrils and open mouth, is unmistakable. . . . Note also the expression of the child who is myopic, the contracted brow and eyelids, and the stooping posture to bring the head near the book or toy. . . . The deaf child, apparently inattentive and stupid, with raised brow and head held upward and forward, has another and equally significant aspect.

"Chorea is a disease which gives a peculiar facial expression to the affected child . . . an irresponsible, or, in severer cases, a somewhat imbecile aspect, with, of course, the grimacing and jerky movement increased if called upon to speak or act. And how striking is the aspect of the child with croup or other laryngeal obstruction: sitting up in bed, the head thrown back, the face suffused and perspiring, with distressed and anxious expression, the lids livid, the chest heaving, the supra-clavicular and intercostal surfaces receding with inspiration, the sibilant breathing, the ringing cough and the hoarse voice. . . .

"The idiot is usually, even in infancy, recognisable: the small and often unnaturally shaped head, rolling about from side to side, the want of speculation, of recognition, or of appreciation in the face, the vacant smile, the slobbering lips. . . .

"By observing the naked child, various joint

[previous page](#)

[next page](#)