

diseases, bone affections, and paralyses may be recognised; for instance, early hip disease prevents the complete flexion of the thigh upon the pelvis, while the sound limb is flexed and rotated with evident pleasure; the stiff neck and avoidance of rotation of the head are indicative of cervical spine disease; the unmoved or carefully held limb may point to epiphyseal or periosteal disease; the inequality of muscular action and the wasted limb may reveal the area of infantile paralysis.

"Turning now from children to adults, we have, of course, to remember that the expression of the face in adults is less reliable than in children, because of their powers of control and even of deception. Still much may be learned by careful observation, and practice will enable you to detect deception and exaggeration, and to make allowances for sources of error. . . .

"We should, most of us, I think, recognise the dyspeptic, with the thin pale face and the red-tipped nose; the albuminuric, with pale puffy face and swollen feet; or the neurotic, with furtive glance, quivering eyelids, blushing skin and intense pose. The habitual drunkard, too, is generally recognisable: his fat form, his bulgy face, his bleary eyes, his hypertrophied and reddened nose, are features often accentuated by his hesitating and undecided manner and the smell of alcohol about him. . . .

"That a patient is suffering from hæmorrhage may be indicated by the waxy pallor of the face, the white lips and conjunctivæ. . . . The diagnosis of internal cancer may sometimes be assisted by the sallow complexion and emaciated face of the sufferer." There is also the "staining of jaundice, the patchy redness of hectic, the pigmentation of Addison's disease, the eruptions of the exanthemata of syphilis and of the various diseases of the skin, which may be mentioned as conditions, the observation of which may at once lead to a diagnosis."

Suggestive of pneumonia are the "dilated and moving nostrils, the distressed and dusky face, the dry herpetic lips, the dull staring eyes, and the rapid respiratory movements; or the venous and purple face and swollen lips of chronic heart disease"; while the seriousness of the following facial aspect will appeal to every nurse who has watched beside many deathbeds: the "sharp nose, hollow and sunken eyes, cold and shrivelled ears, dry and rough skin, and green, black, livid, or lead-coloured countenance."

"Then how much may be learned from the eye: its sensitiveness or insensibility to light, the injected or pale conjunctiva, the dilated,

contracted, irregular, or unequal pupils; and from the eyelids, puffy, or shrunken, or paralysed. Besides the protrusion of exophthalmic goitre, one may see the globe pushed forward by tumours of the orbit and of the antrum. And we may see the globe sunken into the orbit by emaciation or by rapid loss of fluid.

"The widening of the nostril, due to the presence of polypi, is very notable, and gives a peculiar character to the face. The drawing of the mouth to one side and the open eyelid may unmistakably indicate paralysis of the facial nerve; as the drooping lid and outward divergence of the globe may point to paralysis of the third nerve.

"The onset of tetanus may be detected by the sardonic expression given to the face by the contraction of the muscles of the mouth. . . .

"The swollen, spongy, purple, and bleeding gums and sallow complexion of scurvy are obvious signs of the disease, and may help towards the interpretation of bruises upon various parts of the body."

Specially interesting and instructive as the study of the face is, there is much to be learned by the observation of the rest of the body. "The carriage and gait of a patient will often tell you much; of weakness and fatigue, of paralysis, of joint trouble, of abdominal tumour, of cerebral disturbance. As the hand is given you, you may notice the clubbed fingers of chronic dyspnoea, the enlarged joints of osteo-arthritis, or the chalk-stones of gout. On looking at the chest you may observe the beaded ribs and pigeon breast of rickets, the flattened infra-clavicular region of phthisis, the barrel chest of emphysema, the bulging lower right ribs from enlargement of the liver. The outline of the abdomen may suggest disease of the contained viscera, the pregnant uterus, or the distended bladder; and the enlarged and tortuous veins on the surface may tell of obstructed vena cava or iliac vein.

"The lower limbs may give evidence by wasted muscles or arrested growth, of paralysis; or joint disease, or, by the nodulated great toe, of the gouty diathesis, or by the puffy and oedematous ankles, of renal disease, or by the periosteal thickening of the shin, of syphilis.

"Fractured ribs may be suggested by the immobility of one side of the chest, just as immobility and rigidity of abdominal muscles may indicate injury or inflammation of the subjacent viscera."

The writer concludes his paper with an apt quotation from Dr. Johnson, and we cannot do better than follow his example. "What is obvious is not always known, and what is known is not always present." E. F.

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