CLINICAL NOTES ON SOME COMMON AILMENTS.

By A. Knyvett Gordon, M.B.Cantab.

ABDOMINAL PAIN.

In pursuance of the general idea underlying these rough notes, namely, that they should deal with ailments and symptoms as they are found in practice, and not necessarily under the text book headings, it has occurred to me that a short discussion on "stomach aches" might be useful to those nurses who read this paper.

My object is not to include all the conditions to which pain in the abdomen may be due, but rather to give an outline of the pitfalls which beset the unwary person who is apt to take the symptoms too lightly. It may be urged that diagnosis is no part of the duty of a nurse, and it is certainly unwise for her to impart her diagnosis to others, but some knowledge of the principles on which it is founded may be of incalculable value, as it may prevent her failing to observe important signs which may appear during the absence of the doctor.

The first point which I wish to make is that all abdominal pain is primarily surgical. By this I mean that the first thought that should be in the mind of anyone—doctor or nurse—who sees a patient in pain which is referred to any region below the diaphragm is, "Can this possibly be due to a condition requiring immediate surgical treatment?" No harm whatever is done by summoning a surgeon in consultation over an attack of colic, but the other side of the question is fraught with tragedies. How often, for instance, has one seen an abdomen opened and pus gush out in pints from peritonitis due to unrecognised appendicitis or perforated ulcer of the stomach or bowel? In these cases, does not one almost always get the history of stomach ache treated with scant respect or by an aperient?

With this danger in mind, let us try to see how we can distinguish pain which "means something" from that which is really trivial in its outlook.

Here again let me draw attention to a common fallacy. The intensity of the pain has very little to do with its danger, or, in other words, a really serious condition may be accompanied, or preceded, by pain which is so slight as to escape the attention of a nurse who is not aware of this.

Another point is never to give an aperient to anyone with a stomach ache—especially a child—without examining the abdomen. In practice, the more one sees of these things the less frequently does one prescribe an aperient even after careful examination. One of the most deadly of common "vulgar errors" is to allow the domestic children's nurse to give an aperient at all.

An example will make these two points clear. I was called to see a little girl, aged about six, one evening, because she was restless, and would not go to sleep. The story was that on the morning of the previous day she had complained of a stomach ache, for which a teaspoonful of "syrup of figs" was given—her usual and previously quite satisfactory aperient. This acted fairly well, and the pain passed off. It had never been at all intense, and was not taken at all seriously by the mother. On the evening of the same day, the child vomited once, but this was thought to be the syrup "working off." On the morning of the next day the child *seemed better,* and it was only because she was restless that I was sent for in the evening. I found that the restlessness was accompanied by a temperature of 101°, and that the pulse rate was 120. On examining the abdomen, I found that it was quite rigid, especially on the right side, and that it moved very badly with respiration. A diagnosis of peritonitis arising from an inflamed appendix was made, and immediate operation advised. To this, however, the parents would not consent. The next day the child was very much worse, and consent to operate was obtained. On opening the peritoneal cavity, pus gushed out, and a condition of general peritonitis was apparent, which had arisen from an inflamed appendix. The child never rallied, and died the next day—of ignorance.

Coming back to the original question, namely, how we are to know when pain in the stomach is of serious origin, it is best, I think, to put the intensity of the pain out of court at first, and I am afraid we must say the same about its situation, especially in children. By this I mean that pain is sometimes felt in places which are apparently rather extraordinary, and certainly misleading. It is true that some lesions—a stone in the kidney, for instance—usually give rise to pain in a particular spot, but we cannot argue the other way with any degree of accuracy. The pain of an inflamed appendix may be felt on the opposite side of the body altogether, and an aching over the region of the appendix may be due to pneumonia pure and simple. As regards intensity, I have repeatedly opened the abdomen in the course of an attack of enteric

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