

fever and found a perforation of the intestine, when the preliminary pain had been quite slight.

The first point—and one which I am afraid is often ignored—is that the patient should be stripped and the abdomen examined. We notice, firstly, on inspection whether the abdominal wall is moving well and equally in all parts with respiration, and on palpation with the warm hand (a cold hand is useless), whether there is any rigidity, and if there is, whether it yields or passes away with gentle pressure; also whether it is confined to one particular part of the abdomen or not.

It is also important that we should note whether there is any distension or tenderness of any part of the abdomen. We naturally also enquire when the bowels have acted last, and whether there has been any vomiting. The temperature and the pulse rate should then be taken and recorded. If the former is raised, it proves at any rate that the pain is not due to simple colic, but the absence of pyrexia proves nothing whatsoever. The pulse rate, however, is far more important, for a rapid pulse almost always points to something grave unless the temperature is very high, in which case the pulse rate will be raised also.

Let us now see how these signs fit in with the conditions which may give rise to abdominal pain. We will take the cases of children and adults separately.

In children we have to think of appendicitis first, and we must recognise that the pain is not by any means always referred to the region of the appendix; it may be felt in the pit of the stomach, or even on the opposite side. But there will almost always be some tenderness or rigidity on the right side low down, and it is not uncommon to find the right leg drawn up as the child lies in bed. Another grave condition is to be thought of in young children, namely, acute intus-susception, where one portion of the intestine slips into another portion and sticks there. This is accompanied by rigidity, usually of the whole of the lower part of the abdomen, and by passage of blood and slime per rectum. The importance of suspecting these two conditions lies in the fact that a surgical opinion must be sought at once, and the ultimate fate of the child depends almost entirely not on what operation is performed, but on how soon the watchfulness of the mother or nurse enables it to be done.

Three common "medical" causes of abdominal pain in children are Pneumonia, Typhoid Fever, and Acute Indigestion. I have purposely put the latter last of all, because it is

so often assumed to be present when the pain is really due to some more grave condition.

In adults the problem is more complicated because, besides the previous conditions found in children, we have to consider perforation of a gastric or duodenal ulcer, colic from blocking of the duct of the gall bladder with a gall stone, renal colic, due to passage of a stone from the kidney down the ureter, intestinal obstruction from one cause or other, and, in women, peritonitis from rupture of a tubal gestation, or an abscess in the fallopian tube or ovarian region.

To describe all these in detail would be out of place here, but the point that I wish to make is that none of them should go unsuspected by a nurse, and that she should examine the abdominal wall for any sign of rigidity or tenderness, and should carefully take the pulse rate, rigidity and a rapid pulse being the cardinal signs of something serious in the abdominal region.

(To be continued.)

## OUR PRIZE COMPETITION.

SAY WHAT YOU KNOW ABOUT EPILEPSY AND ITS TREATMENT?

We have pleasure in awarding the prize this week to Miss Emily Marshall, 123, New Bond Street, London, W.

### PRIZE PAPER.

Epilepsy or falling sickness is an independent disorder. It must be referred to some yet unknown state of irritation of the brain. It can occur in early childhood, and a predisposition for the malady is, to a great extent, dependent upon hereditary taint.

In ancient times it was regarded as a direct infliction of the celestial powers. In the Jewish, Grecian, and Roman philosophy it was made the foundation of the belief of possession by evil spirits, and the Biblical descriptions of being possessed of the Devil are popularly supposed to refer to this disease.

There are two different forms of epilepsy (a) the fully developed form, or motor epilepsy, called "*Grand mal*," and (b) the undeveloped form, or *petit mal*.

Definition of "*grand mal*" is sudden and complete loss of consciousness and sensibility, with spasmodic contractions of the muscles, lasting from one to fifteen minutes, and followed by exhaustion and deep sleep.

The *Grand mal* fit commences with a loud shriek or scream, and the patient suddenly falls down convulsed and insensible. The convulsive movements are often extreme, and one

[previous page](#)

[next page](#)