

becomes full of pus, the patient usually feels better, and there is then often difficulty in persuading him, or the relatives, that an operation is essential. One cannot too often assert that there is in the abdomen no necessary connection in extent between pain and danger.

We then have to think of two kinds of so-called "colic" which are due to actual organic disease—namely, the pain caused by the passage of a gallstone down the bile duct (into the intestine), and of a stone in the kidney down the ureter (into the bladder) respectively.

Gallstone colic occurs almost exclusively in middle-aged people, and is very rare under 25. The pain is sudden and agonising, and is felt on the right side of the abdomen and radiates round to the back. During the attack the patient is very restless (whereas in pain due to perforation of the stomach or intestine he usually keeps very still), and generally vomits. There is often a history of previous attacks of "indigestion." In renal colic, which is very rare indeed in women of any age and is uncommon in men under thirty, the pain is felt in the abdomen on one side or the other, and radiates down into the testicle and leg. Its onset is also sudden, and it is usually, though not always, very severe. In painters and those working in lead we have also to think of lead colic, which is felt as a twisting pain in the centre of the abdomen.

In women, besides the pain of severe dysmenorrhœa, which may occur at the monthly periods, there is also the intense pain and collapse caused by rupture of a tubal gestation into the peritoneal cavity. Here there is a history of one period or more having been missed, and often of a slight uterine hæmorrhage occurring at intervals between. The pain is rapidly followed (if the rupture is into the free part of the abdominal cavity, and not into the broad ligament only) by the signs of severe internal hæmorrhage. These cases are usually fatal in a few hours unless the abdomen is opened and the bleeding arrested.

There are several other causes of abdominal pain, but I have enumerated only the important ones which it is essential for a nurse to bear in mind when she is consulted, as often happens, especially on a "District," in the first instance instead of the doctor.

Coming now to the treatment of abdominal pain, the best advice is again the time-honoured "Don't"; that is to say, don't (above all things) give an aperient. Don't allow the relatives to give stimulants. Probably the best treatment of the symptom of pain in itself is—apart from opium, which should never be given by a nurse, for the reason that it may quite

prevent the surgeon from detecting a perforation or an inflamed appendix when he arrives—an icebag, but this is often not available, and the next best thing, namely, a large hot fomentation, or a sponge wrung out of very hot water, is most useful, and usually gives relief until the doctor arrives on the scene. If, and only if, one is then quite certain that there is no perforation or sign of peritonitis, one usually does then give morphia, except in children. In gallstone and renal colic the dose often has to be very large. It is important that the nurse shall avoid giving any opinion as to the cause of the pain, though she can often render valuable service by not underrating its importance.

OUR PRIZE COMPETITION.

WHAT DO YOU UNDERSTAND BY SUMMER DIARRHŒA IN INFANTS, AND WHAT IS THE CAUSE?

We have pleasure in awarding the prize this week to Miss Amy Phipps, North Side, Clapham Common, S.W.

PRIZE PAPER.

Summer diarrhœa is a form of gastro-enteritis, chiefly the latter, either catarrhal or ulcerative in character, often preceded by enlargement of the solitary follicles.

The causes are mainly unsuitable feeding, probably assisted by the general health of the child previous to the onset of disease.

The symptoms are often insidious, and if treated carefully from the earliest stages, the prognosis is more hopeful.

The disease is most frequently met with in bottle-fed infants, or upon leaving the breast and commencing artificial feeding, and usually during the summer months, hence its name.

The symptoms include pain and fretfulness, coldness of the extremities, persistent diarrhœa, which gradually becomes of slimy consistency, grass green in colour, with a characteristic sour smell: there may also be vomiting, and later in the disease, collapse, with depressed fontanelle, small weak pulse, and periods of unconsciousness. In the latter case, the outlook is very dismal, death often occurring in a few days.

The general tone of the patient's condition is always low, with great muscular wasting, the temperature often registering 97°, or even lower. The treatment of the disease may be considered under two heads, diet regulation and warmth.

The patient should be clothed in flannel, hot bottles, protected by flannel bags, should be applied, and if necessary the extremities and

[previous page](#)

[next page](#)