

oftenest attacks the face. Paralysis of the face (Bell's palsy) is not uncommon; the affected side of the face is flat and motionless, and the eye on that side cannot be closed, but rolls upwards beneath the eyelid when the patient makes an attempt to shut it; the mouth is drawn up on the sound side. In cases of hemiplegia, in which the arm and leg are paralysed on one side of the body, the lower part of the face is generally affected on the same side.

*The Eyes.*—In wasting diseases the eyes appear sunken into their sockets; in certain nervous affections one eye may be sunken and the other normal. Very prominent eyes are suggestive of the affection known as Graves' disease, or exophthalmic goitre; nervousness, flushing, tremor, palpitation, and enlargement of the thyroid gland are the other chief symptoms of this disorder.

Conjunctivitis—*inflammation of the conjunctiva*—shown by redness of the white part of the eye, often occurs, and is assigned by patients to a draught; it is probably due in most cases to the entrance of some infective germ. It is not generally serious, but in newly born babies may be due to gonorrhœal infection and result in blindness. Hence the recognition of the condition is most important in maternity work.

Pain in the eye and fixity of the pupil may indicate iritis; the iris generally looks muddy, and its markings are blurred. Unequal pupils are met with in aneurysm of the aorta, owing to irritation of the sympathetic nerves, and in some cerebral disorders.

Greatly contracted pupils ("pin-point pupils") are seen in poisoning by opium, and in some cases of cerebral hæmorrhage. Widely dilated pupils, on the other hand, may result from cerebral compression or from poisoning by belladonna; cocaine also dilates the pupils, as does homatropine, the drug usually employed for dilating them artificially for purposes of examination.

Transitory attacks of blindness may occur in patients who suffer from renal disease, and are a symptom of uræmia. A suddenly occurring blindness in one eye may be due to embolism (blocking) of the central artery supplying the retina; it may occur in cases of heart disease.

Specks floating before the eyes are usually a sign of general weakness or anæmia. Patients who suffer from sick headache (migraine) may complain of seeing coloured circles and zigzags at the beginning of their attacks.

*Position Assumed.*—Much may be learnt from observation of the attitude assumed by the patient, in bed or out of it. One who lies

naturally in bed and changes from one position to another freely, is probably not suffering from any severe or exhausting disease. On the other hand, a sufferer may be so weak as to be incapable of maintaining his position, and may sink down in the bed, lying helplessly in whatever position he is put; this indicates an extreme degree of bodily weakness, and may be seen in the later stages of severe febrile diseases, such as enteric fever.

In acute pleurisy the sufferer may either lie on the affected side at first, in order to keep it from moving as far as possible—the pain being due to the rubbing together of the two inflamed surfaces of the pleura, one on the lung, the other lining the chest wall—or he may find that the pressure thus produced aggravates the pain, and may prefer to lie on the sound side or on his back. In cases where there is large effusion of fluid within the pleural cavity, the patient generally lies on the affected side, as by this means he allows the sound lung freer movement, the lung on the side of the effusion being compressed by it and rendered useless for breathing. If there is much difficulty in breathing, the patient often cannot lie down in bed, but has to be propped up with pillows or a bed-rest; this condition (orthopnoea) is often seen in cases of severe bronchitis, pericarditis, or heart disease. In cases of acute peritonitis the sufferer generally lies in bed on his back, with the knees continually drawn up, and often with the hands clasped over the head, in order to render the abdominal walls as immobile as possible, and thus lessen the pain. If only one leg be drawn up, a hint may be given of the existence of inflammatory trouble on that side of the abdomen only, as in appendicitis, or one-sided pelvic inflammation. In cerebral irritation, which may follow injuries or accompany various cerebral diseases, the patient lies in bed "curled up," with his legs and arms bent, resenting any attempt to straighten him out or turn him over. In meningitis there is often rigidity of the muscles of the neck, and the head may be bent backwards by the spasm.

In poisoning by strychnine, violent spasms of all the muscles occur, and the body of the patient may be arched backwards or sideways, rarely forwards. In severe abdominal pain, the sufferer tends to double himself up and press his hand on his abdomen.

In cases of angina pectoris—severe cardiac pain—the patient, who may be moving at the time of its onset, tends to stop suddenly in whatever attitude he may be in, making no movement of any kind, owing to fear that the least exertion may be fatal. Sufferers from

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