

JOHN
GIBSON
COMMON
SYMPTOMS
DESCRIBED
FOR NURSES
SECOND EDITION

Blackwell Scientific Publications

W000222
8-2-41
6-7-42

Common Symptoms
DESCRIBED FOR NURSES

BY JOHN GIBSON

MD, FRCPsych

SECOND EDITION

W0011443

BLACKWELL SCIENTIFIC PUBLICATIONS
OXFORD LONDON EDINBURGH MELBOURNE

© 1976, 1978 Blackwell Scientific Publications
Osney Mead, Oxford
John Street, London WC1
9 Forrest Road, Edinburgh
P.O. Box 9, North Balwyn, Victoria, Australia

All rights reserved. No part of this publication
may be reproduced, stored in a retrieval system,
or transmitted, in any form or by any means,
electronic, mechanical, photocopying, recording
or otherwise without the prior permission of
the copyright owner.

First published 1976
Second edition 1978

British Library Cataloguing in Publication Data

Gibson, John, b.1907

Common symptoms described for nurses. — 2nd ed.

1. Semiology 2. Nursing

I. Title

616.07'2'024613 RT65

ISBN 0-632-00442-8

Distributed in the United States of America by
J.B. Lippincott Company, Philadelphia
and in Canada by
J.B. Lippincott Company of
Canada Ltd, Toronto

Printed in Great Britain by
Billing & Sons Limited,
Guilford, London and Worcester.

Introduction

This book is to help a nurse when she first meets a patient in an out-patient clinic or in a ward. He will come with a symptom or with several symptoms. By referring to the appropriate sections in the book the nurse may quickly inform herself of the likely cause of the patient's complaints and can then turn to her textbook of medicine or surgery to inform herself further.

Preface to Second Edition

For the second edition this book has been revised throughout. Two new sections have been added: one on Nasal Catarrh, the other on Pain and Lumps in the Breast.

Contents

	Introduction, vii
1	Pyrexia, 1
2	Loss of weight, 6
3	Fatigue, 10
4	Headache, 13
5	Pain in the face, 18
6	Giddiness, 23
7	Confusion, 26
8	Coma, 31
9	Loss of memory, 37
10	Anxiety, 40
11	Fits, 44
12	Involuntary movements, 51
13	Difficulty in speaking, 56
14	Difficulty in walking, 61
15	Impairment of vision, 67
16	Impairment of hearing, 71
17	Low back and leg pain, 75
18	Loss of appetite, 81
19	Difficulty in swallowing, 84
20	Abdominal pain, 87
21	Vomiting, 100
22	Diarrhoea, 108
23	Constipation, 112
24	Blood in the stools, 114
25	Jaundice, 117
26	Epistaxis, 119

- 27 Palpitations and shortness of breath, 122
- 28 Pain in the chest, 126
- 29 Fainting, 130
- 30 Nasal catarrh, 133
- 31 Sore throat, 135
- 32 Hoarseness, 139
- 33 Cough, 141
- 34 Haematuria, 144
- 35 Enlargement of lymph nodes, 148
- 36 Disorders of menstruation, 153
- 37 Vaginal discharge, 162
- 38 Pain and lumps in the breast, 165
- 39 Itching, 168
- Index, 175

1. Pyrexia

The temperature is regulated by a centre in the hypothalamus of the brain. The centre reacts to the blood passing through it. Taken in the mouth and rectum, the temperature recorded indicates the 'core temperature' of the body, i.e. that of thoracic and abdominal organs and of the brain. The mouth temperature is normally in the range $36.0^{\circ}\text{--}37.5^{\circ}\text{C}$ ($97.0^{\circ}\text{--}99.5^{\circ}\text{F}$); the rectal temperature is slightly higher. Temperature recorded in the axilla and groin is slightly lower. There is a normal daily variation, with the temperature being highest in the afternoon and lowest in the small hours; the pattern is not altered in a night worker. The temperature is higher in the premenstrual period in women than in the post-menstrual period.

Pyrexia is a rise of temperature above the normal range. It is most commonly due to the action on the temperature-regulating centre of pyrogens, chemical substances discharged in tiny amounts into the blood by the action of micro-organisms and from diseased tissues.

PUO means Pyrexia of Unknown Origin, and is a term commonly used until the cause of a pyrexia is discovered.

Daily variation. In most fevers the temperature is higher at night than in the morning. It can be higher in the morning than at night in some cases of:

typhoid fever,
tuberculosis,
meningococcal infection.

Rigors. Rigors are shivering attacks with a feeling of cold which occur in some fevers when the superficial surface of the body is cold while the core temperature is rising sharply. The shivering is due to involuntary muscular contractions. Rigors can be a feature of:

malaria,
septicaemia,
pyaemia,

the onset of a pneumococcal pneumonia,
E. coli infections of the urinary tract,
cholangitis.

Causes of pyrexia

Infections

Neoplasms

Hypersensitivity reactions

Disturbance of temperature-regulating mechanisms

Circulatory disturbances

Other causes

Infections

Pyrexia can be caused by bacterial, viral, protozoal, and metazoal infections.

Pyrexia can be:

- (a) continuous: the temperature is raised continuously above the normal and does not vary more than 1°C in 24 hours,
- (b) intermittent: the temperature falls to normal at least once in 24 hours,
- (c) remittent: the temperature varies more than 1°C in 24 hours but does not fall to normal,
- (d) periodic: bouts of fever are separated by afebrile periods of several days. This occurs in:
 - malaria,
 - relapsing fever,
 - brucellosis,
 - rat-bite fever,
 - some cases of Hodgkin's disease (Pel-Ebstein fever),
 - systemic lupus erythematosus.

Neoplasms

Pyrexia can occur in any rapidly advancing malignant disease, as a result of a discharge of pyrogens from damaged cells or

from a secondary infection. It is commonly a feature of:
hypernephroma: a malignant tumour of the kidney most common in the first two years of childhood,
carcinoma of the liver: due to secondary deposits from a primary elsewhere, e.g. the stomach, the large intestine, the breast,
lymphosarcoma: a malignant tumour of lymph tissue.

Pyrexia can also occur in:

Hodgkin's disease (lymphadenoma): fever can be of the Pel-Ebstein type with afebrile periods between bouts,
acute leukaemia: fever is associated with enlarged lymph nodes, enlarged spleen, anaemia, purpura and haemorrhages from the gums and intestinal tract,
myelomatosis (multiple myeloma): a malignant proliferation of plasma cells; infections are common owing to an inability to form antibodies,
fibroid tumour of the uterus: pyrexia can occur with red degeneration of a fibroid.

Hypersensitivity reactions

Pyrexia can be due to a hypersensitivity to drugs or foreign proteins, and is likely to be associated with urticaria, itching, vomiting, pains in the limbs and albuminuria. The pyrexia and other features may be delayed for 24 hours to 14 days.

(a) *Drugs*. Drugs particularly liable to cause pyrexial attacks in sensitive people include:

penicillin,
cephalosporin,
chloramphenicol,
sulphonamides.

(b) *Foreign proteins*. Pyrexia due to foreign proteins can follow the injections of:

sera,
vaccines,
blood.

Collagen diseases

Pyrexia can be a symptom of:

- (a) *systemic lupus erythematosus* (SLE) in which a periodic fever is likely to be associated with a butterfly rash on the face, painful swollen joints, and loss of weight.
- (b) *polyarteritis nodosa*, in which fever is likely to be associated with limb pains, abdominal pain and a raised pulse rate due to inflammatory changes in medium-sized and small arteries.

Disturbances of temperature-regulating mechanisms

The mechanisms by which temperature is controlled can be disturbed in various conditions with the result that a state of hyperpyrexia is produced. This can happen in:

- (a) *heat stroke*: due to long continuous exposure to intense heat as in a desert or in a very hot engine-room.
- (b) *lesions of the hypothalamus*: the temperature-regulating centre is disturbed or destroyed.
- (c) *ichthyosis*: due to the disease of the skin there is inadequate heat-loss from the surface of the body.

Circulatory disturbances

- (a) *Myocardial infarction* (due to coronary thrombosis): a mild fever commonly begins on the first or second day and lasts for a few days.
- (b) *Pulmonary infarction*: fever may or may not occur.
- (c) *Thrombophlebitis*: fever usually occurs in this condition in which the veins of the leg become thrombosed, palpable and tender.
- (d) *Subarachnoid haemorrhage*: a slight rise of temperature may occur about 24 hours after the onset and last for a week.

Other causes

- (a) *Crohn's disease*: fever is common and due either to the disease itself or to secondary abscesses. Other features are likely to be abdominal pain, diarrhoea, and loss of weight.

(b) *Thyroid crisis*: a sudden flooding of the circulation with thyroid hormones causes pyrexia, confusion, diarrhoea and a rapid pulse; it can occur as a complication of thyrotoxicosis or after thyroidectomy in an inadequately prepared patient.

(c) *Dental sepsis*: prolonged fever, malaise and sometimes joint pains can be caused by dental sepsis and cured by appropriate dental treatment.

2. Loss of Weight

Loss of weight may in some conditions be associated with:
vitamin deficiency,
protein deficiency,
dehydration.

Oedema can hide loss of essential tissues because the oedematous fluid weighs as much as or more than the tissue lost.

Causes of loss of weight

Deficient intake of food
Malabsorption syndromes
Infections
Neoplasms
Endocrine abnormalities
Parasites

Deficient intake of food

Deficient intake of food may be due to:

- (a) starvation: the person cannot get enough to eat.
- (b) voluntary reduction: the person has decided to slim.
- (c) alcoholism: chronic alcoholism causes chronic gastritis and cirrhosis of the liver which reduces the appetite.
- (d) drug addiction: appetite is lost.
- (e) old age: deficient intake may be due to poverty, senility, inability to go shopping or to cook, or to ill-fitting dentures.
- (f) depression: the person is too depressed to eat, thinks it is wicked to eat or be alive, is deluded that he cannot digest food or has no bowels, or attempts suicide by starvation.

Malabsorption syndromes

The patient may take an adequate diet, but because of disease of the small intestine he cannot absorb foodstuffs and consequently loses weight.

Common conditions which cause malabsorption are:

(a) *Idiopathic steatorrhea* (non-tropical sprue: called coeliac disease in children). Due to hypersensitivity to gluten, the child when he starts to eat bread loses his appetite and has diarrhoea and a distended abdomen. The condition continues into adult life.

(b) *Crohn's disease* (regional ileitis). Loss of weight is associated with abdominal pain, diarrhoea, and masses in the abdomen due to a chronic inflammatory state of the small intestine and sometimes of the large intestine.

(c) *Surgical operations on the small intestine*. Malabsorption can be due to surgical removal of a length of small intestine so that what is left is too short for proper absorption to take place. Volvulus or infarction are the usual reasons for such a removal.

If an operation (such as partial gastrectomy with gastroenterostomy) has left a blind-ended loop of bowel or when disease of the small intestine has caused strictures or fistulae between loops of intestine, the contents of the loop can become stagnant, the number of bacteria in it increases, and there is interference with the absorption of foodstuffs; this is called the stagnant loop syndrome.

(e) *Deficiency of pancreatic juice*. Pancreatic juice is essential for the digestion of foodstuffs. Lack of it causes malabsorption. A deficiency of pancreatic juice can be due to:

pancreatitis,
carcinoma of the pancreas,
fibrocystic disease of the pancreas.

Pancreatitis and carcinoma of the pancreas occur in adult life. Fibrocystic disease occurs in early childhood.

(f) *Deficiency of bile salts*. Bile salts are essential for the digestion of fat. Lack of them cause malabsorption. A deficiency of bile salts can be due to:

hepatitis,
obstruction of the bile duct by gall-stones or by
carcinoma of the head of the pancreas.

Infections

Loss of weight can occur in any acute or chronic infection. It is particularly likely to be a feature of:

tuberculosis,
bacterial endocarditis,
chronic sepsis,
malaria,
brucellosis.

Neoplasms

Loss of weight occurs in any malignant condition. It is likely to be an early feature of

carcinoma of the oesophagus,
carcinoma of the stomach.

Endocrine diseases

Loss of weight is a feature of certain endocrine diseases.

(a) *Simmonds' disease*. Loss of weight follows loss of appetite and is associated with fatigue, pallor, amenorrhoea and degeneration of the genitalia. The condition is due to a degeneration of the pituitary gland and a failure of pituitary hormonal secretion.

(b) *Diabetes insipidus*. Loss of weight is due to loss of fluid owing to enormous amounts of urine being excreted. In this condition there is failure of ADH (anti-diuretic hormone) secretion with the result that the renal tubules do not reabsorb the fluid they should.

(c) *Hyperthyroidism*. Loss of weight is associated with anxiety, tremor, a rapid pulse and an enlarged thyroid gland. The condition is due to an excessive production of thyroid hormones.

(d) *Diabetes mellitus*. Loss of weight occurs in severe, inadequately treated diabetes. Associated features are likely to be

an excessive secretion of urine, thirst, dehydration and ketosis.

(e) *Addison's disease*. Loss of weight is likely to be associated with fatigue, nausea, vomiting and pigmentation of the skin. The condition is due to a failure of secretion of hormones by the adrenal cortex.

Parasites

Loss of weight and anaemia can occur with infection by:

ancylostoma (hookworm),

giardia lamblia

schistosomiasis (bilharzia).

3. Fatigue

The patient may complain of fatigue, tiredness or debility.

Causes of fatigue

Mental states

Anaemia

Infection

Endocrine abnormalities

Malabsorption syndromes

Hypertension

Chronic renal failure

Chronic lead poisoning

Mental States

(a) *Boredom* can masquerade as fatigue. The person who is bored with his job, is not intellectually stimulated by his work or other activities, or is left alone for long periods can complain of fatigue.

(b) *Simple schizophrenia*. In this form of schizophrenia the patient is usually a young man or woman who drifts, is devoid of drive, grows detached from reality, and may complain of fatigue or vague hypochondriacal complaints.

(c) *Hysteria*. Fatigue may be a hysterical conversion symptom in a person who shows other evidence of hysteria.

Anaemia

Anaemia of any type is likely to produce fatigue. The patient is likely to be pale and may complain of shortness of breath or precordial pain on exertion. The anaemia may be:

iron-deficiency anaemia,

pernicious anaemia,

haemolytic anaemia,

aplastic anaemia,
thalassaemia (due to blood loss)

or may occur in:

leukaemia,
Hodgkin's disease (lymphadenoma),
myelomatosis (multiple myeloma).

Infection

Any chronic, mild or unsuspected infection or inflammatory process can cause fatigue. Particular conditions of which fatigue may be an early feature are:

tuberculosis of any organ,
bacterial endocarditis,
urinary infection,
typhoid fever in the first week,
brucellosis,
sarcoidosis.

Depression and fatigue are common after influenza.

Endocrine abnormalities

Fatigue can be a symptom of:

hypothyroidism,
Addison's disease,
diabetes mellitus.

(a) *Hypothyroidism*. Fatigue due to hypothyroidism (myxoedema) is likely to be associated with constipation, stiffness of muscles, intolerance of cold, oedema of face and legs, pallor with a malar flush, impaired mental functioning and a croaky voice. The patient is likely to be over the age of thirty.

(b) *Addison's disease*. Fatigue is likely to be associated with loss of weight, pigmentation of the skin, nausea and vomiting, vague abdominal discomfort and dehydration. The patient is likely to be an adult. The disease is due to a failure of production of hormones by the cortex of the adrenal glands.

(c) *Diabetes mellitus*. Fatigue can be an early symptom of diabetes mellitus, especially in the mild, mature-onset type