

even wilfully set aside, in practice ; and yet, as we have oftentimes remarked, it is no less important to be sure of the moral than of the intellectual qualities of a Nurse.

Finally, we arrive at the Lecturing Staff. In accordance with the scheme we have detailed, it is evident that besides the Lady Superintendent the School will need at least five other teachers: for the first year's Probationers, a lecturer on Elementary Anatomy and Surgical Nursing, and one on Elementary Physiology and Medical Nursing and Hygiene ; for the practical courses, a demonstrator for bandaging classes and to give instruction in the names and uses of instruments, &c. ; and for the Senior Students, one lecturer on Clinical Medicine and another on Clinical Surgery. We believe that this Staff would be sufficient for the School, but that it could not be efficiently carried on with a smaller number of workers. How, when, and where these lectures and classes are to be given and held are details which each individual school might, and must, settle for itself ; but as the nature of the instruction to be given must assuredly, sooner or later, be reduced to a uniform system for the whole country, so some definite and uniform constitution of the machinery which is to be employed, must, it appears to us, be also ordained.

## A GUIDE TO MEDICAL AND SURGICAL NURSING.\*

### CHAPTER XV.—NERVOUS SYSTEM.

WHAT I have to say about affections of the nervous system will be confined to cases of emergency, which may be met with everywhere. To begin with *Apoplexy*. Cerebral hæmorrhage exclusively arises from rupture of a vessel in the brain, and is brought about by altered conditions of the blood vessels in the brain, as the strain of increased blood pressure, or disease of the blood vessels themselves. The blood vessels undergo certain structural changes in old age, which lessen their power of accommodation of blood pressure, and so apoplexy is essentially a disease of those well on in years, whereas *Epilepsy* is a disease of the young. Symptoms vary, according to the size of the artery ruptured. If a large vessel, with sudden tearing up of brain substance, the patient quickly falls ; but if a small vessel is the cause of mischief, then he falls more gradually. A very good example of the latter is the following one:—A clergyman who was preaching, and whose brain, under such circumstances

would have the vessels full of blood, and under high pressure, on a blood vessel bursting, stopped speaking and looked confused, apologised to the congregation, and had to be assisted from the pulpit, showing signs of lameness on one side, consciousness remaining clear. He sat down in the Vestry and soon began to vomit ; then paralysis gradually came on, when he became more confused, and finally comatose.

Now, what can a Nurse do in a case of apoplexy ? She can help both Physician and patient in many ways. On receiving a case which she believes to be one of apoplectic seizure, or paralytic stroke, she should make certain inquiries of *the friends*: first, whether the fit came on suddenly or gradually—whether with or without pain ; secondly, under what circumstances, during exercise, during employment, before or after meals, after drinking, after fasting for a long time—in the presence of companions, or if picked up alone—whether seen to fall by any one—whether he fell on a road, in a room, against anything, in a bed, backwards or forwards, and so on,—this sort of inquiry is to be made with a view of gathering information from friends whom the Physician may never see ; thirdly, whether any convulsions were observed, and if on one side only, or only part of one side. Notice if tongue has been bitten, and state of pupils. If convulsions occur, observe which limbs are affected, and in what manner—thumbs turned in and fingers clenched—arms drawn into side, or thrown out and about wildly ; the same of toes, feet, and legs. Notice particularly the face: if one side is drawn and the opposite side is blank in expression ; is saliva dribbling from the mouth. Note if any foam is about the mouth. Observe the breath, whether it has the odour of spirits or beer. Enquire if any vomiting has occurred, and of what it consisted, food, drink, &c. Enquire whether the friends have given any brandy or stimulant, and what they have done. Observe whether there has been any voluntary evacuation of the bowels or bladder.

*Treatment of a fit.*—The Nurse must not allow anything to be administered by the friends, not even sal-volatile, or stimulant of any sort. Whilst the Physician is coming, what is the Nurse to do ? Having undressed the patient, and ascertained whether any scalp wound or superficial wound has been sustained in the fall (persons fall into the fire sometimes), she must arrange her patient in bed. The head and shoulders are to be raised, the dress is to be loosened, and no tight things left about the neck. She should wipe away anything—foam or remains of vomit—from about the lips and mouth, and clear away any obstruction to a free in-draught of air. She must remember that the patient is unconscious and unable to swallow

\* These articles are partially from the pen of the late Miss Alice Fisher and Mrs. Norris, and will eventually be published in book form, being revised by the latter.

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