

and preserve and smell any vomited matters on the clothes, or any contents of the stomach rejected after you have taken charge. You may perhaps recognise intoxication by the slight unconsciousness of the person, and the nature of the response he may give, by the absence of stertor, or the slight degree of it, by the skin being warm and the pulse quick, by the pupils being equally contracted or dilated, by the general appearance which is sometimes suggestive, by the smell of spirits, by the history.

The coma arising from apoplexy I have already described. Particularly remember, the pulse is slow and irregular, one pupil or both *dilated*, breathing stertorous and loud, complete unconsciousness.

In poisoning by *opium*, the patient can at first be roused by loud noises, the pulse is weak and soft, *the pupils are very contracted* and insensible to light or touch, the face pale and livid, and sweat bedews it.

You must learn to distinguish between paraplegia, which is usually understood to mean paralysis of the lower half of the body, and hemianæsthesia, loss of sensation in one side of body.

The Nursing of paralytic cases requires great tenderness and patience on the part of the Nurse, and much watchfulness too, lest the mere helplessness of her patient should give rise to bed-sores. But as there is not only loss of action and power in the voluntary muscles, but occasionally in the involuntary muscles, the excretions are often passed unconsciously, and all the precautions to which I have alluded when speaking of bed-sores before must be observed.

*Tetanus* is a very terrible affliction of the nervous system, and is characterised by an involuntary, long-continued, violent cramp or spasm of the voluntary muscles of various parts, or of nearly the whole body.

Most cases of tetanus may be traced to one of two causes, namely, exposure to cold, or some bodily injury. In the latter case it is called *traumatic tetanus*. Sometimes a very slight wound is sufficient to cause tetanus. I believe it is more frequent when the seat of the injury is the sole of the foot or the ball of the thumb.

In a fatal case of tetanus a patient generally dies on the second or third day; if he live to the ninth, his prospect of recovery is somewhat better. It is well for Nurses to know the signs of the approach of tetanus, and its earliest symptoms.

The muscles that seem in general to be earliest affected are those of the jaws, neck, and throat. A patient sometimes fancies that he has got a stiff neck; he finds also that he cannot open his mouth as easily as usual; after some hours he cannot open it at all. This is what we call *lock-jaw*.

Other muscles now become affected. They are contracted by spasms, which extend to the muscles of the trunk, to the large muscles of the extremities, the muscles of the face, and last of all, in general, to the muscles of the tongue, and of the hands and fingers, which indeed sometimes remain moveable to the last, after all the rest have become fixed. These spasms are accompanied by excessive pain in the pit of the stomach, which seems to pierce through to the back, which is caused by contraction of the diaphragm, or great muscle concerned in the act of breathing. The contraction of the muscles of the face occasions a peculiar grin to be observed on the countenance, which is called *risus sardonicus*—the sardonic grin. In most cases the strong muscles of the back suffer greatest contraction; and very often, during a paroxysm, the patient rests only upon his head and his heels, whilst his body is raised into the shape of an arch. These spasms or paroxysms occur about every ten minutes, and last for two or three minutes at a time, and then the muscles fall back into the state they were in before the spasm. When it is the strong muscles in front that are most contracted, the patient bends himself forwards till his head and knees come into contact. Each spasm begins usually with an increase of the pain felt in the pit of the stomach. Sometimes there seems to be no existing cause for their return; but sometimes it is evident that they are brought on by the slightest movement on the part of the patient, by the act of swallowing, or by any noise made by the attendants. As the disease advances the paroxysms become more frequent, and the shorter the interval between them the more alarming is the nature of the case. Tetanus is almost always accompanied by obstinate constipation, but there is no fever. The pulse and respiration are quickened, and a sweat frequently breaks out during the spasms from the pain and anxiety the patient then feels, but it does not occur in the intervals between the spasms. In the last stages of the fatal cases the pulse becomes quick and feeble, and the sweat is cold, as in other instances of approaching dissolution.

On the Nurse will devolve the important duty of feeding the patient, which is a very difficult matter, not only on account of the closed state of the jaws, but from the danger there is in exciting a spasm. The patient can be fed by means of the nasal passage. Food can also be administered in a "feeder" with the greatest gentleness; and the Nurse should look out for a gap in the teeth where she may introduce the spout. Occasionally nourishment is introduced by means of enemata. Whatever medicines may be given, there is no doubt that extreme quiet does as much and more for tetanus than anything else, and the Nurse must

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